CORE TACTICS™ Healthcare Consulting

ACHCA American College of Health Care Administrators

Practical Approaches to Managing Behaviors: Person-centered Care Planning

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Amy is the President & CEO of Coretactics™ Healthcare Consulting, Inc. Coretactics™ is a quality-driven consulting service that implements proven systems and processes into daily operations to achieve positive & sustainable outcomes in quality of care, regulatory compliance, and the financial well-being of health care organizations.

Results! Not reports!

- Mock Surveys / Directed POCs
- Regulatory Compliance
- Policy / Competency
- Quality Outcomes
  - VBP/QRP/5 Star/ QMs/State Initiatives
  - MDS/CAAS/Care Planning
- PDPM & CMI Utilization
- Corporate Compliance
- Claims Appeals & Denials
- Medicare / Medicaid Audits
- Pre-Billing Audits
- MDS Accuracy

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Objectives

1. Understand current regulatory guidelines related to behavior management.
2. Recognize early signs of behaviors and how to use person-centered care planning approaches effectively.
3. Identify the negative impact poor behavior management can have on your quality outcomes.

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Regulations

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Phase 1 §483.45(c)(3) PSYCHOTROPIC DRUGS

F758 Free from unnecessary Psychotropic Medications/PRN use

Psychotropic Definition

Any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:

- ✓ Anti-psychotic
- ✓ Anti-depressant
- ✓ Anti-anxiety
- ✓ Hypnotic

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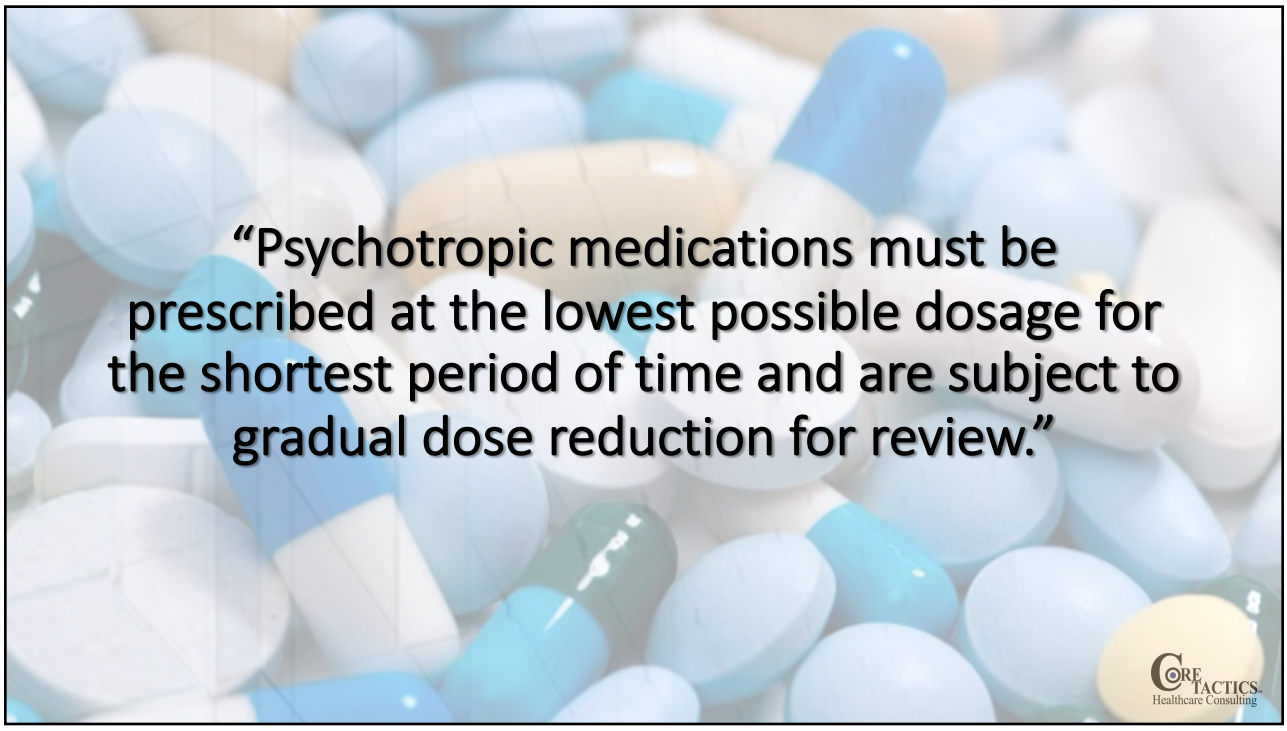

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Phase 1 §483.45 Pharmacy Services

- Requires a drug regimen review (DRR) that includes a resident's **MEDICAL RECORD** monthly
- Pharmacist must report: any ***irregularities*** (includes, but not limited to any drug that meets the "unnecessary drug" criteria)
  - Report (written) must include at least resident's name, relevant drug, and irregularity
  - Must be sent to attending, director of nursing, and medical director, who must act on said report

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Phase 1 §483.45 Pharmacy Services

- Attending must document in medical record that identified irregularity was reviewed and what, if any, action taken. If no changes, must document rationale.
- P&P for the monthly DRR should include:
  - Time frames for steps in process
  - Steps pharmacist must take when he/she identifies an irregularity that requires urgent action to protect the resident

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Gradual Dose Reduction

- Within the first year from admission on a psychotropic or after initiating a psychotropic:
  - Must attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated
  - After the first year, a GDR must be attempted annually, unless clinically contraindicated.

