



Skilled Nursing Facilities

A Skilled Nursing Facility, often referred to as a Nursing Home, or SNF, provides 24 hour medical and nursing care to the residents. Generally, Physical, Speech and Occupational therapy are provided for rehabilitation as well. All residents are under the care of a licensed physician and nurses are on site around the clock. Services provided generally include medication administration, wound management, intravenous therapy, pulmonary therapy and postoperative care. Many residents are admitted following a stroke, fractured hip, pneumonia, cardiac disease, or other debilitating conditions. Assistance with all Activities of Daily Living (ADLs) such as bathing, dressing, eating, and walking are provided. In addition to providing rehabilitation some residents are admitted for long term care and reside there the remainder of their lives. Cost of nursing home care may be provided by Medicare, Medicaid, Long Term Care Insurance, other Insurances and Veterans Benefits.

Skilled Nursing Facilities are among the most highly regulated industries in the country. They are regulated by The Center for Medicare and Medicaid Services, North Carolina Division of Health Services Regulation, Nursing Home Licensure and Certification Section, in Raleigh, North Carolina. They are charged with assuring the ongoing quality of care and services being provided to the resident's in nursing homes in North Carolina. It is mandated that the 1-800-number for this regulatory agency be posted in a conspicuous location for families, visitors and the general public to utilize at their discretion.

There are several different types of survey investigations conducted in nursing homes. The annual recertification survey consists of a group of 4-7 surveyors who come into the facility **unannounced** and spend 4-5 days in the facility. The surveyors are generally pharmacist, social workers, registered nurses, administrators, and registered dietitians. Upon their arrival a sign is posted at the front entrance to the facility announcing that the "survey team" is in the facility. The notification further emphasizes their willingness to speak with anyone while they are in the facility. It also includes their contact information should anyone prefer to contact them in their

office privately. The recertification survey is conducted every 9 to 15 months but generally facilities are surveyed annually. They must visit a percentage of facilities at off hours including evenings, nights as well as weekends and holidays. Throughout the survey the team members meet with residents, interview staff, observe the care being provided by Certified Nursing Assistance, observe treatments being provided by RN's and LPNs, observe staff interactions with residents, monitor medication administration, review food service and sanitation procedures, monitor infection control practices and observes to determine if resident's rights are being honored. They talk with families, review various policies and procedures, review and validate staffing patterns, review personnel files to assure appropriate training and review medical records of both current residents and residents that have been discharged. In general all aspects of the care and services of the facility are under review.

Once the survey is completed the team meets with the facility leadership to conduct an Exit Interview and share an overview of their findings. Within a couple of weeks the facility receives a written "Statement of Deficiencies" outlining in detail the outcome of the survey. A Scope and Severity Matrix is used to determine any deficient practice cited. The Scope and Severity Matrix is an alphabetical scale ranging from A-L. **A, B and C citations indicate no harm was found. D,E and F indicate no harm was found but there is the potential for more than minimal harm. G, H and I citations indicate actual harm was found. J, K and L citations indicate Immediate Jeopardy was determined.** Immediate Jeopardy is the most significant citation indicating the facility's failure to meet the regulatory requirements and has actually or most likely has caused serious injury or death to a resident. If Immediate Jeopardy is called by the surveyor they mandate immediate action requiring the facility to take immediate steps to remove the jeopardy. If the facility does not immediately correct the jeopardy within the timeframe determined by the surveying agency the facility is terminated from the Medicare and Medicaid program within 23 days of the end date of the survey.

Otherwise, If deficiencies are cited then the facility is required to complete and submit a written "Plan of Correction" outlining how the deficient practice will be corrected, who will be responsible for the correction, when it will be corrected, how the correction will be monitored to remain compliant and what will be done to assure it does not reoccur. This "Plan of Correction" must be returned to the State within 10 working days. Once the State accepts the "Plan of Correction" they must follow

up to confirm the facility is back in compliance. Based on the scope and severity of the citations various sanctions including civil monetary penalties can be levied against the facility as well as decertification of the facility resulting in discharging of residents and/or facility closure. All survey results are a matter of public record.

Skilled Nursing Complaint Process

The Complaint Intake Unit is designed to investigate complaints initiated by families, consumers or residents regarding care and services provided in Skilled facilities licensed by The North Carolina Division of Health Services Regulation, Nursing Home Licensure and Certification Section, in Raleigh, North Carolina. Complainants may choose to be named or may make the complaint anonymously. They may make the complaint by phone, fax or letter. Each complaint is prioritized for investigation according to the seriousness and nature of the complaint. Complaint surveys are conducted much like the annual recertification survey however the scope of the survey, length of the survey and the number of team members that visit the facility is dependent on the nature of the complaint. The survey team cannot tell the facility the name of the complainant or the nature of the complaint. This information remains confidential. Complaint surveys are **always unannounced** and can occur at any hour of the day or night as well as weekends and holidays. Once the complaint investigation is completed, based on the scope and severity of the citations, the process is the same as for the annual recertification survey.

Role of the Ombudsman

The Long Term Care Ombudsman Program is a federally mandated program and is part of the Area Agency on Aging. The role of the Ombudsman is to advocate for Resident's Rights for those residing in long term care facilities. They provide community training and outreach and assist families seeking information regarding long term care. The Ombudsman makes unannounced visits to facilities regularly. They will provide guidance to residents and families, explore concerns they may have and work with them to resolve those concerns. They will provide mediation between facilities and residents when disputes occur. Appropriate consent forms must be completed.

