

Respiratory Care in Long-term Care Facilities

Darcie Anderson, MSN, RN, Nursing Educator

Provider Resources and Education Program (PREP)

Bureau of Survey and Certification (BOSC)



Disclosure Statement

No one with the ability to control the content of this activity has a relevant financial relationship with an ineligible company.



Learning Objectives

- Identify and apply the federal regulations and State of Ohio laws and rules regarding respiratory care.
- Identify and apply the CMS interpretive guidance for respiratory care.
- Identify the BOSC survey process and facility staff role during the survey.
- Using citation finding and solution examples, learners will be able to identify gaps and determine opportunities for their long-term care facility to improve respiratory care.



Continuing Education Requirements/Learner Outcome

To earn continuing education, the learner must:

- Register to attend.
- Attend 100% of the presentation.
- Receive an 80% pass rate on the knowledge check.
- Complete an evaluation.

Other participants will receive a certificate of completion.

Desired learner outcome: 100% of the learners will self-report increased knowledge regarding respiratory care in long-term care facilities.



Provider Statement

Ohio Department of Health is approved as a provider of nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



Agenda

- Federal regulations and State of Ohio laws and rules for providing respiratory care.
- CMS interpretive guidance for various respiratory modalities and treatments.
- The BOSC survey process for respiratory care.
- Potential citations for respiratory care deficiencies.
- BOSC statistics and common findings with potential solutions.



Acronyms

- Bureau of Survey and Certification (BOSC).
- Care Area Assessments (CAAs).
- Centers for Disease Control and Prevention (CDC).
- Centers for Medicare and Medicaid Services (CMS).
- Enhanced Barrier Precaution (EBP).
- Infection Preventionist (IP).
- Minimum Data Set (MDS).
- Ohio Department of Health (ODH).
- Ventilator-assisted individual (VAI).



Federal Emblem & State Logo



Federal Regulations

State Laws/Rules



Department of
Health

Federal Regulations and State Rules



Department of
Health

Federal Regulation § 483.25

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure the residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.



Federal Regulation § 483.25(i)

The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care consistent with:

- Professional standards of practice.
- The comprehensive person-centered care plan.
- The resident's goals and preferences.
- Follow code 483.65 (Specialized Rehabilitative Services).



Ohio Administrative Code 3701-17-14 (F)

The facility shall ensure that all residents receive:

- Adequate.
- Kind.
- Considerate care and treatment at all times.



Ohio Revised Code 3721.13 (A) (16)

The resident shall have the right of access to opportunities that enable the resident, at the resident's own expense or at the expense of a third-party payer, to achieve the resident's fullest potential, including educational, vocational, social, recreational, and **habilitation** programs.



Interpretive Guidance for Respiratory Modalities/Care/Services



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CMS Interpretive Guidance



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Facility Assessment

Based upon its facility assessment, the resident population, diagnosis, staffing, resources and staff skills/knowledge, the facility must determine whether it has the capability and capacity to provide the needed respiratory care/services for a resident with a respiratory diagnosis or syndrome that requires specialized respiratory care and/or services. This includes at a minimum:

- Sufficient numbers of qualified professional staff.
- Established resident care policies.
- Staff trained and knowledgeable in respiratory care, before admitting a resident that requires those services.



Respiratory Treatments/Therapies

- Cough/deep breathing.
- Therapeutic percussion/vibration and postural drainage.
- Aerosol/nebulizers.
- Humidification and therapeutic gas administration.
- Bilevel positive airway pressure/Continuous positive airway pressure (BiPAP/CPAP).
- Tracheostomy care and tracheal suctioning.
- Mechanical ventilation and oxygenation support.



Modalities to Increase Pulmonary Secretions

If a resident has written orders for modalities to increase the mobility of pulmonary secretions, including but not limited to:

- Bronchopulmonary postural drainage.
- Therapeutic chest percussion.
- Vibration.

The care plan, based on the resident's assessments and identified needs, must include:

- Type of exercise:
 - When it is to be provided.
 - How often it is to be provided.



[Source: iStock](#)



Modalities to Increase Pulmonary Secretions (cont.)

Resident's Medical Record

Monitoring of the resident's condition:

- *Prior to* the treatment.
- *During* the treatment.
- *After* the treatment.

Monitoring may include as appropriate:

- Vital signs (respiratory rate and oxygen saturation)
- Presence of dyspnea.
- Signs/symptoms of infection.

Notify the practitioner of Resident's response to the treatment if there is a change in condition.

Need for revision or alteration of the respiratory care being provided.



Respiratory Medications

- Common types of aerosol generators used for inhaled drug delivery:
 - Small-volume nebulizer (SVN).
 - Pressurized metered-dose inhaler (pMDI).
 - Dry-powder inhaler (DPI).
- [Guide to Aerosol Delivery Devices.](#)