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Gradual Dose Reduction

Considerations Specific to Antipsychotics

- If resident has dementia and receives an antipsychotic medication to treat behavioral symptoms, the GDR may be considered clinically contraindicated if:
  - Resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility; and
  - Physician documented rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or increase distressed behavior

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Gradual Dose Reduction

Considerations Specific to Antipsychotics

For resident receiving an antipsychotic to treat a psychiatric disorder (e.g., schizophrenia, bipolar mania, or depression with psychotic features), GDR may be considered contraindicated, if:

- Continued use follows standards of practice.

or

- Resident's target symptoms returned or worsened after most recent GDR attempt.

and

- Physician documented rationale for why any additional attempted dose reduction would likely impair resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

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GDR Items in Section N

N0450. Antipsychotic Medication Review

Enter Code ☐

A. Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?

0. **No** - Antipsychotics were not received → Skip N0450B, N0450C, N0450D, and N0450E
1. **Yes** - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted?
2. **Yes** - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted?
3. **Yes** - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?

Enter Code ☐

B. Has a gradual dose reduction (GDR) been attempted?

0. **No** → Skip to N0450D, Physician documented GDR as clinically contraindicated
1. **Yes** → Continue to N0450C, Date of last attempted GDR

C. Date of last attempted GDR:

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

Enter Code ☐

D. Physician documented GDR as clinically contraindicated

0. **No** - GDR has not been documented by a physician as clinically contraindicated → Skip N0450E Date physician documented GDR as clinically contraindicated
1. **Yes** - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated

E. Date physician documented GDR as clinically contraindicated:

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

Version 1.17 Effective October 1, 2019

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Phase 2 §483.45(e) (1)-(5)
F758 Free from unnecessary Psychotropic Medications/PRN use

Based on a comprehensive assessment of a resident, the facility must ensure that:

1. Psychotropic drugs are not given unless medically necessary (must have appropriate diagnosis).
2. GDRs occur unless clinically contraindicated.
3. PRNs are not administered without an appropriate DX.
4. **PRN PSYCHOTROPICs** - limited to 14 days; if to continue >14 days, there is a documented rationale including the duration for the PRN.
5. **PRN ANTI-PSYCHOTICs** – limited to 14 days & cannot be renewed unless the resident is ***evaluated*** by the prescribing practitioner.

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Appendix PP Addition

OIG report on Adverse Events (AEs):

- ✓ Occurs in 1 of 5 SNF residents
- ✓ 37% related to medications
- ✓ 66% of medication-related AEs were preventable
- ✓ Often occurs due to substandard treatment or insufficient monitoring
- ✓ Use of multiple medications complicates the determination of the primary cause of events

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WARNING

- ✓Antipsychotics Drugs are not approved treatment for behavioral or psychological signs and symptoms of Dementia.
- ✓The FDA placed a Black Box Warning for use of antipsychotic medication with Dementia

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Black Box Warning

Because of the increased mortality in elderly patients, the US Food and Drug Administration (FDA) requires a warning label on all antipsychotic drugs. Such "black box" warnings are only required for drugs with serious risks.

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Possible ADR Due to Antipsychotics

- **Agitation***
- **Insomnia***
- Uncontrolled Tremors
- Cramping
- Dizziness (upon standing)
- **Nervousness***
- Restlessness
- Constipation
- Anxiety*
- Rash
- **Nightmares***
- Nausea/vomiting
- Altered Hearing
- Involuntary muscles spasms
- Perspiration
- Falls
- Itching
- Repetitive Movements
- **Delusions***
- Bruising
- Fatigue
- Fainting
- Unsteady /unstable gait
- **Depression***
- **Hallucinations***
- Hives
- Diarrhea
- Altered Vision
- Weight gain/edema
- Fever
- Cough
- Change in Appetite
- Dry Mouth
- Headache
- Neuroleptic Malignant Syndrome(fever, sweating, unstable B/P, increase respirations, stupor, rigidity)

*** = Psychological Harm**

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Effectiveness of Antipsychotics in People with Dementia

- Effect takes 3-7 days to start working.
- Very sedating medication so acute effect we see is due to sedation effect not antipsychotic effect.
- Not everyone who receives these drugs improves.
- Use of these medications in nursing facilities is associated with increased death, hospitalization, falls and fractures, weight loss and other negative outcomes.

