

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Alabama

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Survey and Certification Education Program

The State has in effect the following survey and certification periodic educational program for the staff and residents (and their representatives) of nursing facilities in order to present current regulations, procedures, and policies.

The Division of Licensure and Certification (DLC) as a subsidiary of Public Health maintains a vital interest and active involvement in the education of the staff, residents and their representatives in facilities throughout the state. The programs provided by DLC for the educational benefit to meet the needs of the populous include:

- (1) Active participation in a Standardization Committee which jointly includes members of this division and members of the Alabama Nursing Home Association. This committee meets regularly to discuss issues pertinent to this area of medical care. Through questions and comments submitted by the Nursing Home Association, DLC responds with answers which are discussed and solved in writing. The questions, answers and pertinent areas of discussion are then distributed to the long term care facilities and conveyors throughout this state in an effort to increase communication and consistency.
- (2) DLC Newsletters are published to address pertinent information, issues, and clarification of information. Also addressed are changes within regulations, requirements and survey procedures.
- (3) Statewide tours addressing the CLIA regulations will be conducted by this agency who will be responsible for regulating these facilities.
- (4) DLC staff participates in workshops around the state as requested by various industry members.

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Process for the Investigation of Allegations of Resident Neglect
and Abuse and Misappropriations of Resident Property

The State has in effect the following process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide or a resident in a nursing facility or by another individual used by the facility in providing services to such a resident.

The Alabama Department of Public Health, Division of Licensure and Certifications, Complaint Unit is responsible for this function. The complaint unit consists of eight (will be increased by 100% by FY93) Licensure & Certification nurses (RN's) specially trained to investigate abuse, neglect and misappropriation of residents funds or property, two Steno II administrative support personnel, and is supervised by a Licensure and Certification officer with extensive experience in health care management, i.e., Hospital and Nursing Home Administration. A one page Abuse Allegation Report form has been developed and distributed to the nursing home industry to be utilized to report an allegation of abuse, neglect or misappropriation of property. (See attachment one) This unit also has in-state toll free: "Hotline" that is manned 8 hours per day on normal duty days. The Hotline also has voice mail capability for recording allegations seven days per week, twenty-four hours per day. When an allegation is received in the complaint unit, a case number is assigned and the allegation is reviewed by the supervisor. The supervisor prioritizes the cases by degree of severity and assigns a survey nurse to make an unannounced on-sight visit to investigate the allegation. *(See Priority Below) When the nurse is unable to obtain sufficient evidence to substantiate the allegation the facility management and the accused is notified in writing, and the case is closed. When sufficient evidence is found, the allegation is substantiated and the process of adding the accused's name to the abuse register is implemented. A permanent file is established (and maintained in the complaint unit) which contains a complete report and supportive documentation of the allegation investigation, and disposition of each case.

*Priority 1. (Initiate investigation within two working days of receipt) Physical abuse, temporary or permanent injury, disability or death.

*Priority 2. (Initiate investigation within 45 days) All abuse, neglect or misappropriation of resident's property that do not fall into priority 1.

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Procedures for Scheduling and Conduct of Standard Surveys

The State has in effect the following procedures for the scheduling and conduct of standard surveys to assure that it has taken all reasonable steps to avoid giving notice.

The division of Licensure and Certification has in place a Security Plan to assure that all long term care on-site surveys are unannounced. All reasonable steps have been taken to avoid giving notice. Computer listings of surveys (recertification and follow-up) are distributed only to directors and supervisors that require this information. The schedule is distributed to the Director of Field Services and Quality Assurance, Director of Health Care Facilities Section, Director of Long Term Care Section, Long Term Care Supervisors, Complaint Supervisor, and Life Safety Code Supervisor. These schedules are carefully protected by the management staff. Surveyors are not given a copy of the schedule and do not have access to the schedule. Assignments are given to surveyors the Friday prior to a Monday survey or on the Monday prior to a Tuesday survey. Advance hotel/motel reservations are not made; however, if room availability is questionable, the surveyor may make an advance reservation using a fictitious name.

In checking out a State Motor Pool vehicle, surveyors do not list the cities involved in travel. This assures confidentiality of the survey towns. Surveyors are notified upon employment with the Division of the requirement that all surveys are unannounced. They are made aware of the federal monetary fine as well as DLC's policy of disciplinary actions for divulging and unannounced survey.

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Programs to Measure and Reduce Inconsistency

The State has in effect the following programs to measure and reduce inconsistency in the application of survey results among surveyors.

The state agency has a comprehensive Quality Assurance program which was designed to increase accuracy in documentation and consistency in surveyors' interpretations of regulation as well as reduce surveyor inconsistency in the application of survey results. This program is multi-dimensional and consists of 5 major areas.

1. Supervisor contact with team on survey

During surveys in which significant problems are found, there is supervisor contact with the team as information is being collected and observations are being made. This increases consistency in the quality and type of information that is obtained, as well as the quality of information that is documented in the Statement of Deficiencies.

2. Review Process

Deficiencies go through a multi-step review process.

a. A Peer Review of the deficiency by another surveyor is done prior to the deficiency being submitted.

b. The team leader reviews the entire packet of information including the Statement of Deficiencies prior to submitting the packet to a long term care supervisor.

c. A Long Term Care RN Supervisor reviews the survey information for:

- 1.) Accuracy
- 2.) Completeness
- 3.) Content and clarity. Deficiencies are edited if needed.
- 4.) Information and examples in the deficiencies are tracked back to the worksheets for substantiation and verification of findings.

3. Training based on QA results

The state agency's RN training officer is appraised of the results of QA reviews; and surveyor training needs are developed into inservice programs and presented to staff.

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Programs to Measure and Reduce Inconsistency

4. Monitoring Surveys

State agency Long Term Care RN Supervisors monitor selected surveys to determine adequacy of surveyor performance and to determine whether the survey process is accomplished according to HCFA directives. Recommendations to individual surveyors as well as the entire team may be made by the RN supervisor.

5. Standardization Committee

The state agency has developed committees consisting of professionals from each discipline within DLC: Nursing, Dietary, Pharmacy, Social Services and Activity Therapy to increase consistency in the professionals' interpretation of the regulations. Representatives from these committees, as well as DLC management staff meet with professional representatives of the Alabama Nursing Home Association to discuss common concerns attempting to further increase professional communication and consistency in Long Term Care issues. The result of the meetings are published in written Question and Answer form and sent to all long term care facilities in Alabama as well as all surveyors in the state.

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Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

(Also see (c) & (d) on preprint

PRIORITY 3 - General non-health care related complaints that are referred to an Ombudsman.

These complaint investigations are conducted at the facility during an unannounced on-site visit by a Licensure & Certification nurse assigned to the complaint unit. Investigations are documented on appropriate state agency and HCEA forms plus a complete narrative report is written to address each allegation, the findings of the investigation, a conclusion as to the validity of the allegation and the disposition of the complaint. Complaint investigation files are maintained by facility and are separate from the facility Licensure and Certification file. Follow-up surveys are conducted within 90 days after a complete investigation that results in a Statement of Deficiencies being issued. These follow-up visits are conducted by the LTC certification survey teams in conjunction with routine survey visits when possible. When LTC routine surveys are not scheduled within this allotted 90 day period, the follow-ups are conducted by the complaint unit nurses. The facility complaint file is reviewed by the LTC survey team immediately prior to a routine certification survey or follow-up visit to a facility. A tracking log for all complaints is maintained on a computer and is updated on a daily basis.