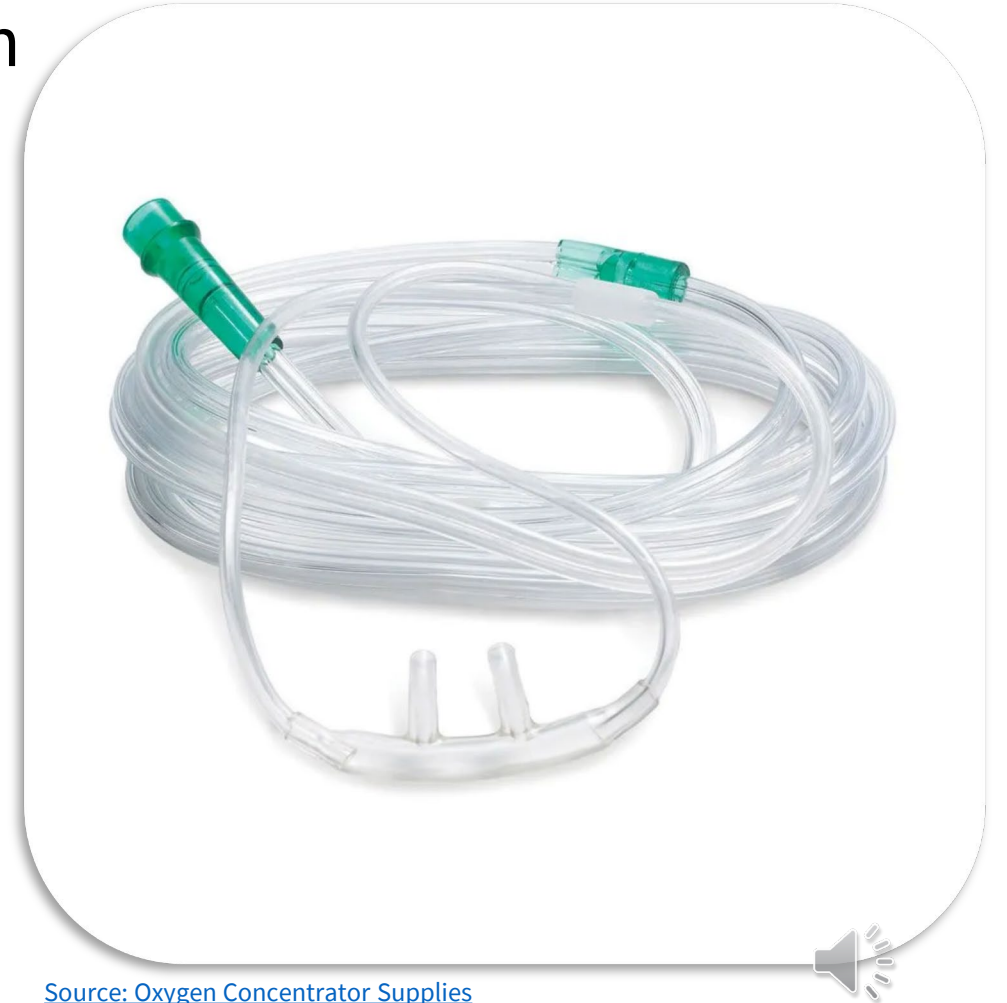


Source: Pulmonology Advisor

Oxygen (O₂) Therapy - Delivery

Oxygen therapy may be provided through various types of supply and delivery systems. Equipment may include the provision of oxygen through:

- Nasal cannulas.
- Masks.
- Trans-tracheal oxygen catheters.
- Oxygen canisters, cylinders or concentrators.



Source: [Oxygen Concentrator Supplies](#)

Oxygen (O2) Therapy – Medical Record

Resident's medical record must reflect:

- Attending practitioner's orders and indication for use.
- Type of respiratory equipment to use.
- Baseline oxygen saturation (SpO2) levels and levels to initiate and/or discontinue oxygen therapy.
- Ongoing assessment of the resident's respiratory status.
- Response to oxygen therapy.



[Source: A-fib](#)



Oxygen (O2) Therapy - Mobility

If the resident is mobile with his/her oxygen delivery system:

- Resident must be informed of safety precautions and prohibitions for oxygen:
 - Where smoking is allowed.
 - Other hazardous areas.
- Staff should monitor to assure the resident adheres to the safety rules for oxygen.



Source: Getty Images



Oxygen (O2) Therapy – Care Plan

The resident's care plan should identify the interventions for oxygen therapy, based upon the resident's assessment and orders, such as, but not limited to:

- Type of oxygen delivery system.
- When to administer, such as continuous or intermittent and/or when to discontinue.

D. Nursing Care Plan

ASSESSMENT	DIAGNOSIS	PLANNING	INTERVENTIONS	RATIONALE	EVALUATION
SUBJECTIVE DATA "Nahihiragan talaga siya huminga" as verbalized by patient's daughter OBJECTIVE DATA <ul style="list-style-type: none"> • Difficulty of breathing • Restlessness • Hypoxemia • Dependence on O2 supplementation of 3 lpm 	Impaired gas exchange related to altered oxygen supply as evidenced by difficulty in breathing	After 8 hours of nursing interventions, the client will: <ul style="list-style-type: none"> • Demonstrate improved ventilation and adequate oxygenation of tissues by increased O2 saturation • Patient indicates, either verbally or through behavior, feeling of less respiratory distress 	<ul style="list-style-type: none"> • Place patient with proper body alignment for maximum breathing pattern. • Note respiratory rate, depth and ease. observe for use of accessory muscles, pursed-lip breathing, changes in skin or mucus membrane, pallor, cyanosis • Encourage sustained deep breaths by: <ul style="list-style-type: none"> • Using demonstration: highlighting slow inhalation, holding end inspiration for a few seconds, and passive exhalation • Utilizing incentive spirometer • Requiring the patient to yawn 	<ul style="list-style-type: none"> • A sitting position permits maximum lung excursion and chest expansion. • Respirations may be increased as a result of pain • These techniques promotes deep inspiration, which increases oxygenation and prevents atelectasis. Controlled breathing methods may also aid slow respirations in patients who are tachypneic. Prolonged expiration prevents air trapping. 	After 8 hours of nursing interventions, the client was able to: <ul style="list-style-type: none"> • Demonstrate improved ventilation and adequate oxygenation of tissues by increased O2 saturation • Patient indicates, either verbally or through behavior, feeling of less respiratory distress

D. Nursing Care Plan

			<ul style="list-style-type: none"> • Encourage small frequent meals. Teach patient about: <ul style="list-style-type: none"> • pursed-lip breathing • abdominal breathing • performing relaxation techniques • performing relaxation techniques • taking prescribed medications (ensuring accuracy of dose and frequency and monitoring adverse effect) • scheduling activities to avoid fatigue and provide for rest periods 	<ul style="list-style-type: none"> • This prevents crowding of the diaphragm • These measures allow patient to participate in maintaining health status and improve ventilation. 	
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Source: Scribd



Oxygen (O2) Therapy – Care Plan (cont.)

- Equipment settings for the prescribed flow rates.
- Monitoring of the SpO2 levels and/or vitals signs, as ordered.
- Monitoring for complications, such as skin integrity issues related to the use of a nasal cannula.

