

ISDH Long Term Care  
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## Tobacco Use Cessation

According to a report issued by the Centers for Disease Control and Prevention, Indiana now ranks 2nd in the nation for the highest percent of people who smoke. Indiana ranked 6th in 2008. Only West Virginia has a higher smoking rate. According to the report, 26.1% of all Hoosier adults smoked in 2008. The national median was 20.6%.

The Indiana State Department of Health encourages individuals to improve their health through increased exercise, improved nutrition, and ceasing tobacco use. The following is a resource from the Centers for Medicare and Medicaid Services related to tobacco use.

The *Smoking and Tobacco-Use Cessation Counseling Services Brochure*, which provides information about Medicare coverage of smoking and tobacco-use cessation services, is now available in print format from the Centers for Medicare and Medicaid Services (CMS). To place your order for the print version, select "MLN Product Ordering Page" in the "Related Links Inside CMS" Section on the Medicare Learning Network homepage at [www.cms.hhs.gov/MLNGenInfo/01\\_Overview.asp](http://www.cms.hhs.gov/MLNGenInfo/01_Overview.asp). You can also view the downloadable version at the following address:  
<http://www.cms.hhs.gov/MLNProducts/downloads/smoking.pdf>

## Long Term Care Staffing Study

Staff turnover is an issue of consistent concern in long-term care facilities, in both Indiana and across the nation, with implications that range from recruitment costs to everyday operational issues. Numerous studies have identified annual turnover rates of direct care staff in nursing homes as ranging from 47 to over 100 %. Factors that may be associated with or contribute to staff turnover include employee workload, compensation, and supervision. Subsequent to staff turnover, needs for training replacement staff and concerns about quality of care are evidenced.

These concerns led the Indiana State Department of Health (ISDH) to contract with the University of Indianapolis Center for Aging & Community (CAC) to examine turnover and staffing rates, training and relevant perceptions regarding the effects of turnover in Indiana's Medicare-certified nursing facilities. A

survey of administrators at these facilities was conducted. From an initial sample of 507 facilities, a 38.5 % response rate was obtained. Survey questions segmented responding facilities by four characteristics:

- Type (for-profit, government, non-profit)
- Location (micropolitan, metropolitan, rural)
- Size (by certified beds – small, medium, large)
- Single site vs. multi-site

The survey also considered staffing changes and turnover at various levels within the facilities, including:

- CNA/QMA
- LPN
- RN
- Director of Nursing
- Facility Administrator

Findings suggest that turnover rates are higher than those reported in other states. In addition, facility directors reported ongoing training as part of their normative business practice. These findings, along with administrator perceptions of factors that are associated with turnover and its management, as well as recommendations for future steps are presented in this report.

The complete 43-page Indiana [Long Term Care Staffing Study](#) is attached.

## Regulatory Updates

### Natural Gas Generators

**Advisory:** A health care facility using a natural gas generator for its on-site backup power source must demonstrate that the fuel source is reliable.

There recently have been questions about the use of natural gas generators in compliance with the life safety code. The following information was provided by CMS concerning their use.

All nursing homes are required to have an on-site backup power source. If a facility uses a natural gas generator to provide backup power to life safety code required systems (i.e., emergency lights, exit lights, fire alarm system, etc.), the facility may obtain a letter from its natural gas vendor to demonstrate the fuel source is reliable and to meet the requirements for an on-site backup power source. A facility with a natural gas generator may use other means to meet the requirements for an on-site backup power source that do not require a letter from its natural gas vendor.

The letter of reliability from the vendor regarding the fuel supply must contain all of the following:

1. A statement of reasonable reliability of the natural gas delivery
2. A brief description that supports the statement regarding the reliability
3. A statement that there is a low probability of interruption of the natural gas
4. A brief description that supports the statement regarding the low probability of interruption
5. The signature of technical personnel from the natural gas vendor.

Attached is the [CMS Natural Gas Generator Backup Fuel Source Letter](#) providing additional information.

### Hair Dryers

Advisory: Resident use of oxygen while sitting under a hair dryer is a potentially hazardous situation.

On a federal oversight survey earlier this year, state and federal surveyors observed three residents receiving oxygen while they were placed under hair dryers in the facility beauty shop. The air temperature coming from the dryers was very warm and the faces of the residents' was reportedly "flushed" from the heat of the air. Federal surveyors determined that this was an immediate jeopardy and the facility was cited at that level. The ISDH had not previously cited this issue. CMS Region V life safety code surveyors indicate that this situation has been identified in other states and cited as an immediate jeopardy level violation. On a subsequent informal dispute resolution, the ISDH reduced the scope and severity to a "D" level violation.

As a guidance, CMS Region V life safety code surveyors refer to the Compressed Gas Association publication CGA P-2.7 - 2000 edition, section 5.3, which addresses use of oxygen near a "source of ignition." This section states that oxygen use should be at least five feet from hair dryers.

After reviewing the situation, the ISDH believes that resident use of oxygen while sitting under a hair dryer is a potentially hazardous situation. Facilities should do the following to mitigate this hazard:

1. Have a system for routine maintenance of the dryers to ensure the machines, electrical cords, etc. are in good operating condition.
2. Have a fire extinguisher in the area.
3. Be sure that hair salon staff and other pertinent staff are trained/oriented on the following issues:
  - a. Keeping hair dryer settings on low heat and monitoring to ensure the air does not become too warm.
  - b. Keeping the oxygen tank as far from the dryer unit as the tubing will allow without creating another hazard for individuals walking in the area.
  - c. Location and use of the fire extinguisher.
  - d. Emergency procedures in case of fire.
4. Ensure that no residents receiving oxygen therapy are left unsupervised in the hair salon area.
5. If possible, consider taking the oxygen off while the resident is under the dryer.

