F-Tag for Behavioral, Mental and Psychosocial Health (F740-F743)

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F-TAGs for Behavioral, Mental and Psychosocial Health

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1

F-TAGs Covered in this Training:

- F740 Behavioral Health Services
- F741 Sufficient/Competent Staff-Behav Health Needs
- F742 Treatment/Svc for Mental/Psychosocial Concerns
- F743 No Pattern of Behavioral Difficulties Unless Unavoidable

2

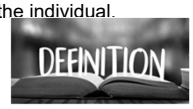
§483.40 Behavioral Health Services

"Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders."

3

DEFINITIONS §483.40

"Highest practicable physical, mental, and psychosocial well-being" is defined as the highest possible level of functioning and well-being, limited by the individual's recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental or psychosocial needs of the individual.



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DEFINITIONS §483.40

- **"Mental disorder"** is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning." (American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition. Arlington, VA: American Psychiatric Association Publishing, 2013.).

5

DEFINITIONS §483.40

"Substance use disorder" is defined as recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems or disability

(Adapted from: Substance Abuse and Mental Health Services Administration (SAMHSA) definition found at http://www.samhsa.gov/disorders/substance-use).

6

DEFINITIONS §483.40(a), (a)(1) & (a)(2)

- **"Non-pharmacological intervention"** refers to approaches to care that do not involve medications, generally directed towards stabilizing and/or improving a resident's mental, physical, and psychosocial well-being.

7

Examples of Non-pharmacological Interventions

- Ensuring adequate hydration and nutrition (e.g., enhancing taste and presentation of food, addressing food preferences to improve appetite and reduce the need for medications intended to stimulate appetite); exercise; and pain relief;
- Individualizing sleep and dining routines, as well as schedules to use the bathroom, to reduce the occurrence of incontinence, taking into consideration the potential need for increased dietary fiber to prevent or reduce constipation, and avoiding, where clinically inappropriate, the use of medications that may have significant adverse consequences (e.g., laxatives and stool softeners);

8

Examples of Non-pharmacological Interventions

- Adjusting the environment to be more individually preferred and homelike (e.g., using soft lighting to avoid glare, providing areas that stimulate interest or allow safe, unobstructed walking, eliminating loud noises thereby reducing unnecessary auditory environment stimulation);
- Assigning staff to optimize familiarity and consistency with the resident and their needs (e.g., consistent caregiver assignment);
- Supporting the resident through meaningful activities that match his/her individual abilities, interests, and needs, based upon the comprehensive assessment, and that may be reminiscent of lifelong work or activity patterns (e.g., providing an early morning activity for a farmer used to waking up early);
- Utilizing techniques such as music, art, massage, aromatherapy, reminiscing

9

F-TAG 740

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10

KEY ELEMENTS OF NONCOMPLIANCE §483.40

- The facility is responsible for providing behavioral health care and services that create an environment that promotes emotional and psychosocial well-being meet each resident's needs and include individualized approaches to care.

11

GUIDANCE §483.40

The facility must provide necessary behavioral health care and services which include:

- Ensuring that the necessary care and services are person-centered and reflect the resident's goals for care, while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety;
- Ensuring that direct care staff interact and communicate in a manner that promotes mental and psychosocial well-being.
- Providing meaningful activities which promote engagement, and positive meaningful relationships between residents and staff, families, other residents and the community. Meaningful activities are those that address the resident's customary routines, interests, preferences, etc. and enhance the resident's well-being;
- Providing an environment and atmosphere that is conducive to mental and psychosocial well-being;
- Ensuring that pharmacological interventions are only used when non-pharmacological interventions are ineffective or when clinically indicated.

12

To cite deficient practice at F740
The investigation will show that the facility failed to:

- Identify, address, and/or obtain necessary services for the behavioral health care needs of residents
- Develop and implement person-centered care plans that include and support the behavioral health care needs, identified in the comprehensive assessment
- Develop individualized interventions related to the resident's diagnosed conditions (e.g., assuring residents have access to community substance use services)

13

To cite deficient practice at F740
The investigation will show that the facility failed to:

- Review and revise behavioral health care plans that have not been effective and/or when the resident has a change in condition
- Learn the resident's history and prior level of functioning in order to identify appropriate goals and interventions
- Identify individual resident responses to stressors and utilize person-centered interventions developed by the IDT to support each resident
- Achieve expected improvements or maintain the expected stable rate of decline based on the progression of the resident's diagnosed condition

14

Example of F740 -Severity Level 3 Non-compliance: Actual Harm that is not Immediate Jeopardy

- A resident was admitted to the facility with a diagnosis of post-traumatic stress disorder, from war related trauma. The resident assessment identified that certain environmental triggers such as loud noises and being startled caused the resident distress and provoked screaming. The resident's care plan identified that his environment should not have loud noises and that staff should speak softly to the resident. Observations in the home revealed that the entry and exit doors had alarms that sounded with a loud horn each time they were opened. Additionally, staff were observed approaching the resident from behind and shaking his shoulder to get his attention. The resident was startled and screamed for fifteen minutes. The DON stated that they hoped he would eventually get used to living in the home.
- The facility identified triggers that were known to cause the resident distress and developed a care plan to support the resident's behavioral health care needs. However, the facility failed to implement the care planned approaches to care.