[American Association for Respiratory Care Clinical Practice Guideline – Oxygen Therapy in the Home or Alternate Site Health Care Facility](#)

D. Nursing Care Plan

ASSESSMENT	DIAGNOSIS	PLANNING	INTERVENTIONS	RATIONALE	EVALUATION
SUBJECTIVE DATA "Whistling or tala ga oya huming" as verbalized by patient's daughter OBJECTIVE DATA <ul style="list-style-type: none">• Difficulty of breathing• Restlessness• Hypoxemia• Dependence on O2 supplementation of 3 lpm	Impaired gas exchange related to altered oxygen supply as evidenced by difficulty in breathing	After 8 hours of nursing interventions, the client will: <ul style="list-style-type: none">• Demonstrate improved ventilation and adequate oxygenation of tissues by increased O2 saturation• Patient indicates, either verbally or through behavior, feeling of less respiratory distress	<ul style="list-style-type: none">• Place patient with proper body alignment for maximum breathing pattern.• Note respiratory rate, depth and ease, observe for use of accessory muscles, pursed-lip breathing, changes in skin or mucous membrane, pallor, cyanosis• Encourage sustained deep breaths by:<ul style="list-style-type: none">• Using demonstration: highlighting slow inhalation, holding and inspiration for a few seconds, and passive exhalation• Utilizing incentive spirometer• Requiring the patient to yawn	<ul style="list-style-type: none">• A sitting position permits maximum lung excursion and chest expansion.• Respirations may be increased as a result of pain• These techniques promotes deep inspiration, which increases oxygenation and prevents atelectasis. Controlled breathing methods may also aid slow respirations in patients who are tachypneic. Prolonged expiration prevents air	After 8 hours of nursing interventions, the client was able to: <ul style="list-style-type: none">• Demonstrate improved ventilation and adequate oxygenation of tissues by increased O2 saturation• Patient indicates, either verbally or through behavior, feeling of less respiratory distress

D. Nursing Care Plan

			<ul style="list-style-type: none">• Encourage small frequent meals. <p>Teach patient about:</p> <ul style="list-style-type: none">• pursed-lip breathing• abdominal breathing• performing relaxation techniques• taking prescribed medications (ensuring accuracy of dose and frequency and monitoring adverse effects)• scheduling activities to avoid fatigue and provide for rest periods	<p>trapping</p> <ul style="list-style-type: none">• This prevents crowding of the diaphragm• These measures allow patient to participate in maintaining health status and improve ventilation.	
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Source: Scribd



BiPAP/CPAP Medical Record

The resident's medical record must reflect:

- Attending practitioner's orders and indication for use.
- When to use the equipment.
- The equipment settings.
- Humidification as appropriate.
- Ongoing assessment of the resident's respiratory status.
- Response to oxygen therapy.



[Source: A-fib](#)



BiPAP/CPAP Care Plan

The resident's care plan should identify the interventions for obstructive sleep apnea, based upon the resident's assessment and orders, such as, but not limited to:

- Type of equipment and settings.
- When to administer.
- Monitoring for complications.

Date	Cues	Need	Nursing Diagnosis	Objective/Goal	Nursing Intervention	Evaluation
J U L Y 1 5 - 2 0 1 0	S: "hindi ako komportable maligo dito." As verbalized by the client. O: • Oily hair • Dirty fingernails • Oily skin	A C T I V I T Y - E X E R C I S E P A T T E R N	Self-care deficit: bathing/hygiene related to lack of motivation	By the end of the interview: The patient will verbalize the importance of bathing/hygiene	<ul style="list-style-type: none"> • Maintain privacy during bathing as appropriate. • The need for privacy is fundamental for most patients. • Ensure that needed utensils are close by. • This conserves energy and optimizes safety. • Instruct patient to select bath time when he or she is rested and unhurried. • Hurrying may result in accidents and the energy required for these activities may be substantial. • Encourage patient to comb own hair (a one-handed task). Suggest hairstyles that are low-maintenance. • This enables the patient to maintain autonomy for as long as possible. 	Goal Met The patient verbalized "maligo na ako mamaya kasi ang baho ko na ata (laughed). Pasensya na ha."

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					<ul style="list-style-type: none"> • Encourage patient to perform minimal oral-facial hygiene as soon after rising as possible. Assist with brushing teeth and shaving, as needed. • Assist patient with care of fingernails and toenails as required. • Patients may require podiatric care to prevent injury to feet during nail trimming or because special implements are required to cut nails. • Offer frequent encouragement. • Patients often have difficulty seeing progress. 	
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Source: Scribd



Tracheostomy/Suctioning/Mechanical Ventilation

A ventilator-assisted individual (VAI) may require mechanical aid for breathing to augment or replace spontaneous ventilatory efforts to achieve medical stability or maintain life. Persons requiring long term invasive ventilatory support have demonstrated:

- An inability to become completely weaned from invasive ventilatory support.
- A progression of disease etiology that requires increasing ventilatory support.



Tracheostomy/Suctioning/Mechanical Ventilation (cont.)

There must be an active, ongoing interdisciplinary approach to the resident's care, including but not limited to the participation as needed by the:

- Physician/practitioner.
- Pulmonologist.
- Registered nurse.
- Pharmacist.
- Dietitian.
- Speech therapist.
- Respiratory therapist.
- Physical therapist / occupational therapist.
- Resident/representative.



Tracheostomy/Suctioning/Mechanical Ventilation (cont.)

A resident receiving tracheostomy care and/or mechanical ventilation is dependent on staff to provide care according to the practitioner's orders, the comprehensive assessment and the individualized care plan including but not limited to:

- Communication.
- Positioning/range of motion.
- Nutrition/hydration.
- Activities of daily living.
- Bladder/bowel management.
- Monitoring for possible complications.
- Psychosocial needs.
- Mechanical ventilation/tracheostomy care (including suctioning).



Tracheostomy/Suctioning/Mechanical Ventilation (cont.)

The facility, in collaboration with the attending practitioner, must provide a comprehensive assessment of the resident's communication needs. The facility must provide an assessment of resident specific communication methodologies, including:

- Assessing:
 - Current visual/hearing needs.
 - Cognition
 - Level of consciousness.
- Identifying potential methods for communication:
 - Writing.
 - Communication cards/boards.
 - Computer access.



