



Nevada Department of Health and Human Services
Division of Public and Behavioral Health

Health Care Quality and Compliance

Reno Presentation:

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Las Vegas Presentation:

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Objectives:

- ▶ Discuss Tuberculosis regulations and testing
- ▶ Discuss new criminal background website – portal
- ▶ Discuss Technical bulletins

Tuberculosis

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LAS VEGAS

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WORLD TB DAY | MARCH 24

Reach the three million

**A TB test,
treatment and
cure for all**

WWW.CDC.GOV/TB



Tuberculosis Testing – Overview

- ▶ CDC regards TB as one of world's deadliest communicable disease
- ▶ U.S. had 9,945 new cases in 2012
- ▶ NV one of top 20 states with ~ 100 new cases per year
- ▶ Clark Co. usually has 80% of the new cases

Tuberculosis Testing – Overview

- ▶ Can be spread just by someone talking to you in a small poorly ventilated room
- ▶ Most people who become infected with TB never develop TB disease – they are latent
- ▶ Infected individuals may not have the symptoms for a long time
- ▶ Most common symptoms: night sweats, fever, weight loss, prolonged cough (with blood), always tired

Tuberculosis Testing – Employees: Initial Requirements

- ▶ Pre-employment physical within 6 months of hire and providing care to residents
- ▶ Initial 2 step TB skin test before providing care to residents
- ▶ Blood test in lieu of skin test
- ▶ Copy of chest x-ray if positive

Tuberculosis Testing – Residents: Initial Requirements

- ▶ Physical within 6 months of admission and annually thereafter
- ▶ Initial 1st step TB skin test before or within 5 days of admission
- ▶ 2nd step of TB skin test before or part of TB skin testing after admission
- ▶ Copy of chest x-ray report if positive test
- ▶ TB signs and symptoms screening if TB test not completed before admission

Tuberculosis Testing – Employees & Residents: Annual Requirements

- ▶ Annual 1-step TB test within 365 days if previous was negative (or blood test)
- ▶ Annual TB signs and symptoms screening if previous test was positive

Tuberculosis Program

http://health.nv.gov/CD_HIV_TBProgram.htm

Tuberculosis Testing Issues

- ▶ No TB testing in file
- ▶ No initial two step TB test
- ▶ Missed the annual one step TB milestone >365 days and beyond the month of original test
- ▶ Accepted chest x-ray with no evidence of a positive TB test
- ▶ No TB test read date, no result, hard to read
- ▶ Missing signature of individual who read the test

Tuberculosis Testing Issues – cont.

- ▶ Time between inject date and read date less than 48 hours
- ▶ Radiology report does not reference history of positive PPD skin test or to rule out TB
- ▶ No radiology report signed by radiologist in file
- ▶ TB tests not done either before employment or within 5 days of admission

Tuberculosis Testing Myths

- ▶ A 2 step TB test is required every year – **NO** only if you are late getting the 1 step annual
- ▶ A chest x-ray is required every year or every 5 years for persons with positive tests – **NO** only signs and symptoms are required annually
- ▶ Employees are required to have annual physical examinations – **NO** only a pre-employment physical

Tuberculin Shortage for Tuberculosis Screening

- ▶ April 12, 2013 CDC issued Health Alert for temporary shortage of Tuberculin Skin Test (TST) antigens
- ▶ August 23, 2013 DPBH sent Technical Bulletin to: All Public Health Authorities, Physicians, Clinicians, Healthcare Workers, Infection Control Professionals, and Nevada Health Care Quality and Compliance (HCQC) Personnel
- ▶ State of Nevada Tuberculosis Elimination and Control Program suggested utilizing interferon-gamma release assay (IGRA) blood tests for immunological screening of latent *M. tuberculosis* infection during the shortage

Or

- ▶ deferred testing for up to 180 days for persons with a documented negative TST result dated within 12 months of the August 23rd notice, to allow for the restoration of serum distribution in Nevada.

http://health.nv.gov/PDFs/HIV_STD_TB/TB/2013-08-23_TechnicalBulletin_TuberculinShortage.pdf

New Background Check Laws

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New Background Check Laws Changes to NRS 449.123

- ▶ Screen employees utilizing Nevada's Automated Background Check System
- ▶ Licensed individuals and background checks
- ▶ One set of fingerprints required instead of two
- ▶ Penalties

Background Check System (BCS) – A Searchable database

Profile
Applications
Employment
Documents

Background Check #: 100692

Process Started	Determination Status - Status Date	Documents	Actions
2/3/2013	Eligible - 2/8/2013		Notes Upload Document

Applications Associated with this Background Check

Application # - Type	Application Status - Status Date	Provider	Position	License Type - #	Documents	Actions
14882	Determination Available- 2/8/2013	Rhode Island Hospice	Nursing Home Administrator		Final Registry Results Fingerprint Form Consent and Release Form	Notes Upload Document Add Employment

NRS 449.123 & Residential Services to Children

- ▶ If residential services provided to children
- ▶ Background check is completed before employee provides any care or services to a child

New NRS – NRS 449.1235

Temporary Employment Services

- ▶ Prohibited from sending employee to a facility if it has received notice from a facility that is required to background check employees in accordance with NRS Chapter 449 that the employee is ineligible to provide services at the facility.