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SO……WHY USE ANTIPSYCHOTIC MEDICATIONS?

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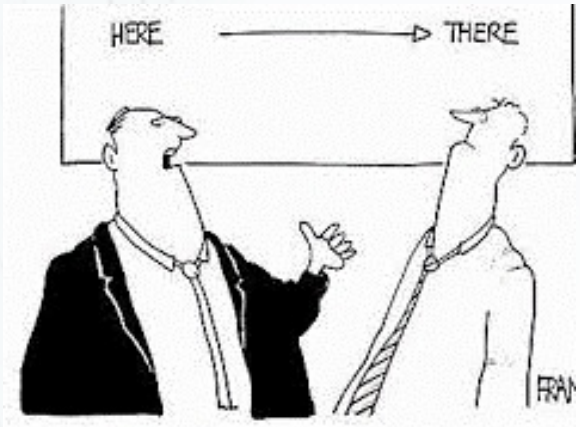
THEORIES…

1. Lack of staff/physician training.
2. Lack of relevant person-centered therapeutic recreation (meaningful activities).
3. Lack of non-pharmaceutical interventions.
4. Staff feel that non-pharmaceutical interventions are too time consuming.



"It's a simple model... but it works for me...

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THEORIES…

5. Lack of RN staffing/assessment or oversight of LPN giving medications.
6. Lack of enough direct care staff to implement therapeutic interventions at time needed.
7. Lack of IDT collaboration to conclude a root cause analysis of the underlying cause of the behavior.
8. LACK OF PERSON CENTERED CARE PLANNING!

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CMS MANDATE

Training on Abuse and Dementia Care – Orientation and Annually

Hand-in-Hand (5 DVDs or Online - was created by CMS)
https://qsep.cms.gov/pubs/HandinHand.aspx

OASIS Training – Dr. Susan Wehry
https://www.susanwehrymd.com/home (About Dr. Wehry)
https://www.susanwehrymd.com/oasis-2-0

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CMS National Partnership to Improve Dementia Care

GOALS

1. **Person centered care** (organizational focus on the individual, as a person) **optimizing resident quality of life and function**
2. **Improving** dementia care with the **use of non-pharmacological interventions** to manage behavioral symptoms of dementia
3. **Reducing off-label use of anti-psychotic medications** for residents with dementia but without diagnosis or history of psychosis
4. **Reduction of psychotropic meds** as an organizational focus to reduce the use of antipsychotic medications without documentation of clinical justification and by understanding the triggers and root causes and implementing non-pharmacological approaches

2019 Goal
15% reduction by Late Adopters

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes

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CCN	Facility Name	City	Percent of Long-Stay Residents Who Received an Antipsychotic Medication, 4Q Average: 2020Q3 - 2021Q2	Percent of Long-Stay Residents Who Received an Antipsychotic Medication, Single Q: 2021Q2	Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication, 4Q Average: 2020Q3 - 2021Q2	Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication, Single Q: 2021Q2	Cited for F758
445388	GENERATIONS CENTER OF SPENCER	SPENCER	50.4	50.0	NA	NA	N
44E166	HARDIN HOME	SAVANNAH	37.7	40.0	NA	NA	N
445510	WHARTON NURSING HOME	PLEASANT HILL	36.4	32.1	2.3	NA	N
445508	OBION COUNTY NURSING HOME	UNION CITY	36.2	28.6	NA	NA	N
445223	RENAISSANCE TERRACE	HARRIMAN	34.9	26.9	8.7	3.7	N
445440	GALLAWAY HEALTH AND REHAB	GALLAWAY	33.1	36.6	4.4	3.7	N
445479	LIFE CARE CENTER OF GRAY	GRAY	32.8	43.9	7.0	NA	N
445367	HILLVIEW COMMUNITY LIVING CENTER	DRESDEN	32.5	25.0	0.0	0.0	N
445320	ELK RIVER HEALTH & REHABILITATION OF FAYETTEVILLE	FAYETTEVILLE	32.3	40.6	0.0	0.0	N
445464	HILLVIEW HEALTH CENTER	ELIZABETHTON	32.1	32.4	0.7	NA	N
445285	REELFOOT MANOR HEALTH AND REHAB	TIPTONVILLE	32.0	35.1	7.1	NA	N
445478	DURHAM-HENSLEY HEALTH AND REHABILITATION	CHUCKEY	31.2	30.0	5.6	0.0	N
445424	CENTER ON AGING AND HEALTH	ERWIN	30.9	37.5	1.8	3.0	N
445333	BRIARWOOD COMMUNITY LIVING CENTER	LEXINGTON	29.5	32.3	0.0	NA	N
445484	SENATOR BEN ATCHLEY STATE VETERANS' HOME	KNOXVILLE	29.4	33.7	6.1	8.7	N
445272	MABRY HEALTH CARE	GAINESBORO	29.4	32.3	5.2	0.0	Y
445383	HORIZON HEALTH AND REHAB CENTER	MANCHESTER	29.4	37.0	4.9	8.3	N
44525							

NH NJ NM NV NY OH OK OR PA PR RI SC SD TN

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Case Review of Ms. June

- Resident has history of Dementia, Falls, HOH, Depression, UTI's, Hypothyroidism
- Nursing note: 7/1/17 Resident has increased confusion she has been sitting in the lobby by the receptionist since after lunch at 2:30pm she tried to exit out the front door and became agitated when staff tried to redirect her. MD contacted & order obtained give Haldol (haloperidol injection) 5mg x 1 IM now.