Tracheostomy/Suctioning/Mechanical Ventilation (cont.)

Identification of resident specific risks for possible complications, that may include:

- Unplanned extubation.
- Aspiration and the potential for respiratory infection.
- Nutritional complications.
- Increased or decreased carbon dioxide (CO₂) levels.
- Development of oral or ocular ulcers.
- Barotrauma.
- Deep vein thrombosis.
- Airway complications.



Monitoring and Documentation

- Staff should document the assessment and monitoring of the resident's respiratory condition, including response to therapy provided and any changes in the respiratory condition.
- The attending practitioner must be immediately notified of significant changes in condition, and the medical record must reflect the notification, response, and interventions implemented to address the resident's condition. The representative must also be notified of significant changes.



Monitoring and Documentation

Documentation of:

- Assessment and monitoring of resident's respiratory condition.
- Response to therapy.
- Changes in respiratory condition.

Significant changes in condition:

- Attending practitioner immediately notified.
- Medical record reflect notification, practitioner response and interventions implemented.
- Representative must be notified.



Monitoring and Documentation (cont.)

Depending on the type of respiratory services the resident receives, physician orders and the individualized respiratory care plan, documentation should include, as appropriate:

- Instructions for the resident on how to participate/assist in the respiratory treatments as appropriate.
- Vital signs, including the respiratory rate.
- Chest movement and respiratory effort.
- Identification of abnormal breath sounds.



Monitoring and Documentation (cont.)

- Signs of concerns/complications including but not limited to:
 - Dyspnea.
 - Cyanosis.
 - Coughing.
 - Effect of position on breathing.
 - Sputum characteristics.
 - Signs of potential infection.
 - Behavioral changes that may reflect hypoxia including anxiety, apprehension, and level of consciousness.

Staffing and Qualified Personnel

The facility must provide respiratory care based on professional standards of practice including:

- Have sufficient numbers of trained, competent, qualified staff, consistent with state practice acts/laws.
- Identify who is authorized to perform each type of respiratory service (responding to ventilator alarms, suctioning and tracheostomy care).

Staff must be trained and competent in application of life support interventions in case of emergency situations such as cardiac and/or respiratory complications related to mechanical ventilation and environmental emergencies such as power outages.



Resident Care Policies and Procedures

The policies and procedures, based on the type of respiratory care and services provided, may include but are not limited to:

- Oxygen services.
- Types of respiratory exercises.
- Aerosol drug delivery systems.
- BIPAP/CPAP treatments.
- Mechanical ventilation/tracheostomy care.
- Emergency care.
- Adverse reactions to respiratory treatment care.
- Respiratory assessment.
- Respiratory equipment maintenance.
- Emergency power.
- Infection control.
- Cautionary and safety signage.



BOSC Survey Process for Respiratory Care



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BOSC Survey Process



CMS Survey Questions

1. Did the facility provide specialized care needs for the provision of respiratory care including tracheostomy care and tracheal suctioning, in accordance with professional standards of practice, and the resident's care plan, goals, and preferences?
2. Did the facility ensure therapist(s) providing respiratory services in the facility was qualified, had training, and competencies to provide the services?



CMS Survey Questions (cont.)

3. Did the resident's physician delegate the task of writing respiratory therapy orders to a qualified respiratory therapist and provide supervision?
4. Did staff use appropriate infection control practices, such as hand hygiene and PPE when providing tracheostomy and/or ventilation care and/or during high-contact care activities?



CMS Survey Questions (cont.)

5. For newly admitted residents and if applicable based on the concern under investigation did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident?

Did the resident and resident representative receive a written summary of the baseline care plan that he/she were able to understand?



CMS Survey Questions (cont.)

6. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?



CMS Survey Questions (cont.)

7. If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
8. Does the most recent resident assessment accurately reflect the resident's status (i.e., comprehensive, quarterly, significant change in status)?



CMS Survey Questions (cont.)

9. Did the facility develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?

10. Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary, to meet the resident's needs?



Resident Record Review - Brief

The surveyor will complete a brief resident record review to guide observations and interviews:

- Pertinent diagnoses.
- Physician orders.
- Most current comprehensive and most recent quarterly MDS/CAAS (sections C, GG, J and O).
- Care plan.



[Source: A-fib](#)



Resident Observation – All Respiratory Care

Surveyors will observe for the following when staff are providing any type of respiratory care/services:

- Hand hygiene before, during (if needed), and after respiratory care or contact with respiratory equipment.
- Appropriate PPE use.
- Visual cues of resident psychosocial distress and harm.



[Source: Very Well Health](#)



Resident Observation – Breathing Exercises

The surveyor may observe:

- Breathing exercises were performed as ordered.
- That staff assessed the resident before and after the treatment and documented as appropriate.



[Source: RK.MD](#)



Resident Observation – Oxygen Therapy

- Is the use of oxygen delivered as ordered by the physician?
 - Method.
 - Continuous or Intermittent.
 - Oxygen set at correct liters.
 - Tubing changes as ordered.
- Does the resident exhibit anxiety, distress, or discomfort?