Facility and Temporary Employment Service Agreement to Include:

- ▶ Proof each employee sent to facility has been continuously employed by the service since last background investigation conducted pursuant to NRS 449.123
- ▶ Notify the facility if the required investigation has not been conducted within the immediately preceding 5 years

NRS 449.124

Maintenance of Records

- ▶ Hand rolled prints – maintain copy of fingerprints
- ▶ Electronically submitted fingerprints– maintain proof of submission
- ▶ DPS may maintain electronic images of fingerprints in order to notify a facility and the Division of any subsequent convictions

NRS 449.124

Maintenance of Records

- ▶ Maintain current list of employees on website

NRS 439.942 – NRS 439.948

Website for Background Investigation

- ▶ Establishment, confidentiality, protection of information
- ▶ Authorized use
- ▶ Access
- ▶ Authorized collection, maintenance and storage of information on website

Updates: Technical Bulletins

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Join The Listserv(s)

<http://health.nv.gov/HCQC.htm>



DEPARTMENT OF HEALTH AND HUMAN SERVICES NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) (FORMERLY THE NEVADA STATE HEALTH DIVISION)

Google Custom Search Search

Child, Family, and Community Wellness (CFCW) | Early Intervention Services (EIS) | Health Care Quality and Compliance (HCQC) | Health Statistics, Planning, and Response (HSPR) | Public Health and Clinical Services (PHCS)

Wednesday, January 22nd 2014
Last Updated: 11/21/13 08:30:00 AM



Licensure and Certification Programs Links

Health Facilities	Medical Laboratories	
NEW Childcare Facility Licensing/Out-of-School Recreation Program Permitting	**NEW** Music Therapist Licensing	Dietitian Licensing



WHO WE LICENSE & WHO WE DON'T
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FACILITY SERVICES
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Individual Health Facilities Inspection and Survey Results Search
For information on recent surveys, please contact us at (775) 684-1030.

Accrediting Organizations (pdf)

Certified Primary Stroke Center Hospitals (pdf) as of May 20, 2013

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- Bureau of Health Care Quality & Compliance (HCQC) Quick Links**
- Nevada State Health Home
 - HCQC Home
 - Complaints
 - Contacts
 - Criminal Background Checks
 - Food Safety
 - Forms
 - Health Facility Fees
 - Health Facilities Locator
 - Helpful Links Related to HCQC
 - Infection Prevention and Control
 - Lab Personnel Verification
 - MDS & OASIS
 - Meeting Minutes
 - Online Payments
 - Plan Review

Mission

The Bureau of Health Care Quality and Compliance (HCQC) protects the safety and welfare of the public through the promotion and advocacy of quality health care through licensing, regulation enforcement, and education.

Bureau of Health Care Quality and Compliance

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Fax (702) 486-6520

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Know where your resources are – Topic Areas

Licensure and Certification Programs Links

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Health Facilities

http://health.nv.gov/HCQC_HealthFacilities.htm

Child, Family, and Community Wellness (CFCW) | Early Intervention Services (EIS) | Health Care Quality and Compliance (HCQC) | Health Statistics, Planning, and Response (HSPR) | Public Health and Clinical Services (PHCS)

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Last Updated: 11/26/12 03:06:37 PM

Health Facilities

The Bureau of Health Care Quality and Compliance licenses medical and other health facilities in Nevada in accordance with [NRS \(Nevada Revised Statutes\) Chapter 449](#) and with [NAC \(Nevada Administrative Code\) Chapter 449](#).

The Bureau also has an agreement with the federal [Centers for Medicare and Medicaid Services \(CMS\)](#) to certify medical facilities and providers and skilled nursing facilities in the Medicare and Medicaid reimbursement programs. Surveys (inspections) are conducted in accordance with applicable regulations ([Code of Federal Regulations, Title 42](#)), based on the type of facility, and following specific time frames and procedures. The Bureau also conducts complaint investigations for all licensed and/or certified facilities.

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[New PowerPoint Presentation Meets the Elder Abuse Training Requirements of Nevada Revised Statutes \(NRS 449.093\)](#)



[Nevada Revised Statutes \(NRS 449.093\) INFORMATION AND ELDER ABUSE TRAINING TEST \(PDF\)](#)

Need to renew your facility license?

