

Long-Term Care Survey Alert

Survey & Clinical News To Use

Check out CMS' proposed rule on facility requirements for posting direct-care staffing information. The Centers for Medicare & Medicaid Services recently issued the proposed rule that facilities have been waiting for: It explains in a bit more detail the requirement for posting daily staffing information, which has been in place since Jan. 1, 2003. The staffing information posting requirement is required by the Medicare, Medicaid and SCHIP Benefits Improvement And Protection Act of 2000 (a.k.a. BIPA).

Published in the Feb. 27 Federal Register, the proposal would require facilities to post the FTEs for direct-care nursing staff (RNs, LPNs, LVNs and CNAs) for each shift, as well as the daily resident census. The information must be displayed in a prominent place where residents and visitors can see it easily. To track staffing information, facilities would complete a "Daily Nurse Staffing Form" at the end of each shift. The facilities would retain these forms for at least three years or longer, if state law is more stringent in that regard.

You may submit comments on the rule electronically at www.regulations/comments.orgoto or go to www.regulations.gov.

Do you have systems in place to validate that SNF Part A-stay admissions have had a three-day prior inpatient hospital stay within 30 days of admission? CMS decided against collecting overpayments on this issue from SNFs, but the agency is now reminding providers of the requirement. SNF admissions that aren't preceded by a hospital inpatient stay of at least three consecutive calendar days (not counting the day of discharge) within 30 days of the SNF admission may **not** qualify for Medicare reimbursement, says a recent MedLearn Matters article on the issue. "The length of this hospital stay cannot include the day of discharge, and moreover, cannot count any emergency department or other outpatient observation in the inpatient stay calculation," the article states. The required three-day inpatient stay begins on the day the patient is formally admitted to the hospital as an inpatient.

Is your facility using a patient lift recently recalled by the manufacturer? The Food and Drug Administration recently announced that Moving Solutions Inc. of Downers Grove, IL, is recalling its patient lifts because of a faulty design. The lift can endanger patients in that excessive wear of the main bolt, which secures the lift arm to the main frame of the patient lift, will cause the bolt to break. When the bolt breaks, the lift arm is no longer secured to the lift, which will cause the patient to fall. The lift arm may also fall on the patient, which could result in serious injury, or even death, according to a statement by the FDA. Facilities should stop using these lifts until the problem is corrected, the FDA directs.

FDA has received one report of death related to the failure of the bolt. The recall involves all FAABORG-model batteryoperated patient lifts distributed by Moving Solutions, because the lift arm is interchangeable between all models of FAABORG patient lifts. Some 856 lifts have been distributed throughout the United States.