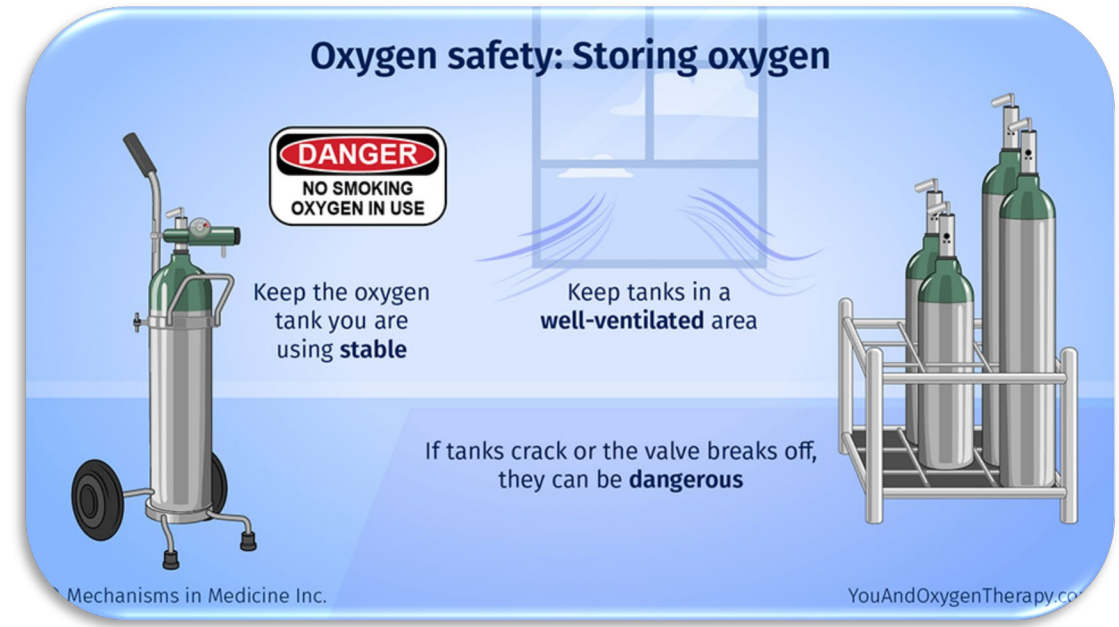


[Source: Avila Home Care](#)



Resident Observation – Oxygen Therapy (cont.)

- What oxygen precautions are used:
 - Is there proper handling of oxygen cylinders?
 - Are “No Smoking” signs present where oxygen is stored and/or administered?
- Does staff properly clean and sanitize equipment, tubing, and the humidifier?



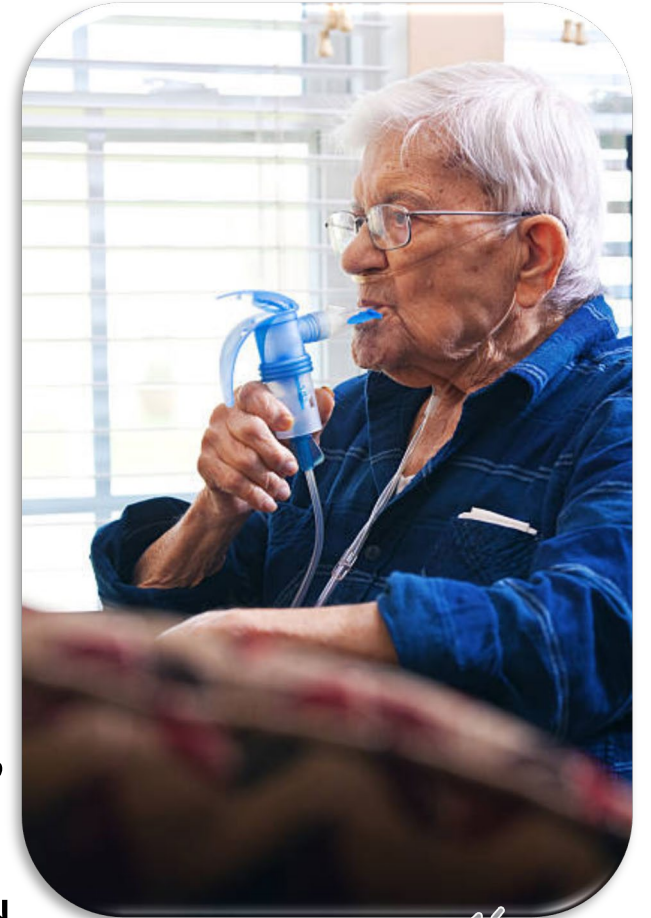
Source: [Your and Oxygen Therapy](http://YourandOxygenTherapy.com)



Resident Observation – Nebulizer/Inhaler

The surveyor may be observing to ensure:

- The use of sterile solutions for nebulization.
- Single-dose vials are used for only one resident.
- Multi-dose medication vials are:
 - Handled, stored, and dispensed per the manufacturer's instructions.
 - When used for more than one resident, vial is dated when opened, and manufacturer's instructions for handling, storing, and dispensing medications are followed.
- Nebulizers are cleaned per manufacturer's instructions and stored per facility policy between treatments.



[Source: iStock Photo](#)



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Resident Observation – Trach/Vent

Does the facility:

- Have sufficient numbers of trained, competent, qualified staff, consistent with state practice acts/laws?
- Identify who is authorized to perform each type of respiratory care service, such as mechanical ventilation, suctioning, and tracheostomy care?
- Specify the type and amount of supervision required, such as during the delivery of care of a resident receiving mechanical ventilation with or without tracheostomy care?



[Source: Nursing Central](#)



Resident Observation – Trach/Vent (cont.)

Resident Monitoring:

- How does the resident make their needs known and how does staff respond to those needs?
- Does the resident exhibit signs of anxiety, distress, or discomfort and how does the staff intervene?
- Does the facility perform adequate oral care on the resident?
- Is the resident positioned as ordered?
- What is the condition of the tracheostomy site, including cleanliness, signs of infection/inflammation, and condition of the dressing?



[Source: Pinterest](#)



Resident Observation – Trach/Vent (cont.)

Tracheostomy Care:

- Does trained, qualified, competent staff change the tracheostomy tube?
- Does staff follow appropriate infection control practices and replace the tube with the correct size tube which has undergone sterilization or disinfection?
- Does staff use appropriate infection control practices such as hand hygiene and PPE while providing tracheostomy and/or ventilation care, and/or other high-contact care activities?



Source: [Homage](#)



Resident Observation – Trach/Vent (cont.)

Suctioning:

- Does staff respond appropriately if the resident has signs of an obstructed airway or need for suctioning?
- Is clean, working suction equipment (including a sterile suction catheter) immediately available and to a source of emergency power?
- Is a new sterile single-use open-system suction catheter used each time with sterile gloves?
- If the catheter is used for re-entry into the resident's lower respiratory track, is sterile fluid used to remove secretions from the suction catheter?