[CLICK HERE](#) to make an online payment



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▶ ****NEW** Certified Primary Stroke Center Hospitals (pdf)**

▶ ****NEW** Medication Therapy Management for Seniors 60 and older**

▶ [Agencies to Provide Personal Care Services in the Home](#)

▶ [Ambulatory Surgical Centers](#)

▶ [CMS Certified Facilities](#)

▶ [End Stage Renal Disease Facilities](#)

▶ [Homes for Individual Residential Care](#)

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▶ [Residential Facilities for Groups](#)

▶ [Skilled Nursing](#)

▶ [Adult Day Care Centers](#)

Use your resources

http://health.nv.gov/HCQC_HealthFacilities_ResidentialFacilities.htm



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Last Updated: 01/14/14 11:18:10 AM

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Infection Prevention and Control

Lab Personnel Verification

MDS & OASIS

Meeting Minutes

Online Payments

Plan Review

HEADLINES

One and Only Campaign
Sept. 2011 Newsletter

News Releases
Technical Bulletins

LEGISLATIVE BILLS 2011

2011 Legislative Bills that could affect YOUR facility
[Click Here](#)

► [Notice of Public Workshops and Proposed Regulations](#)

Residential Facilities for Groups

- [AGC Interpretive Guidelines](#) (pdf)
- [Medication Management Information for Physicians](#) (pdf)
- [AGC Self Assessment and Attestation Document](#) (word)
- [Assisted Living Endorsement \(in advertising\) 12-16-10](#) (pdf)
- [Facility Administrators: Click here to Rate YOUR Recent Survey Experience](#)
- [Fact Sheet for the Grading System](#) (pdf)
- [Group Home Resurvey Application](#) (pdf)
- [G-Tubes Prohibited Bulletin](#) (pdf)
- [HCQC Approved Medication Programs-Proctors](#) (pdf)
- [Hospice Bedfast/Waivers Exemptions](#) (pdf)
- [Hospice-Bedfast Exemption Request form](#) (pdf)
- [Medical Conditions Exemption Request Form](#) (pdf)
- [Bedfast vs. Bedbound - What's the difference?](#) (pdf)
- [Insulin Pen Technical Bulletin](#) (pdf)
- [Low Income Bed Fee Changes](#) (pdf)
- [Medication Administration Regulatory Requirements](#) (pdf)
- [Medication Administration Testing Changes](#) (pdf)
- [Medication Plan Components](#) (pdf)
- [New Medication Regulations NAC 449 - Residential Groups FAQs](#) (pdf)
- [Notice - Medication Disposal](#) (pdf)
- [Medicine Disposal Program for Southern Nevada](#)
- [Notice - No Renters or Boarders - 07/24/09](#) (pdf)
- [Notice - Septic Systems](#) (pdf)
- [Regulation Changes](#) (pdf)
- [Using the Term Acting Administrator](#) (pdf)

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Medical Afflictions OF THE Cartoon World



Parkinson's Disease



Anorexia



Amphetamine Addiction



A.D.D.



Gigantism



Senile Agitation



Narcolepsy



Sexual Addiction



Violent Mood Swings



Napoleon Complex



Severe Lisp

To be added

Technical Bulletins

- ▶ Catheters
- ▶ As needed medications

Who is a Medical professional?

NAC 449.169

Medical professional: means a physician, or a physician assistant, nurse practitioner, registered nurse, physical therapist, occupational therapist, speech pathologist, or practitioner of respiratory care who is trained and licensed to perform medical procedures and care as prescribed by a physician.

* A licensed practical nurse in Nevada does not meet the definition of Medical professional.

What are indwelling catheters?

Residents requiring use of indwelling catheters:

- ▶ Any catheter which is inserted into the bladder and allowed to remain in the bladder is called an indwelling catheter. A common type of indwelling catheter is a Foley catheter.

Catheters

NAC 449.272 Residents requiring use of indwelling catheter. ([NRS 449.0302](#))

1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility **unless**:
 - (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver;
 - (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care; and
 - (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter.
2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that:
 - (a) The bag and tubing of the catheter are changed by:
 - (1) The resident, **with or without** the assistance of a caregiver; **or**
 - (2) A medical professional who has been trained to provide that care;
 - (b) Waste from the use of the catheter is disposed of properly;
 - (c) Privacy is afforded to the resident while care is being provided; and
 - (d) The bag of the catheter is emptied by a **caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration.**

As needed medications

Definition

PRN is an abbreviation that comes from the Latin term "pro re nata." Its actual translation to English is "for the thing born," but its common medical meaning is "as needed." It is used to identify a medication that can be taken as the patient needs it rather than on a fixed schedule.

As needed medications

MEDICAL CENTER

NAME _____ AGE _____
ADDRESS _____ DATE _____

R Medication > Tylenol 325 mg < Strength
Frequency > every 6 hours for a fever
between 100 degrees and
102 degrees < Symptoms
not to exceed 4 consecutive
doses without notifying the
physician limiting with requirement
to consult physician

LABEL
REFILL 0 1 2 3 4 5 PRN NR
SIGNATURE _____

As needed medications

NRS 449.0302 Board to adopt standards, qualifications and other regulations.

6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to [NRS 453.375](#) and [454.213](#) to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given:

(a) The ultimate user's physical and mental condition is stable and is following a predictable course.

(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.

As needed medications – cont.

NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. ([NRS 449.0302](#))

1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless:

- (a) The resident is able to determine his or her need for the medication;
- (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; **or**
- (c) The caregiver has received **written instructions indicating the specific symptoms** for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.

2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:

- (a) The reason for the administration;
- (b) The date and time of the administration;
- (c) The dose administered;
- (d) The results of the administration of the medication;
- (e) The initials of the caregiver; and
- (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.

Contact Us

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