The Role of the Delegating Nurse/Case Manager (DN/CM) in Assisted Living Homes Presented by: Cheryl Reddick, RN, MAS Assisted Living Program Manager Office of Health Care Quality (OHCQ) and Assisted Living Nurse Surveyors & Coordinators Dates: Tuesdays, August 13, 20, 2013 Time: 9-12 Place: MPRC, Spring Grove Hospital Center Outline · Introduction of Staff · Review of purpose of training and objectives Review of COMAR 10.07.14; Responsibilities of the Delegating Nurse/Case Manager in Assisted Living Homes Review of Nurse Practice Act (NPA); Scope of Responsibilities for Delegation · Commonly cited Deficiencies MBON Referrals; Case Studies (4) Break (10-15 mins) Questions and Answers Adjorn Objectives and Purpose • Participants will become more knowledgeable about what is required of the DN/CM to meet the needs of residents who reside in assisted living · Participants will gain a better understanding of the role of the DN/CM in meeting the training needs of unlicensed staff who administer medications to residents in assisted living homes. · Participants will become more knowledgeable of the most commonly cites deficiencies related to the duties of the DN/CM and how to avoid them.

Assisted Living Programs (August, 2010)	1
 Quality Assurance; .13A (2) pp 27; The assisted living manager and the delegating nurse shall meet every 6 months to review resident service plans, change in condition of residents and written recommendations of the consultant pharmacist. The manager shall document the proceedings of the meeting. These reports need to be available for surveyor's review. Other Staff-Qualifications; .19C (1)(2) pp 40-41; Document competence of unlicensed staff who will be providing personal care services to residents, or make sure they are working with a competent caregiver. They are allowed to do this for 7 days. 	
Requirements of COMAR-10.07,14: Regulations for Assisted Living Programs (August, 2010)	
 Staffing Plan; On-Site Nursing Requirements .14E pp 29; The Assisted Living Manager (ALM) shall provide on-site nursing services when a delegating nurse or physician issues a nursing or clinical order for services. 	
On-site nursing personnel shall work in partnership with the delegating nurse and ALM and staff to ensure there is adequate assessment of resident needs, planning of medical services and oversight of nursing activities. Examples: Hospice, Home Health, Wound	
Care Center, Rehab therapies	
Requirements of COMAR 10.07.14: Regulations for	
Assisted Living Programs (August, 2010) • Delegating Nurse .20 A, B, C (pp 44-45);	
☐ There must be a signed contract between the DN/CM and the provider and kept on site for surveyor's review	
☐ Registered nurse must have taken the MBON approved course for the DN/CM and a copy of certificate kept on site for surveyor's review	
 Keep documentation that the medication technician (MT) training has been done 	
☐Maintain documentation on site that caregivers have been trained to do personal care	

THE STREET WAS ASSESSED.	
Requirements of COMAR 10:07-14: Regulations for	
Assisted Living Programs (August, 2010)	
• Delegating Nurse .20 (pp 44-45) condt.	
☐ Manages clinical oversight of residents	
Must be available on call and have an alternate DN/CM available in her absence	
□ Review resident assessments and service plans	
☐ Delegate nursing tasks to staff that show competency	
☐ Be on site to conduct 45 day reviews	
기를 가게 있는 것이 되었다면 가게 되었다면 하면 살아가는 아픈데 하면 하면 하면 되었다면 하게 되었다.	
 When staff do not implement medical or nursing orders, notify the physician, OHCQ and resident 	
representative	
07 . 0.000.000.0000.000	
	552
WORKSHIP TO THE REAL PROPERTY OF THE PROPERTY	
Requirements of COMAR 10.07.14: Regulations for	
Assisted Living Programs (August, 2010)	
COTAL IN THE SOURCE NAME	
 Service Plans .26 (pp 57-59); 	
 Must complete a full assessment within 48 hours of 	
resident's readmission	
 Must complete a comprehensive assessment when there 	
is a significant change in resident's status, after hospitalization, and annually	
7.50 W 7.5 M	
 If the DN/CM does not feel that a full assessment is necessary, document reasons why in the resident's 	
record. The assessment can now be done in seven (7)	
days	
Powerly on a part of COSSAD 2007 24 Developed to	i e
Requirements of COMAR 10.07.14: Regulations for	
Assisted Living Programs (August, 2010)	
• Services .28 C. (pp 61);	
 Nursing Services: The ALM, in consultation with the 	
DN/CM shall ensure that all nursing services are	
provided consistent with the Nurse Practice Act, Health	
Occupations Article, Title 10, Annotated Code of	A
Maryland	
 Medication Management .29 (pp 63); 	
 All unlicensed staff who administer medications to 	
residents must complete the MT course that has been	
approved by the MBON. Course must be taught by the DN/CM	
DIA/CIVI	