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F758 Psychotropic Drug

The facility must ensure that residents are:

- Not given these drugs unless necessary to treat specific condition as diagnosed and documented in the clinical record.

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Case Review of Ms. June

- Order placed in chart and med given
  - Follow up Nursing Note: Resident receives med; calmed down rested remainder of shift and slept all night.
- 5 days later…..Nurses note:
  - Resident is with normal confusion. Wandered to lobby tried to go out front door with visitors; hard to redirect, became combative. MD called prn Haldol (haloperidol injection) ordered give one dose now.

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Case Review of Ms. June

- Two days later……Nurses note:
  - Haldol (haloperidol injection) given for agitation---*note did not explain what agitation means.*
- Week later…..Nurses Note:
  - Tremors noted. MD called and Cogentin ordered.
- 2 days later…..Nurses Note:
  - Tremors resolved
- Pharmacy Consultant makes visit later that week…..
  - Pharmacy Medication Review Note: NO Irregularities

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Case Review of Ms. June

- MD visit Note…. does not comment on Haldol (haloperidol injection) use or Pharmacy Medication review

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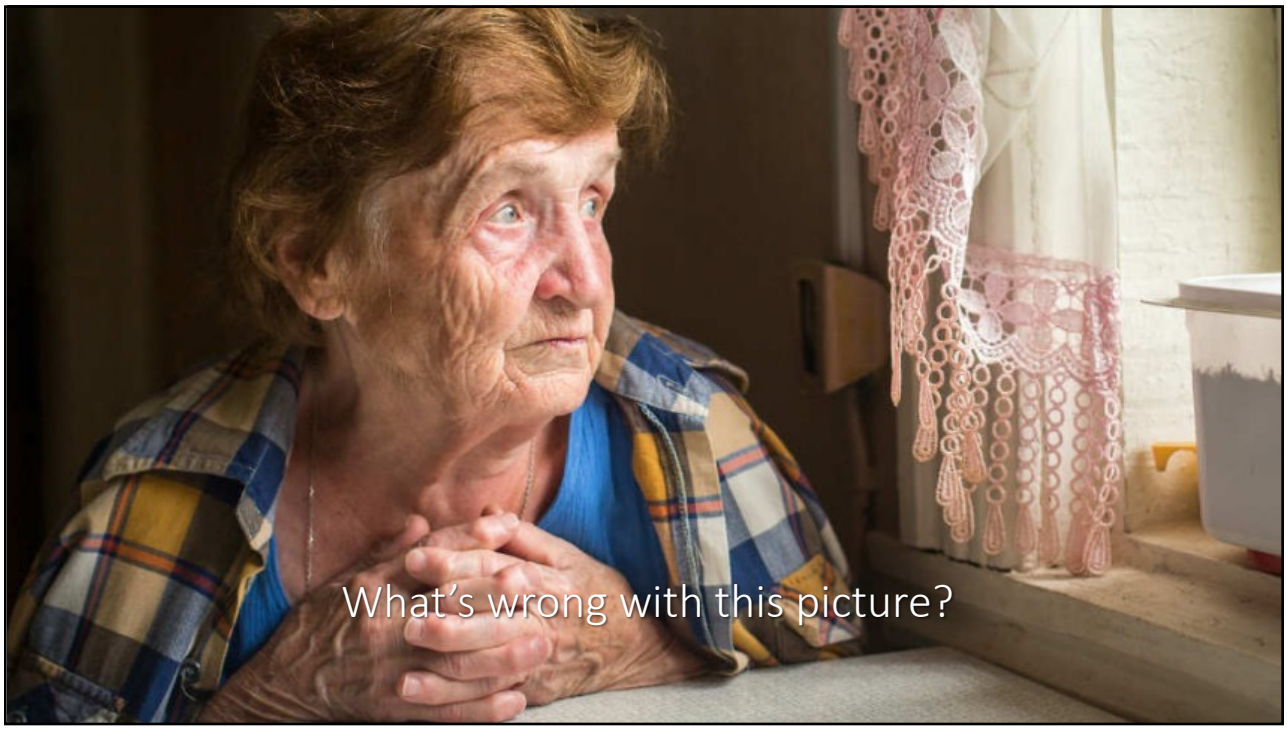

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If this Resident lives at your Facility get Ready…….

