



Department
of Health

Nursing Home Surveillance in 2023/24

A presentation for Greater New York Hospital Association
(GNYHA) Continuing Care Membership Meeting

Welcome!

Welcome!

Thank you to GNYHA and Roxanne Tena-Nelson for coordinating this meeting and for allowing us the opportunity to collaborate!

- Today's goal is to share current trends seen in survey and to discuss ways to help improve the lives of our aged and aging residents for years to come.

The Office of Aging and Long-Term Care

- At the helm are Deputy Commissioner Adam Herbst, Esq., Deputy Director Valerie Deetz, and Special Advisor Carol Rodat.
- This Executive team leads the Office of Aging and Long-Term Care and Adam chairs the New York State Master Plan for Aging.
- Under their leadership, the Office focuses on the transformation of New York's aging, long-term care, and disability systems so that they remain financially and operationally sustainable.

Division of Nursing Home and ICF/IID Surveillance

Name	Role	Main Location
Stephanie Paton, RN	Director	875 Central Avenue, Albany
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Russell Barone	Program Director, Western Regional Office	295 Main St., Buffalo

Stephanie Paton, RN

- Stephanie is the Director of Nursing Home and ICF/IID Surveillance.
- Stephanie has a solid foundation of clinical and management experience, including in long term health care settings as a Director of Nursing and RN Supervisor, and most recently spent time at the Office of the Medicaid Inspector General as the Assistant Medicaid Inspector General for NYC Investigations.

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Ashley Cokgoren

- Ashley is the Deputy Director, Division of Nursing Home and ICF/IID Surveillance.
- Ashley is a nursing home administrator by practice and a past consultant at several special focus facilities in New York State.

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Survey Trends

Survey Trends: How can we collaboratively impact these trends?










Top Citations of the year

Top Ten Citations	
F - Tags	
0689	Free of Accident Hazards/Supervision/Devices
0609	Reporting of Alleged Violations
0812	Food Procurement/Store/Prepare/Serve-Sanitary
0656	Develop/Implement Comprehensive Care Plan
0584	Safe/Clean/Comfortable/Homelike Environment
0684	Quality of Care
0610	Investigate/Prevent/Correct Alleged Violation
0657	Care Plan Timing and Revision
0880	Infection Prevention & Control
0600	Free from Abuse and Neglect

Of note, while not in the top ten, a runner-up was F678: Cardio-Pulmonary Resuscitation which had 4 IJ's in this period.

Scope and Severity Grid

Assessment Factors Used to Determine the Seriousness of Deficiencies Matrix

	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J PoC Required 	K PoC Required 	L PoC Required 
Actual harm that is not immediate	G PoC Required	H PoC Required 	I PoC Required 
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D PoC Required	E PoC Required	F PoC Required 
No actual harm with potential for minimal harm	A <u>No PoC Required</u>  No remedies Commitment to Correct Not on CMS-2567	B PoC Required 	C PoC Required 

Source: State Operations Manual, Chapter 5

Determining Immediate Jeopardy (IJ)

Immediate Jeopardy (IJ) represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death.

Appendix Q of the State Operations Manual provides the Core Guidelines for Determining Immediate Jeopardy.

Factors to Consider for Determining Whether Immediate Jeopardy Exists

1) **Noncompliance:** An entity has failed to meet one or more federal health, safety, and/or quality regulations. *AND*

2) **Serious Adverse Outcome or Likely Serious Adverse**

Outcome: As a result of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified recipients at risk. *AND*

3) **Need for Immediate Action:** The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring.

Collaboration

DOH Leaders in The Office of Aging and Long-Term Care recognize the value in partnering together, so have encouraged us to meet with Nursing Home leaders across the state.

- Statewide Nursing Home visits
- Regularly meeting with associations
- Family Councils
- Medical Directors
- Nurse Leaders
- Residents
- Family
- Education Webinars

Questions