15

F-TAG 741

16

- ***§483.40(a)*** *The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:*
- ***§483.40(a)(1)*** *Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)]*
- ***§483.40(a)(2)*** *Implementing non-pharmacological interventions.*

17

INTENT §483.40(a), (a)(1) & (a)(2)

- To ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to meet the behavioral health needs of residents for whom the facility has assessed and developed care plans.
- The facility must consider the acuity of the population and its assessment in accordance with §483.70(e). This includes residents with mental disorders, psychosocial disorders, or substance use disorders.
- Facility staff members must implement person-centered, care approaches designed to meet the individual needs of each resident. Additionally, for residents with behavioral health needs, non-pharmacological interventions must be developed and implemented.

18

To cite deficient practice at F741
The investigation will show that the facility failed to:

- Rule out underlying causes for the resident's behavioral health care needs through assessment, diagnosis, and treatment by qualified professionals, such as physicians, including psychiatrists or neurologists
- Identify competencies and skills sets needed in the facility to work effectively with residents with mental disorders and other behavioral health needs
- Provide sufficient staff who have the knowledge, training, competencies, and skills sets to address behavioral health care needs
- Demonstrate reasonable attempts to secure professional behavioral health services, when needed

19

To cite deficient practice at F741
The investigation will show that the facility failed to:

- Utilize and implement non-pharmacological approaches to care, based upon the comprehensive assessment, and in accordance with the resident's abilities, customary daily routine, life-long patterns, interests, preferences, and choices;
- Monitor and provide ongoing assessment of the resident's behavioral health needs, as to whether the interventions are improving or stabilizing the resident's status or causing adverse consequences;
- Attempt alternate approaches to care for the resident's assessed behavioral health needs, if necessary;
- Accurately document all relevant actions in the resident's medical record

20

F741 -Example of Severity Level 3 Non-compliance: Actual Harm that is not Immediate Jeopardy

- Facility staff failed to intervene when a visibly agitated and confused resident was pacing the hallways. Record review showed that these expressions of distress had occurred during the late afternoon and early evening for the past three weeks. A CNA told the surveyor that the DON said the resident had "sundowning;" however, when asked, she was unable to explain what that meant or what individualized interventions should be implemented. She was told to leave the resident alone and let him tire himself out.
- The facility lacked competent staff with the knowledge and skills sets to support and assist the resident who was experiencing agitation and confusion on a daily basis. This resulted in increased distress over the course of several weeks, without the development and implementation of individualized, non-pharmacological approaches to care.

21

F-TAG 742

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§483.40(b)(1)

- **§483.40(b)** Based on the comprehensive assessment of a resident, the facility must ensure that—
- **§483.40(b)(1):**
- A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being

23

DEFINITION for §483.40(b) & §483.40(b)(1)

- **"Mental and psychosocial adjustment difficulty"** refers to the development of emotional and/or behavioral symptoms in response to an identifiable stressor(s) that has not been the resident's typical response to stressors in the past or an inability to adjust to stressors as evidenced by chronic emotional and/or behavioral symptoms.

  (Adapted from Diagnostic and Statistical Manual of Mental Disorders - Fifth edition. 2013, American Psychiatric Association.).

24

GUIDANCE §483.40(b) & §483.40(b)(1)

- Residents who experience mental or psychosocial adjustment difficulty, or who have a history of trauma and/or post-traumatic stress disorder (PTSD) require specialized care and services to meet their individual needs. The facility must ensure that an interdisciplinary team (IDT), which includes the resident, the resident's family and/or representative, whenever possible, develops and implements approaches to care that are both clinically appropriate and person-centered. Expressions or indications of distress, lack of improvement or decline in resident functioning should be documented in the resident's record and steps taken to determine the underlying cause of the negative outcome.