[Source: Shop Catheters](#)



Resident Observation – Trach/Vent (cont.)

Mechanical ventilator machine and connections:

- What are the settings of the ventilator?
- What is the electrical source for the ventilator?
- Do staff respond promptly when an alarm sounds?
- Does staff take precautions to prevent condensate to drain toward the resident?
- Is sterile water used to fill humidifiers?
- Are mesh nebulizers that remain in the ventilator circuit cleaned, disinfected, or changed at an interval recommended by the manufacturer's instructions?

Resident Observation – Trach/Vent (cont.)

Emergency supplies at the bedside/emergency cart:

- Is the emergency sterile tracheostomy equipment the correct size?
- Are suctioning equipment and supplies available?
- Is a manual resuscitator available?
- Is the emergency equipment in good condition and working order?



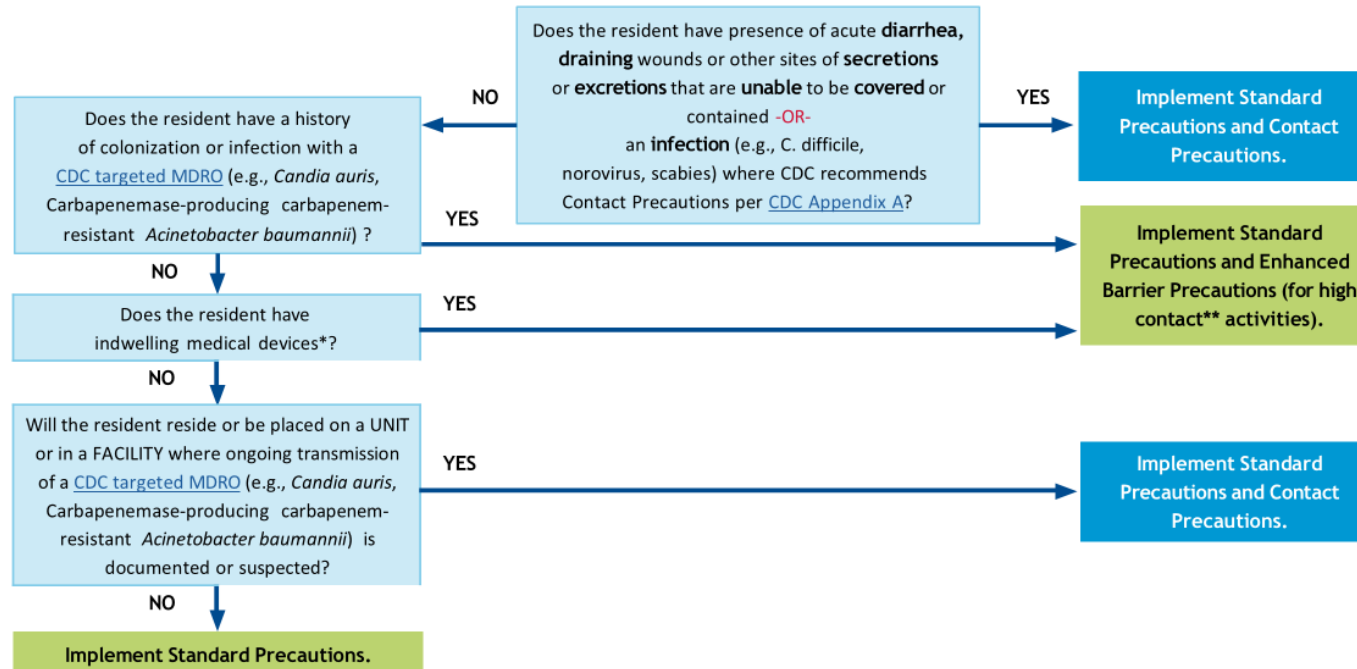
[Source: Medscape](#)



Resident Observation – EBP



Implementation of Transmission Based Precautions in Nursing Homes.



NOTES: In situations where residents have more than one health condition (e.g., wounds AND acute diarrhea), THE HIGHEST LEVEL OF TRANSMISSION-BASED PRECAUTIONS MUST BE IMPLEMENTED.

It is recommended that you consult with your local health department (LHD) before implementing enhanced barrier precautions. LHDs may require Contact Precautions for residents who are colonized due to the widespread prevalence of MDROs in the county.

*Indwelling medical device may include but are not limited to central line, urinary catheter, feeding tube, tracheostomy/ventilator.

**High contact activities are defined as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care: any skin opening requiring a dressing.



Interview with Residents

The surveyor will inquire:

- Is the resident able to access a call system and communications devices?
- Does the facility involve the resident in decisions regarding respiratory care, and are the resident's preferences and choices included?
- Are the resident's respiratory needs being met?
- What complications has the resident experienced and what did staff do?



[Source: Inspired Pencil](#)



Interview with Staff – General Respiratory

Potential questions may include:

- What special procedures are used to monitor the resident's respiratory status?
 - Blood Pressure.
 - Blood gases.
 - Respiratory rate.
- When and to whom do you communicate changes in the resident's condition?



[Source: Pass My Interview](#)



Interview with Staff – General Respiratory (cont.)

- What are the procedures and availability of equipment and staff for emergency situations?
 - Cardiac arrest.
 - Equipment malfunction.
 - Power outages.
- How do you know machines/equipment are properly working?
- When/to whom do problems with respiratory equipment get communicated?



[Source: Pass My Interview](#)



Interview with Staff – Trach/Vent

Potential questions may include:

- Who provides respiratory care, such as suctioning, tracheostomy, ventilator and/or emergency care?
- What special procedures are used to monitor the resident's respiratory status?
 - Suction Needs.
 - Tracheostomy care.
- What are the procedures and availability of equipment and staff for emergency situations?
 - Decannulation.



[Source: Pass My Interview](#)



Interview with Staff – Training

- Did you receive training on the following?
 - Oxygen administration.
 - Nebulizer treatments.
 - Tracheostomy care.
 - Suctioning.
 - Emergency interventions
 - Use of equipment (storage/disposal).