The Ombudsman program is an advocacy program and not a regulatory agency. Therefore, by law, if abuse, neglect, or misappropriation of funds is suspected, the Ombudsman will notify the Department of Social Services, Adult Protective Services section to further investigate.

The Ombudsman's Programs works to empower residents and their families to be their own advocate and assist them with approaches to problem solve with facilities to resolve issues that occur.

The name and phone number of the Ombudsman must be posted in a common area in all Skilled Care, Adult Care and Independent Living Facilities.

Role of the Community Advisory Committee

Community Advisory Committee Members are volunteer advocates appointed by the county commissioners. They work in conjunction with the Ombudsman and visit facilities with the primary purpose to maintain the intent of the Nursing Home and Adult Care Home Resident Bill of Rights. They make regular unannounced visits to facilities, advocate for elder abuse prevention and act as a liaison between facilities and the community.

Although the community advisory committees have the authority to assist in resolving a grievance with appropriate written consent of the resident or responsible party, the bulk of the complaint investigations and resolution activity is handled by the "Ombudsman".

Adult Care Homes

Adult Care Homes are generally referred to as **Assisted Living Facilities or Rest Homes** and provide 24 hour care to residents that require minimal medical or nursing care. ALF's often serve as a "bridge" between independent living and skilled nursing care. Residents may require some degree of assistance with bathing, dressing, grooming, walking and eating but are much more independent with their daily routine and do not require constant supervision. Adult Care Homes are a more social model as opposed to the medical model seen in the skilled facility. Nurses are not required

and care is provided by non licensed staff. Medication administration is provided by a Medication Technician instead of a nurse. A “med tech” is generally a certified nursing assistant with advanced training in medication management and who has successfully completed a state approved exam. Cost of care in Adult Care Homes may be covered by Private Insurance, Long Term Care Insurance and Medicaid State Assistance.

Adult Care Home Survey Process

Adult Care Homes are regulated by the North Carolina Division of Health Services Regulation, Adult Care Licensure Section. Surveys are unannounced and occur annually. The survey team consists of nurses, social workers, registered dietitians or administrators. The survey may last 1-3 days. During the annual inspection, the survey team focuses on areas that affect the health, safety and welfare of the residents. These are known as the "Fundamental Rule Areas". These areas include Physical Plant, Admission and Discharge of Residents, Resident Assessment and Care Plan, Resident Care and Services, Medication Administration, Special Care Units for Alzheimer’s Disease, Use of Restraints and Resident’s Rights. While the focus of the survey is on the “Fundamental Rule Areas” any area can be cited if found to be out of compliance.

If facilities are determined to be out of compliance the survey team must determine their level of non-compliance

1. Type A Violation:

A Type A violation occurs when a facility fails to follow the regulations, standards or requirements governing its licensure results in death or serious physical harm, or results in substantial risk that death or serious physical harm will occur. Civil monetary penalties will be imposed for Type A violations.

2. Type B Violation:

This occurs when a facility fails to follow the regulations, standards or requirements governing its licensure presents a direct relationship to the health, safety, or welfare of any resident, but which does not result in substantial risk that death or serious harm

will occur. If a facility fails to correct a Type B violation by a specified timeframe, a civil monetary penalty will be imposed.

3. Citation (or 'Standard Deficiency')

A facility receives a citation when it fails to comply with licensure rules. A citation will be issued if the survey team determines there is sufficient scope (there are a number of residents potentially or actually affected by the non-compliance) and severity (the effect on resident outcomes).

If a facility is “deficiency free”² consecutive years the survey team may choose not to survey the 3rd year.

Star Rating System

- At the request of the citizens of North Carolina a Star Rating System for Adult Care Homes was developed in 2009. The purpose of this rating system was to assist families in better determining care options for their loved ones as well as assisting them in making more informed decisions about the quality of care being provided to residents. The Star Ratings are determined based on the results of the results of the “Fundamental Rules Areas” during the facility’s most recent annual survey. For more information on the Star Rating System please refer to
 - [10A NCAC 13F .1601](#) 
 - [10A NCAC 13F .1602](#) 
 - [10A NCAC 13F .1603](#) 
 - [10A NCAC 13F .1604](#) 
 - [10A NCAC 13F .1605](#) 

Department of Social Services

In addition to the annual survey, Adult Care Homes are monitored quarterly by the county Department of Social Services, Adult Care Specialist. The Adult Care Specialist makes unannounced visits at least quarterly to” determine compliance with

rules, investigates complaints and provides case management as needed. Violations identified require a written plan of correction and a follow up may occur.

Adult Care Home Complaint Process

The Complaint Intake Unit is designed to investigate complaints initiated by families, consumers or residents regarding care and services provided in Adult Care Homes licensed by The North Carolina Division of Health Services Regulation, Adult Care Licensure Section, in Raleigh, North Carolina. Complainants may choose to be named or may make the complaint anonymously. Complaints may be made in writing, by phone or fax.

Complaints received by the Complaint Intake Unit for adult care homes are forwarded to the local Department of Social Services for investigation.