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Primary Deficiencies

- F658 Professional Standards of Practice
- F757 Unnecessary Drugs – **Actual Harm**
- F710 Physician Services
- F756 Drug Regimen Review
- F605 Right to be free of Chemical Restraints

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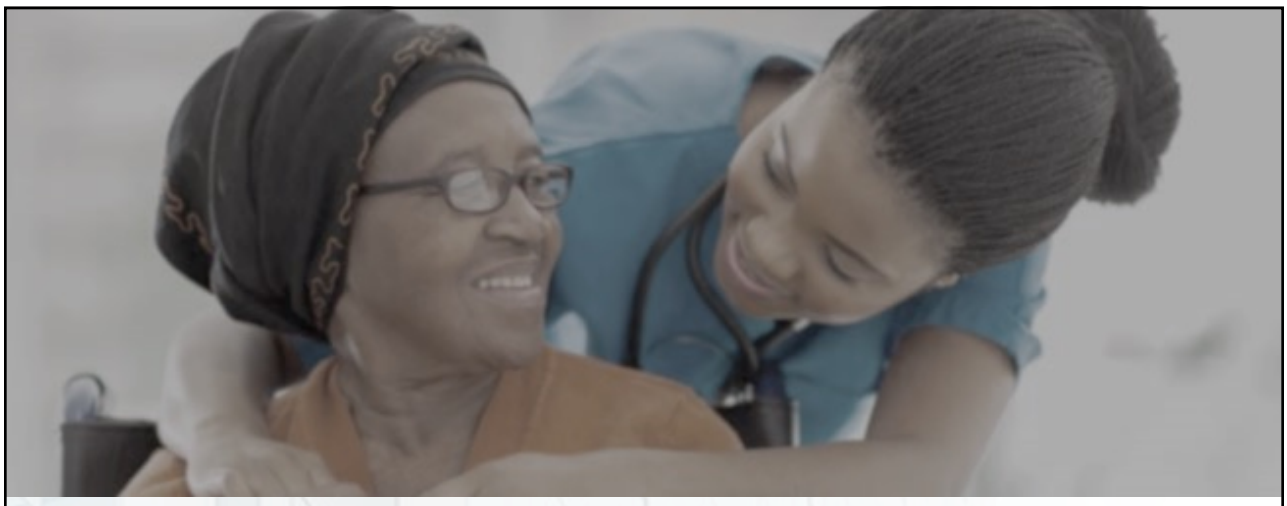

PERSON CENTERED CARE PLANNING

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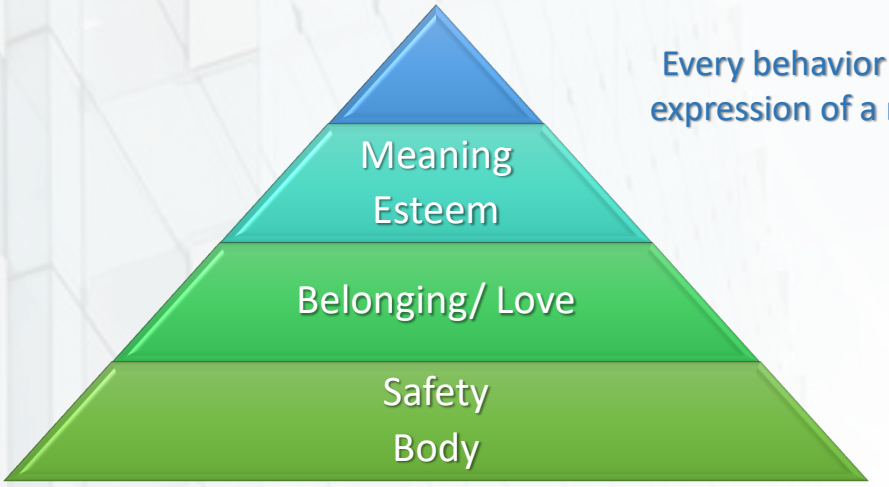
Maslow – Basic Human Needs



Every behavior is an expression of a need!

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Person-Centered Care

- Helps meet core human needs
- Better health outcomes
- Higher quality of life
- Less use of antipsychotic medications
- Improved customer satisfaction (internal and external)

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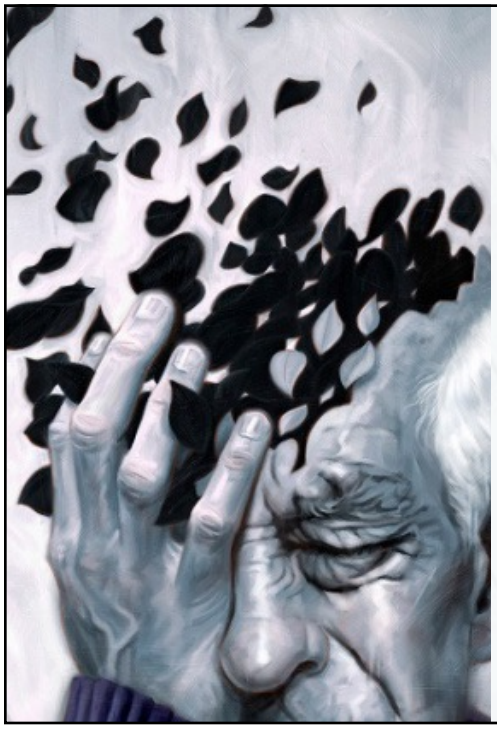

Agitation is….

