Quarterly Report Compliance – May 2020

Over the last few months compliance has been maintaining normally in the district. In the beginning of the year we had a number of CDPH surveys checking on self-reported events of the 7 that took place in the first quarter of 2020 6 came back without a deficiency, and the single deficiency that we did receive was due to the fact that the surveyor felt that they "had to leave us with a tag".

Recently, as you can imagine with enforcement actions suspended across the state for all of the areas that we practice in compliance has been on the forefront of the departments mind. The department is pleased to report that all of the additional surveys that came in checking on our response to this pandemic situation ended with praise from the state.

There were some issues that we had to take to higher power, and Louis went to bat for us with the state on 2 specific occasions when we felt the state was overreaching or misinterpreting the regulatory guidance that they had issued. On both occasions, the district was successful and we were able to move forward with the plans that we had in place for protecting our residents. We are fortunate to have a CEO who will advocate against the state vocally to higher levels when the evidence points to the fact that we are correct in our endeavors to protect and serve our resident and patient population.

It was obvious on all accounts with the state visits that they were taking notes and looking carefully at the measures we have put in place in response to this pandemic, and on all accounts we received good marks on our response.

Additionally, a new compliance plan for the district has been created along with a code of conduct – the department is looking forward to getting that to the board for approval soon. A compliance plan for Hospice was created as well and the code of conduct will be district wide so that will be the same for all of our service lines.

CMS Core Measures

All reporting has been suspended until July at this point. We are currently looking at measures across the board and seeing if there are any that could be altered or added to make our reporting more meaningful – to that end, thus far we have found three additional measures for imagining and Allan and I have been working to get those measures integrated into a report. HCAHPS continues to be at a low for reporting and is therefore not useable for CMS – this continues to be why the hospital will have an N/A on hospital compare.

The imaging measures we are looking at are:

OP-10	Abdomen CT - use of contrast material
OP-11	Thorax CT - use of contrast material
OP-14	Simultaneous use of brain computed tomography (CT) and sinus CT

5 Star Rating

Hospital Star Rating:

The hospital continues to have an N/A on hospital compare due to low return on the HCAHPS report. We are continuing to work with Press Ganey to see if there is something more that we can do to increase participation in our area.

Skilled Nursing Star Rating:

The Skilled Nursing facility ran into an issue with stars this quarter, one of our RNs was reported in the PBJ as a CNA so the nursing hours was inaccurate in the PBJ that was reported in February. We had reported that we had 7 days without an RN in the building because of the error – any quarter that has more than 4 days without an RN in the building will automatically drop us to 1 star in staffing and 1 star in RN staffing.

This error was corrected and the next PBJ will be reported on May 15 so in the August report we should be seeing a return to normal. Had the error not happened we would be at 3 stars for the SNF right now, instead we will have to wait until the August report to make that move to 3 start. Currently because of the staffing rating we are a 1 star facility. Again, this was a human error and not a representation of out actual staffing or the time that RNs were in the building. I spoke with the help desk and unfortunately even though we had proof that the PBJ was in error we were not allowed to submit an argument as to why our rating should be adjusted. August will be the next good preview as it will show the staffing data that will be submitted on 05/15.

MAYERS MEMORIAL HOSPITAL DISTRICT COMPLIANCE REPORT

05/07/2020 FOR Q1 2020

TRAINING AND EDUCATION

Type	Completion Target	Actual
New Hire Compliance	100%	100%
POC Education	100%	100%

EXCLUDED PROVIDERS

Type	Number
Employees	0
Physicians/Providers	0
Vendors	0

EXPIRED LICENSES

Expired licenses
0

PAYROLL-BASED JOURNAL (PBJ) FOR MOST RECENT AVAILABLE QUARTER

PBJ Issue	Number
Total Nursing Staffing	**MMHD 1hr 35min, down 7 min from last report.**
RN Staffing	**MMHD 20min, up 2 min from last report.**
LVN Staffing	**MMHD 1hr 15min, down 9 min from last report.**
CNA Staffing	**MMHD 3hr 02min, down 2 min from last report.**
Days No RN Coverage > 4	**3 – However, CMS had 7 reported dropping our Stars to 1 overall.**
Staffing Domain Star Rating	**1 star overall for staffing**

INVESTIGATIONS BY INTAKE

Type	Number
Hotline	0
Direct to Compliance	4
RL6	67

REPORTS AND INVESTIGATIONS BY TYPE

Issue	New	Open	Closed	Unsubstantiated	Substantiated	Terminations
Abuse/Neglect	6	1	5	5	0	0
Code of Ethics/ Policy	0	0	0	0	0	0
Documentation	0	0	0	0	0	0
Elder Justice	0	0	0	0	0	0
False Claims	0	0	0	0	0	0
Gifts	0	0	0	0	0	0
HIPAA	0	0	0	0	0	0
Licensure	0	0	0	0	0	0
OIG Investigations	0	0	0	0	0	0
Other	2	2	0	0	2	0
Resident Rights	0	0	0	0	0	0
Resident Charges	0	0	0	0	0	0
Non-Monetary	0	0	0	0	0	0
STARK	0	0	0	0	0	0
Total	6	1	5	0	0	0

COMPLIANCE CALLS AND INVESTIGATIONS BY ENTITY

Entity	New	Open	Closed	Unsubstantiated	Substantiated	Terminations
Total						