Requirements of COMAR 10.07.14: Regulations for Assisted	
Living Programs (August, 2010)	
 Medication Management .29 (pp 63) condt. Trainings must be documented in the MT and caregivers personnel file that is kept on sight and available for surveyor's 	
review. Evidence of training must be sent to MBON for posting on their web site. OHCQ does recognize that the MBON has grace period of 6 months for posting.	
 All medications shall be administered consistent with applicable requirements of COMAR 10.27.11 When unlicensed staff administer medications to residents, a 	
DN/CM must review resident's medication regimen to determine accuracy and competence of the MT. This review must be done every 45 days	
	:
	•
Nurse Practice Act (NPA)	
 Definitions 10.27.09.01: Delegate means the registered nurse authorizes the 	
unlicensed person to augment and to supplement the care the registered nurse provides and retains the	S ₂₀ =
accountability and responsibility for the delegated act.	
 Comprehensive nursing assessment means an assessment performed by a registered nurse which is the foundation for the analysis of the assessment 	
 Delegating means the act of authorizing an unlicensed individual, a certified nursing assistant, or a certified 	
MT to perform selected acts of registered nursing or licensed practical nursing	
TO STATE OF THE ST	
Nurse Practice Act (NPA)	
Definitions cont.: Medication technician means an individual who has	
completes a 20 hour course in medication administration approved by the Board and is certified by	
the Board. • Unlicensed individual means an individual who is not licensed or certified to provide nursing care under	
Health Occupations Article, title 8, Annotated Code by Maryland	

Nurse Practice Act (NPA)

- Delegation of Nursing Tasks 10.27.11
 - The nurse may assign nursing tasks to unlicensed individuals who she/he feels is competent to perform the tasks
 - The nurse has the right and responsibility to refuse to assign or delegate nursing tasks
 - When delegating a nursing task to an unlicensed person, the nurse must assess the client and determine that the delegation is appropriate and consistent with 10.27.11
 - When delegating to an unlicensed person, the nurse (DN/CM) must instruct, direct, and regularly evaluate the performance of nursing tasks done by the unlicensed person

Most Commonly Cited Deficiencies Related to Delegated Nurse Oversight

- Lack of doing the initial nursing assessment prior to delegating medication administration to MT and no clinical evaluation of MTs
- · Lack of doing the 45 day on site assessments timely
- Self medication residents; not knowing what they are taking and no re-evaluations
- Lack of evidence that personal care training has been done for unlicensed staff
- Not assessing residents after there has been a significant change in their condition
- Lack of documentation of problems with medication management during the 45 day review. Surveyor is picking up serious errors after the nurse has visited

Most Commonly Cited Deficiencies Related to Delegated Nurse Oversight

- No would assessments for residents with impaired skin integrity; no weekly updates
- Not performing clinical oversight of residents who are seen by home health, hospice
- Delegating medication administration to someone who is not certified or has expired certification
- No on site evidence that the DN/CM has a current license or has taken the board approved course
- Assessments for initial and readmission not done timely and resident care is being done by unlicensed staff
- Not notifying the OHCQ when you terminate your contract with a provider or when provider does not follow through with nursing and medical plans of care placing residents at risk.

:4

Most Commonly Cited Deficiencies Related to Delegated Norse	
Oversight	
 Lack of evidence that DN/CM is participating in quality assurance meetings due every 6 months 	
 Medications are expired, missing, being pre-poured 	
and 45 day assessment indicates "no problems"	
 Abnormal lab work sent to the home not reported in a timely manner to physician 	
No documentation that staff have been trained to	
administer subcutaneous injections and other non	
routine nursing tasks such as foley and ostomy care.	
	_
THE RESERVE SECTION OF THE PARTY OF THE PART	
Case Studies and MBON Referrals	
 BALF: Residents developed state III and IV pressure sores that lead to the death of two residents. Poor 	
DN/CM oversight. License suspended	
GH: Resident receiving Coumadin, PTT values	
elevated, not addressed by the DN/CM. Resident expired due to brain hemorrhage	
 SH: ALM was also the DN/CM. Poor nursing oversight. 	
Licensed Revoked by MBON	
 AHAFH: Poor nursing oversight, ALM was also a nurse. Licensed suspended by Board. 	8
	-
	1
	_
Panel Discussions	
ratter Discussions	
 Questions and Answers 	

Contact Information

- Help Desk for Assisted Living: 410-402-8217
- Fax Number for Assisted Living: 410-402-8212
- OHCQ Website: www.dhmh.state.md.us/ohcq
- Cheryl Reddick: cheryl.reddick@maryland.gov
- MBON Nursing Practice Director: A'lise Williams, RN, MS; aewilliams@dhmh.state.md.us

\$ 			