- Slapping thighs
- Clapping
- Yelling (verbal agitation)
- Screaming
- Self-referred
  - Something is wrong with me

Something is wrong with me…
Do Something!

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STOP
Aggression is…
Hitting out
Kicking
Pinching
Biting
Threatening
Swearing
Something is wrong with you…
STOP! Leave me alone!
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Common Triggers
Noisy environment
Pain
Constipation
Discomfort
Infection
Drugs
Hearing loss
Boredom (agitation)
Loneliness (agitation)
Abrupt, tense or impatient staff (aggression)
Frustration (aggression)
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Sample Interventions

- 1:1 time
- Toilet or give incont. care
- Offer hydration or snacks
- Exercise, walking
- Moving to a quieter environment
- Sleep hygiene practices
- **Music therapy**
- Massage therapy
- Videos and photo albums of family
- **Pet therapy**
- Mechanical pets
- Aromatherapy
- Busy box
- Memory boxes
- **Warming blankets**
- **Weighted aprons/blankets**
- Busy aprons
- Alternate seating
- Glider chairs, rockers, swings
- Companionship

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Music Therapy

Music therapy has been found to increase levels of well-being, improve social interactions (Lord & Garner, 1993), and reduce agitation in individuals with dementia.

(Gerdner, 2000)

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Facts

- Helps prevent or alleviate distressing symptoms of dementia.
- Promotes well-being & fosters sociability in part by offsetting the isolation that can result from progressive loss of verbal ability.
- Music memory is retained longer than other memories.
- Music can facilitate reminiscence reducing anxiety.

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Music Man Video

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Who's Driving a Resident's Care?

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Person Centered/Person Directed Care

I have the right to:

- Be included
- Make decisions
- Have an individual plan based on my hopes, dreams and goals

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What's Your Process?

- How are preferences, likes/dislikes, routines, life story, etc., obtained and documented?
- How is this information integrated into their care plan (ex. "I care plans.")
- How is this information communicated to "all" staff (ex. Shadow box, All About Me Book, etc.)

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Antipsychotics DO NOT treat these behaviors

Behaviors in people with dementia are normal reactions to:

1. Something scary
2. A basic human need not being met
   - ✓ Food
   - ✓ Water
   - ✓ Nap because they are tired
   - ✓ Toileting
   - ✓ Activities to address boredom
3. Something upsetting or uncomfortable

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BEHAVIOR CHANGE FORM

Before calling the MD/NP, the nurse needs to evaluate the resident and be prepared:

- What is the exact behavior they are calling about
- What interventions have they used
- Current antipsychotic, anxiolytic, antidepressant and sedative/hypnotic medications resident is taking
- Any recent medication or medication dose changes
- VS, O2 Sat and blood sugar readings
- Assessment findings
- Neuro: confused, sedated, unequal pupils, localized weakness
- CVS: chest pain, palpitations, diaphoresis, bleeding
- Resp: cough, wheezing, shortness of breath, crackles
- Pain: On medication? Scheduled, PRN, recently given
- GI: Nausea, Vomiting, Diarrhea, constipation
- GU: symptoms, urinary catheter

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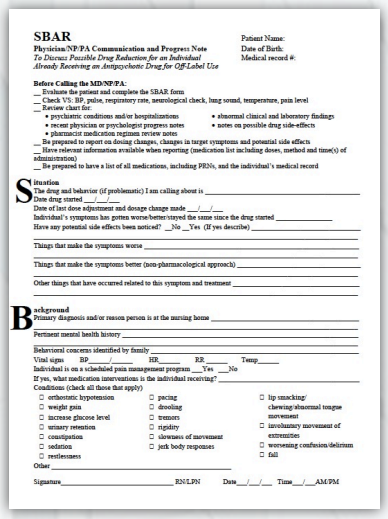
Behavior SBAR



SBAR
Physician/NP/PA Communication and Progress Note
To Discuss Possible Drug Reduction for an Individual Already Receiving an Antipsychotic Drug for Off-Label Use

Patient Name:
Date of Birth:
Medical record #:

Before Calling the MD/NP/PA:
__ Evaluate the patient and complete the SBAR form
__ Check VS: BP, pulse, respiratory rate, neurological check, lung sound, temperature, pain level
__ Review chart for:
- psychiatric conditions and/or hospitalizations
- recent physician or psychologist progress notes
- pharmacist medication regimen review notes
- abnormal clinical and laboratory findings
- notes on possible drug side-effects