25

To cite deficient practice at F742
The investigation will show that the facility failed to:

- Assess the resident's expressions or indications of distress to determine if services were needed
- Provide services and individualized care approaches that address the assessed needs of the resident and are within the scope of the resources in the facility assessment;
- Develop an individualized care plan that addresses the assessed emotional and psychosocial needs of the resident

26

To cite deficient practice at F742
The investigation will show that the facility failed to:

- Assure that staff consistently implement the care approaches delineated in the care plan;
- Monitor and provide ongoing assessment as to whether the care approaches are meeting the emotional and psychosocial needs of the resident
- Review and revise care plans that have not been effective and/or when the resident has a change in condition and accurately document all of these actions in the resident's medical record

27

F742-Example of Severity Level 3 Non-compliance Actual Harm that is not Immediate Jeopardy

- The facility determined that a resident's resistance to receiving staff assistance in the shower was a result of a traumatic event that occurred at home years ago when a home health aide left her in the shower unattended and she fell, fracturing her hip. The resident has never been able to return home since the event and is distrustful of the nursing home staff. Interventions listed on the care plan specified that she is to be assisted by two staff members in the shower. The resident is to be approached in an unhurried manner, with calm voices and soft lighting.
- The surveyor observed the resident in the shower with only one certified nurse aide (CNA) in attendance and harsh lighting. During the shower the resident demonstrated anxiety and fear. She was yelling, crying, restless, and tried to get out of the shower chair many times during care. When observed 30 minutes after her shower, the resident was no longer yelling, however she still appeared fearful and her crying was just beginning to resolve.
- An interview with the CNA and DON confirmed that the care plan interventions had not been followed.
- The facility failed to ensure that a resident, who has a history of trauma, received the appropriate treatment and services to reduce her anxiety and fear in the shower. Care planned interventions were not implemented, leading to increased expressions of distress by the resident and a decline in her mental and psychosocial well-being.

28

F- TAG 743

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29

INTENT §483.40(b)(2)

- To ensure that a resident who, upon admission was not assessed or diagnosed with a mental or psychosocial adjustment difficulty or a documented history of trauma and/or post-traumatic stress disorder (PTSD), does not develop patterns of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors while residing in the facility.
- However, after admission, if the resident is diagnosed with a condition that typically manifests a similar pattern of behaviors, documentation must validate why the pattern was unavoidable (e.g., symptoms did not initially manifest, family was unaware of previous trauma or were unavailable for interview, etc.). Development of an unavoidable pattern of behaviors refers to a situation where the interdisciplinary team, including the resident, their family, and/or resident representative, has completed comprehensive assessments, developed and implemented individualized, person-centered approaches to care through the care-planning process, revised care plans accordingly, and behavioral patterns still manifest.

30

GUIDANCE §483.40(b)(2)

Facility staff must:

- Monitor the resident closely for expressions or indications of distress
- Assess and plan care for concerns identified in the resident's assessment
- Accurately document the changes, including the frequency of occurrence and potential triggers in the resident's record
- Share concerns with the interdisciplinary team (IDT) to determine underlying causes, including differential diagnosis
- Ensure appropriate follow-up assessment, if needed
- Discuss potential modifications to the care plan

31

To cite deficient practice at F743

The investigation will show that the facility failed to:

- Identify that a resident developed decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, and may have made verbalizations indicating these
- Evaluate whether the resident's distress was attributable to their clinical condition and demonstrate that the change in behavior was unavoidable
- Ensure an accurate diagnosis of a mental disorder or psychosocial adjustment difficulty, or PTSD was made by a qualified professional
- Adequately assess and/or develop care plans for services and individualized care approaches that support the needs of residents who develop these patterns

32

To cite deficient practice at F743

The investigation will show that the facility failed to:

- Provide services with an individualized care approach that support the needs of residents with these indicators
- Provide staff with training opportunities related to the person-centered care approaches that have been developed and implemented
- Assure that staff consistently implement the approaches delineated in the care plan;
- Monitor and provide ongoing assessment as to whether the care approaches are meeting the needs of the resident
- Review and revise care planned interventions and accurately document the reason for revision in the resident's medical record

33

F743 -Example of Severity Level 3: Actual Harm that is not Immediate Jeopardy

- During the tour of the facility, the surveyor noticed a resident sitting by the front door of the facility wringing his hands and staring out the window. While engaged in conversation, he stated that he was afraid that he would miss his group again. He had to come to the nursing home after his wife's death and was having a hard time adjusting to the change. He stated that he joined a grief support group that he was finding helpful, but had not been able to attend for a few weeks. He was unable to sleep at night because of the worry about missing the group sessions.
- His care plan indicated that the only intervention to address his grief was participation in a weekly support group meeting at the senior center. His goal was to attend group sessions, so he could better cope with the multiple losses he had experienced. An interview with the facility administrator revealed that the resident had been unable to attend group sessions for six weeks because the facility's only van was in the shop. During those weeks, the facility failed to provide alternative interventions and address the distress caused by the missed meetings. The resident's medical record reflected that in the past month, he appeared more anxious, depressed, and angry and staff described him as "not his pleasant self."
- The resident suffered a decline as a direct result of being unable to attend his weekly support group meetings and the facility did not seek any alternatives when transportation was unavailable.

34

Thank you for attending:

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35