[Source: Pass My Interview](#)



Interview with Staff – Infection Control

Potential question may include:

- Will you describe infection control practices for respiratory care?



[Source: Pass My Interview](#)



Interview with Minimum Data Set Nurse

The Minimum Data Set (MDS) nurse may be interviewed for clarification on any discrepancy regarding respiratory coding.

The screenshot shows a portion of the MDS form. The top section is titled '0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period'. It contains three sub-sections: A, B, and C. Section A asks if the resident received the influenza vaccine in the facility for the current season, with options to skip or continue. Section B asks for the date the vaccine was received, with a date picker (Month, Day, Year) and a question about the resident's Pneumococcal vaccination. Section C asks for the reason if the vaccine was not received, with a list of nine options. Below this is section '00300. Pneumococcal Vaccine', which contains two sub-sections: A and B. Section A asks if the resident's Pneumococcal vaccination is up to date, with options to skip or continue. Section B asks for the reason if the vaccine was not received, with a list of three options. Each sub-section has an 'Enter Code' checkbox.

0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period

Enter Code ☐ A. Did the resident receive the influenza vaccine *in this facility* for this year's influenza vaccination season?

0. No → Skip to 00250C, If influenza vaccine not received, state reason
1. Yes → Continue to 00250B, Date influenza vaccine received

B. Date influenza vaccine received → Complete date and skip to 00300A, Is the resident's Pneumococcal vaccination up to date?

Month Day Year

Enter Code ☐ C. If influenza vaccine not received, state reason:

1. Resident not in this facility during this year's influenza vaccination season
2. Received outside of this facility
3. Not eligible - medical contraindication
4. Offered and declined
5. Not offered
6. Inability to obtain influenza vaccine due to a declared shortage
9. None of the above

00300. Pneumococcal Vaccine

Enter Code ☐ A. Is the resident's Pneumococcal vaccination up to date?

0. No → Continue to 00300B, If Pneumococcal vaccine not received, state reason
1. Yes → Skip to 00400, Therapies

Enter Code ☐ B. If Pneumococcal vaccine not received, state reason:

1. Not eligible - medical contraindication
2. Offered and declined
3. Not offered

Source: CMS and MDS



Interview with Infection Preventionist (IP)

The Infection Preventionist (IP) may be interviewed regarding concerns with infection control practices while providing respiratory care and services.



[Source: International Society for infectious Diseases](#)



Interview with Administration

The facility administration may be interviewed regarding concerns with respiratory care and services.



[Source: Leader Stat](#)



Resident Record Review – Assessment

Did the facility
comprehensively assess
the resident and
continues to assess and
monitor respiratory
status and related needs?



[Source: A-Fib](#)



Resident Record Review – Care Plan

The care plan must:

- Address respiratory care needs.
- Address other needs impacted by respiratory care requirements.
- Have measurable goals.
- Have resident involvement.
- Include resident preferences and choices.
- Address resident specific risk for complications.
- Be revised to reflect any changes.



[Source: A-Fib](#)



Resident Record Review – Respiratory Therapist

- If a respiratory therapist(s) provides services in the facility, is there evidence they are qualified and have had training and competencies to provide the specialized therapy?
- If a respiratory therapist has written therapy orders, is there evidence:
 - The physician delegated the task of writing orders to the therapist.
 - The physician supervises the qualified therapist.



[Source: A-Fib](#)

Resident Record Review – Respiratory Interventions

What respiratory interventions were used and what was the resident's response to the following?

- Medications.
- Aerosol generators.
- Chest physiotherapy.
- Oxygen therapy.
- Secretion clearance devices.



[Source: A-Fib](#)



Resident Record Review – Respiratory Airways

- Physician ordered airway equipment:
 - Size.
 - Type.
 - Cuffed/uncuffed.
 - Double/single cannula.
- Care provided for:
 - Artificial airway.
 - Cuff inflation.
 - Airway cleaning.
 - Tube changes.
 - Suctioning.



[Source: A-Fib](#)



Resident Record Review – Mechanical Ventilation

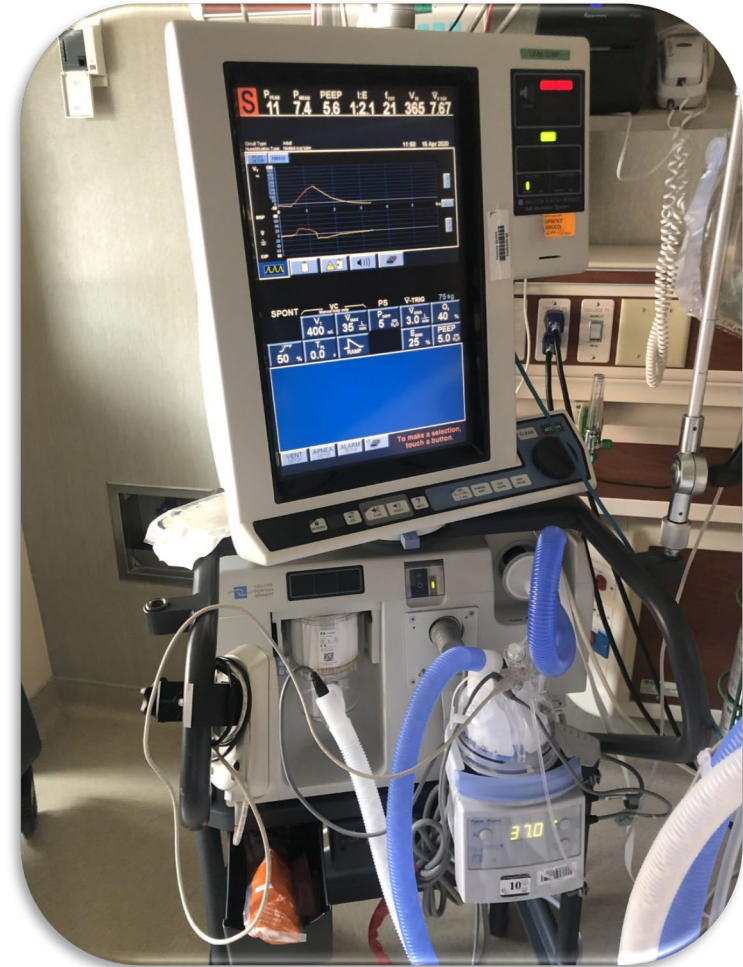
Physician ordered ventilator details and application per orders for:

- Times on and off.
- Rate of oxygen.
- Mode of ventilation.
- Acceptable limits of dialed/measured exhaled volume.
- Desired pressure ranges.
- Present tidal volume.
- Frequency of ventilator breaths.
- Positive End Expiratory Pressure (PEEP) levels.
- Humidification and temperature of inspired gasses.
- Changes related to activity level such as exercise.