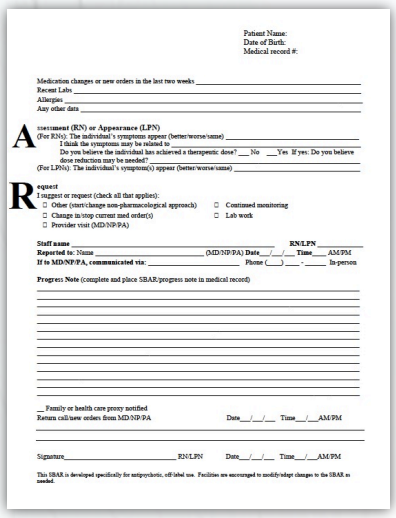
__ Be prepared to report on dosing changes, changes in target symptoms and potential side effects
__ Have relevant information available when reporting (medication list including doses, method and time(s) of administration)
__ Be prepared to have a list of all medications, including PRNs, and the individual's medical record

Situation
The drug and behavior (if problematic) I am calling about is _____
Date drug started ___/___/___
Date of last dose adjustment and dosage change made ___/___/___
Individual's symptoms has gotten worse-better/stayed the same since the drug started _____
Have any potential side effects been noticed? __No __Yes (If yes describe) _____
Things that make the symptoms worse _____
Things that make the symptoms better (non-pharmacological approach) _____
Other things that have occurred related to this symptom and treatment _____

Background
Primary diagnosis and/or reason person is at the nursing home _____
Pertinent mental health history _____
Behavioral concerns identified by family _____
Vital signs BP ___/___ HR_____ RR_____ Temp_____
Individual is on a scheduled pain management program ___Yes ___No
If yes, what medication interventions is the individual receiving? _____
Conditions (check all those that apply)

☐ orthostatic hypotension	☐ pacing	☐ lip smacking/ chewing/abnormal tongue movements
☐ weight gain	☐ drooling	
☐ increase glucose level	☐ tremors	
☐ urinary retention	☐ rigidity	☐ involuntary movement of extremities
☐ constipation	☐ slowness of movement	
☐ sedation	☐ jerk body responses	☐ worsening confusion/delirium
☐ restlessness		☐ fall

Other _____
Signature_____RN/LPN Date___/___/___ Time___/___AM/PM



Patient Name:
Date of Birth:
Medical record #:

Medication changes or new orders in the last two weeks _____
Recent Labs _____
Allergies _____
Any other data _____

Assessment (RN) or Appearance (LPN)
(For RNs): The individual's symptoms appear (better/worse/same) _____
I think the symptoms may be related to _____
Do you believe the individual has achieved a therapeutic dose? ___No ___Yes If yes: Do you believe dose reduction may be needed? _____
(For LPNs): The individual's symptom(s) appear (better/worse/same) _____

Request
I suggest or request (check all that applies):
☐ Other (start/change non-pharmacological approach)
☐ Change in/stop current med order(s)
☐ Provider visit (MD/NP/PA)
☐ Continued monitoring
☐ Lab work

Staff name _____ **RN/LPN** _____
Reported to: Name _____ (MD/NP/PA) **Date** ___/___/___ **Time**____ AM/PM
If to MD/NP/PA, communicated via: _____ Phone (___) ___ - _____ In-person

Progress Note (complete and place SBAR/progress note in medical record)

__ Family or health care proxy notified
Return call/new orders from MD/NP/PA Date___/___/___ Time___/___AM/PM

Signature_____RN/LPN Date___/___/___ Time___/___AM/PM

This SBAR is developed specifically for antipsychotic, off-label use. Facilities are encouraged to modify/adapt changes to the SBAR as needed.

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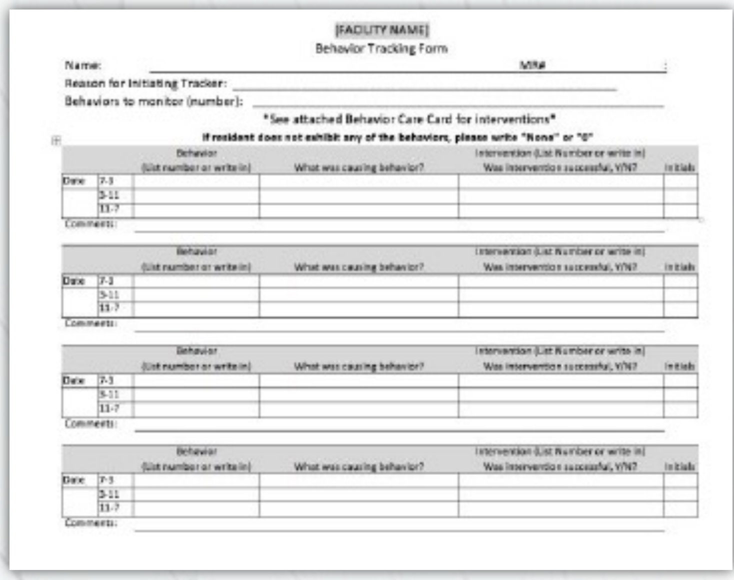
TRACK BEHAVIOR