The ISDH has identified several documents that discuss fire safety and oxygen use that may be of interest to health care facilities:

[Fire and the Older Adult](#), U.S. Fire Administration (60-page brochure)  
[NFPA Safety Precautions to Use with Medical Oxygen](#)  
[Fire Safety & Oxygen: A Patient Guide](#), ACCE, 2008

### Cleaning of Equipment

Advisory: Failure to clean equipment (such as a glucometer) between use on residents or patients will result in a violation of health care regulations at an immediate jeopardy level.

During a recent federal oversight survey, federal surveyors advised ISDH surveyors that equipment must be cleaned between use on residents. Failure to clean equipment between uses will result in an immediate jeopardy. The specific situation observed by federal surveyors involved a glucometer. Surveyors observed the staff member change the lancet but the staff member did not totally clean the equipment. Had the surveyor observed the glucometer used on another resident without being cleaned, an immediate jeopardy would have been called.

CMS advised the ISDH that the glucometer has to be totally cleaned between residents. This means that the glucometer has to be wiped down with a disinfectant approved for healthcare use. The glucometer would only need to be taken apart and cleaned if part of periodic maintenance or there is evidence of contamination that has entered into the equipment.

Cleaning equipment between uses is an infection control practice. With equipment such as a glucometer, there is a presence of body fluids that increases the potential for the transfer of infections or disease. Cleaning the equipment between uses promotes the elimination of microorganisms that may have attached during use. The same infection control practice would also apply to other medical equipment.

The Centers for Disease Control and Prevention in 2005 released a [study](#) identifying the transmission of Hepatitis B through blood glucose monitoring. [Transmission of Hepatitis B Virus Among Persons Undergoing

Blood Glucose Monitoring in Long-Term Care Facilities — Mississippi, North Carolina, and Los Angeles County, California, 2003–2004, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), vol. 54, no. 9]. Also attached is the [CDC Recommended Infection Control and Safe Injection Practices](#).

## Staff to Resident Abuse

Advisory: All staff to resident abuse will be cited as a violation of health care facility regulations. The scope and severity level will be determined by the specific circumstances.

Staff abuse of residents is never acceptable. Recent CMS guidance to the ISDH indicated that all staff to resident abuse should be cited as a violation of health care facility regulations. When staff to resident abuse is identified, surveyors will therefore always cite the violation on the survey report.

A survey of a health care facility is a review of the entire facility. It is intended to identify deficient practices. If a staff member abuses a resident, the facility is in violation of health care regulations and the violation should be cited as would any other violation.

The regulations state that residents shall be free of abuse. Any staff abuse of residents must therefore be cited as a deficient practice. In the past, staff to resident abuse was not cited on a survey report unless the facility's abuse policy was not followed. For instance, the facility was cited for failure to prevent, failure to notify, failure to investigate, or failure to respond (e.g. discipline, retraining, etc.). Without other contributing factors, staff to resident abuse was not cited under the theory that the "facility" cannot necessarily control the actions of its employees. That theory was erroneous. A "facility" is comprised of all of its staff. A survey is not intended to be a review of the administrator or director of nursing. A survey is a review of the total care being provided in that facility. Abuse is a violation of regulations. By not citing abuse in all cases, the result was that some cases of abuse were not documented on a survey report and patterns of abuse could not be identified longitudinally.

All staff are responsible for preventing abuse and neglect. Staff failing to report abuse or neglect will be weighed in determining the scope and severity level along with prior knowledge and administrative practices. The following are examples of how staff to resident abuse will be cited.

Example 1: A staff member abuses a resident. There was no history of prior abuse by the staff member. No other staff members were aware of the abuse. The facility had an appropriate abuse policy in place and properly administered the policy. Background checks had not identified any abuse history for the individual. After the abuse was identified, the facility administration appropriately responded through thorough investigation, protection of resident from further abuse during the investigation, appropriate discipline, and retraining. The survey finding is that a staff member abused a resident which is a violation of health care facility regulations. Because there was no prior history or suspicion of abuse, the violation will likely be cited a substantial compliance level (A, B, or C).

Example 2: A staff member abuses a resident. A few staff knew about the behaviors of the staff member but failed to report it pursuant to facility policy. There were indications that abuse may have been occurring that should have been identified during assessments. The survey finding is that a staff member abused a resident which is a violation of health care facility regulations. Because there were other staff members aware of the abuse and other indications of abuse, the violation will likely be cited at an immediate jeopardy level (J, K, or L).

Attached is a [Guidance on Staff to Resident Abuse](#) and [Seven Key Components of Abuse Prevention](#). Look for additional tips on preventing abuse in future newsletters.



That is all for this week. Have a good week.

Terry Whitson

The logo for the Indiana State Department of Health features a teal-to-white gradient bar on the left. To the right, the words "Indiana State" are in a small, white, sans-serif font above the words "Department of Health" in a larger, white, bold, sans-serif font, all set against a dark green rectangular background.

Indiana State  
Department of Health

Visit the ISDH home page at <http://www.in.gov/isdh/> for the latest public health information.

Visit the ISDH Division of Long Term Care home page at <http://www.in.gov/isdh/23260.htm> for information on long term care.