Resident Record Review – Mechanical Ventilation (cont.)

Routine machine maintenance and care are completed:

- Water changes/tubing changes.
- Safety checks on alarms.
- Machine functioning checks.



[Source: NAI Group](#)



Review of Facility Policy

Review the facility respiratory policies to ensure they meet the standards of care for respiratory care and services.



Source: [Inspired Pencil](#)



Potential Citations



BOSC Citations and Common Findings with Solutions



Citation – F695 (Respiratory/Tracheostomy Care/Suctioning)

The surveyor's investigation will show the facility failed to:

- Provide the necessary respiratory care and services, such as oxygen therapy, treatments, mechanical ventilation, tracheostomy care, and/or suctioning.
- Provide the necessary respiratory care consistent with professional standards of practice, the resident's care plan, goals and preferences.



Source: Haym Salomon



Additional Potential Citations

Resident Rights:

- F552 (Right to be Informed/Make Treatment Decisions).
- F553 (Right to Participate in Planning Care).
- F557 (Respect and Dignity).
- F558 (Reasonable Accommodations of Needs).
- F578 (Right to Request/Refuse/Discontinue Treatment, Formulate an Advanced Directive).
- F580 (Notification of Change).



[Source: Monteforte Law](#)



Additional Potential Citations (cont.)

Resident Assessments:

- F635 (Admission Physician Orders for Immediate Care).
- F636 (Comprehensive Assessment and Timing).
- F637 (Comprehensive Assessment After Significant Change).
- F641 (Accuracy of Assessment).

Comprehensive Resident Centered Care Plan:

- F655 (Baseline Care Plan).
- F656 (Develop/Implement Comprehensive Care Plan).
- F657 (Care Plan Timing and Revision).



Additional Potential Citations (cont.)

Quality of Care:

- F686 (Treatment/Services to Prevent/Heal Pressure Ulcers).
- F692 (Nutrition/Hydration Status Maintenance).
- F711 (Physician Visits – Review Care/Notes/Order).
- F712 (Physician Visits – Frequency/Timeliness/Alternate NPPs).

Physician Services:

- F710 (Resident Care Supervised by a Physician).
- F713 (Physician or Emergency Care, Available 24 Hours).
- F715 (Physician Delegation to Therapist).



Additional Potential Citations (cont.)

Nursing Services:

- F725 (Sufficient Nursing Staff).
- F726 (Competent Nursing Staff).

Behavioral Health:

- F742 (Treatment/Services for Mental/Psychosocial Concerns).

Pharmacy Services:

- F760 (Residents are Free of Significant Med Errors).

Specialized Rehabilitative Services:

- F825 (Provide/Obtain Specialized Rehabilitation Services).
- F826 (Rehabilitation Services – Physician Orders/Qualified Person).



Additional Potential Citations (cont.)

Administration:

- F838 (Facility Assessment).
- F841 (Responsibilities of the Medical Director).

Quality Assurance and Performance Improvement:

- F865 (QAPI Program/Plan, Disclosure/Good Faith Attempt).

Infection Control:

- F880 (Infection Prevention and Control).

Physical Environment:

- F906 (Emergency Electrical Power System).
- F908 (Maintenance of and Safe Operating Equipment).



BOSC Survey Statistics and Common Findings



BOSC 2023 Statistics

F695 (Respiratory/Tracheostomy Care and Suctioning):

- No actual harm:
 - D level = 89 times.
 - E level = four times.
- Actual harm:
 - G level = two times.
- Immediately jeopardy:
 - J level = one time.



F695 Immediate Jeopardy Example

The facility failed to ensure necessary supplies and life sustaining equipment was available for staff to immediately respond to a medical emergency by:

- No suction catheter at the bedside.
- No suction catheter on the emergency cart.



[Source: Vitality Medical](#)

F695 Actual Harm Example

- Resident signs/symptoms for two days:
 - Shortness of breath.
 - Non-productive cough.
 - Audible wheezing.
 - Loss of appetite.
 - Complaints of not feeling well.
- Facility deficiencies:
 - O2 treatment without an order.
 - No evidence of physician notification.
 - No evidence of continued monitoring of respiratory status.
 - No evidence of care plan to address respiratory signs/symptoms.



Common F695 Citation Findings & Solutions

Common BOSC Findings:

- Not changing respiratory supplies as ordered.
- Inappropriate storage of respiratory equipment.

Potential Solutions:

- Change the supply as ordered and document on the TAR and equipment.
- Train your staff on the proper storage of respiratory equipment.



Common F695 Citation Findings & Solutions

Common BOSC Findings:

- Administering oxygen without a physician order.
- Not administering breathing treatments as ordered.

Potential Solutions:

- Review orders prior to initiating oxygen (verify device, flow rate, and humidification).
- Review the MAR and TAR and provide breathing treatments as ordered.



Three, Two, One of Respiratory Care

- Three reasons why proper respiratory care is important.
- Two things your facility is doing correctly regarding respiratory care.
- One area your facility needs assistance with regarding respiratory care.



QUESTIONS?

ODH.OHIO.GOV

Bureau of Survey and Certification

(614) 466-3543

ODH.OHIO.GOV/PREP

PREP@odh.ohio.gov

Christine Meinke, LSW, LNHA, Provider Resources & Education Program (PREP) Supervisor

Darcie Anderson, MSN, RN, PREP Nursing Educator



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