[FACILITY NAME]

Behavior Tracking Form

Name: ______________________ MR#: ________

Reason for Initiating Tracker: ______________________

Behaviors to monitor (number): ______________________

See attached Behavior Care Card for interventions

If resident does not exhibit any of the behaviors, please write "None" or "0"

		Behavior (List number or write in)	What was causing behavior?	Intervention (List Number or write in) Was intervention successful, Y/N?	Initials
Date	7-3				
	3-11				
	11-7				

Comments: ______________________

		Behavior (List number or write in)	What was causing behavior?	Intervention (List Number or write in) Was intervention successful, Y/N?	Initials
Date	7-3				
	3-11				
	11-7				

Comments: ______________________

		Behavior (List number or write in)	What was causing behavior?	Intervention (List Number or write in) Was intervention successful, Y/N?	Initials
Date	7-3				
	3-11				
	11-7				

Comments: ______________________

		Behavior (List number or write in)	What was causing behavior?	Intervention (List Number or write in) Was intervention successful, Y/N?	Initials
Date	7-3				
	3-11				
	11-7				

Comments: ______________________

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Additional information as well as examples of non-pharmacological interventions may *be found in other guidance for regulations at:*

§483.40, Behavioral Health Services and §483.25, Quality of Care, and

§483.24 Quality of Life.

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CASPER Quality Measures

- Incidence of Antipsychotic Medication use (SS)
  - Short-stay residents who did not receive antipsychotic on initial assessment and do receive it on target assessment
- Prevalence of Antipsychotic Medication Use (LS)
  - Long-stay residents who receive antipsychotic
- Both measures only exclude residents with Schizophrenia, Tourette's or Huntington's

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% Who *Newly* Received an Antipsychotic Medication (Short Stay)

Numerator

Short-stay residents for whom one or more assessments in a lookback scan (**not including** the initial assessment) indicates that antipsychotic medication was received:

- **N0410A = [1,2,3,4,5,6,7].**

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Denominator

All short-stay residents who do not have exclusions and who meet all of the following conditions:

- The resident has a target assessment, and
- The resident has an initial assessment, and
- The target assessment is not the same as the initial assessment.

Exclusions

1. **The following is true for the target assessment:**
   1.1. For assessments with target dates on or before 03/31/2012: N0400A = [-].
   1.2. For assessments with target dates on or after 04/01/2012: N0410A=[-].
2. ***Any of the following related conditions are present on any assessment in a lookback scan:***
   2.1. Schizophrenia (I6000 = [1]).
   2.2. Tourette's Syndrome (I5350 = [1]).
   2.3. Huntington's Disease (I5250 = [1]).
3. **The resident's initial assessment indicates antipsychotic medication use:**
   3.1. For initial assessments with target dates on or before 03/31/2012: N0400A = [1].
   3.2. For initial assessments with target dates on or after 04/01/2012: N0410A=[1,2,3,4,5,6,7].

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% Who Received An Antipsychotic Medication (Long Stay)

Numerator

Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows:

- N0410A=[1,2,3,4,5,6,7].

Denominator

All long-stay residents with a selected target assessment, except those with exclusions.

Exclusions

1. The resident did not qualify for the numerator and any of the following is true:
1.1. For assessments with target dates on or before 03/31/2012: N0400A = [-].
1.2. For assessments with target dates on or after 04/01/2012: N0410A=[-].
2. ***Any of the following related conditions are present on the target assessment (unless otherwise indicated):***
2.1. Schizophrenia (I6000 = [1]).
2.2. Tourette's Syndrome (I5350 = [1]).
2.3. Tourette's Syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.
2.4. Huntington's Disease (I5250 = [1]).

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A Practical Approach

- Discuss antipsychotics daily
- Hold weekly behavior meetings (IDT Approach)
- Accurately document behaviors – track effectiveness of interventions
- Educate staff on managing behaviors
- Monitor CASPER data (LS versus SS)
- Care plan from a person-centered perspective
  - Listen
  - Involve family & friends
  - Watchful waiting (2-3 of direct observation; huddle to discuss events before and after a behavior)

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References

- Centers for Medicare and Medicaid. *MDS 3.0 Quality Measures User's Manual* (Jan. 2022). v15.0, Effective January 2019. www.cms.gov.

- Centers for Medicare and Medicaid. *State Operations Manual-Appendix PP-Guidance to Surveyors for Long Term Care Facilities* (2017). www.cms.gov.

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Thank You for Joining us Today!
Any Questions?
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