

Behavioral Healthcare in Long-term Care Facilities

A Guide to Assist Facilities with Compliance

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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.

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 behavioral healthcare in long-term care facilities.

Continuing Education

- 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.

The Ohio Department of Health is approved as a provider of continuing education for:

- Licensed Nursing Home Administrators by the Ohio Board of Executives of Long-Term Services and Supports.
- Social Workers by the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board.

Learning Objectives

- Identify and apply the federal regulation regarding behavioral healthcare.
- Identify and apply the Centers for Medicare and Medicaid Services interpretive guidance for behavioral healthcare.
- Identify the BOSC survey process for assessing behavioral healthcare and facility staff role during the survey.
- Using citation findings and solution examples, learners will be able to identify gaps and determine opportunities for their long-term care facility to improve behavioral healthcare.

Agenda

- Federal regulations for providing behavioral healthcare.
- CMS interpretive guidance for behavioral healthcare.
- The BOSC survey process for behavioral healthcare.
- Potential citations for behavioral healthcare deficiencies.
- BOSC statistics and common findings with potential solutions.

Acronyms

- Bureau of Survey and Certification (BOSC).
- Care Area Assessments (CAAs).
- Centers for Medicare and Medicaid Services (CMS).
- Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Generalized Anxiety Disorder (GAD).
- Interdisciplinary Team (IDT)
- Minimum Data Set (MDS).
- Ohio Department of Health (ODH).
- Post-traumatic Stress Disorder (PTSD).
- Substance Use Disorder (SUD).

Federal Regulation

Federal Regulations and State Rules



Federal Regulation § 483.40

Each resident must receive and the facility must provide the necessary behavioral healthcare and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.



CMS Interpretive Guidance for Behavioral Health Services

CMS Interpretive Guidance



Definition: Highest Practicable Physical, Mental, and Psychosocial Well-being

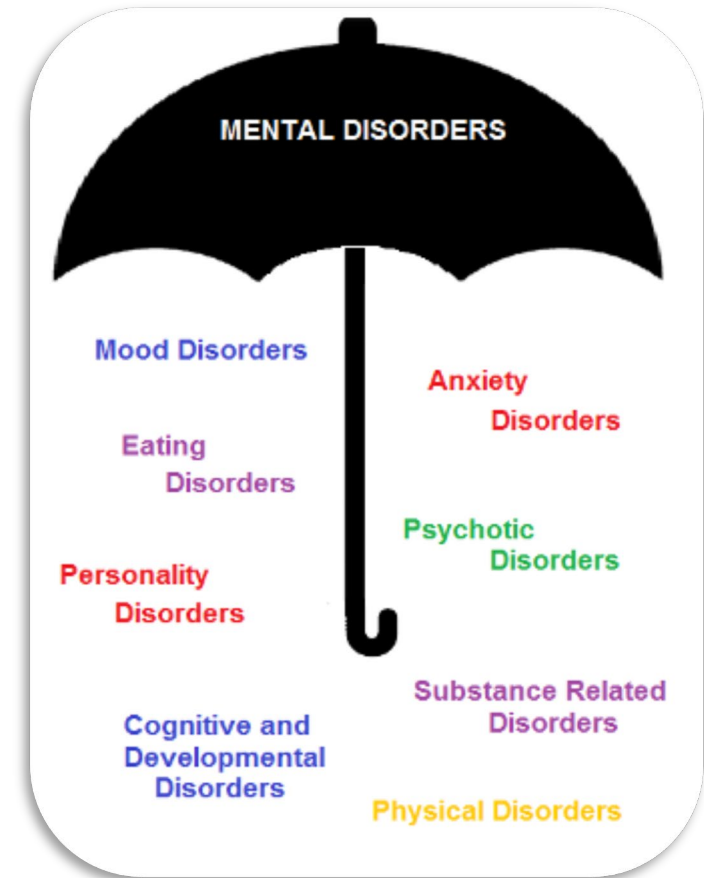
The highest possible level of functioning and well-being, limited by the individual's recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental or psychosocial needs of the individual.



[Source: Mercers](#)

Definition: Mental Disorder

A syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.



[Source: study.com](https://www.study.com)

Definition: Substance Use Disorder (SUD)

Recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.



[Source: neurosciencenews](https://www.neurosciencenews.com)

Facility Assessment

Regarding the behavioral healthcare needs of residents with SUD and serious mental disorder, the facility must have:

- Capacity.
- Services.
- Staff Skills.



[Source: korteco](#)

Preadmission Screening and Resident Review (PASARR)

If a resident qualifies for specialized Level II services under PASARR the facility must follow:

- § 483.20 (k) (F645): PASARR Screening for MD & ID.
- § 483.20 (e) (F644): Coordination of PASARR and Assessments.

PASARR reminders

- The PASARR process is to screen for a mental illness (MI) or intellectual disability (ID), not a review process for medications.
- The PASARR process makes 2 determinations:
 - 1) Nursing Home placement (yes or no)
 - 2) Specialized Services (yes or no - whether or not an individual is in need of intensive psychiatric services for their MI or ID while in the NH.)
- Nursing Homes need a corresponding diagnosis for every medication that is prescribed. This should be clearly documented prior to NH admission.

[Source: examedge](#)

If the resident does not qualify for specialized services under PASARR but requires more intensive behavioral health services, the facility must demonstrate reasonable attempts to provide such services and/or arrange for such services.



Facility-wide Behavioral Healthcare and Services

The facility needs to ensure:

- The necessary care and services are person-centered and reflect the resident's goals of care.
- The direct care staff interact and communicate in a manner that promotes mental and psychosocial well-being.



[Source: grottepastenaecollepardo](https://www.grottepastenaecollepardo.com/)

Facility-wide Behavioral Healthcare and Services (cont.)

The facility needs to ensure:

- The activities are meaningful and promote engagement as well as positive meaningful relationships between residents and staff, families, other residents and the community.



[Source: stablediffusionweb](https://www.stablediffusionweb.com/)

Facility-wide Behavioral Healthcare and Services (cont.)

The facility needs to ensure:

- The environment and atmosphere is conducive to mental and psychosocial well-being.
- The use of pharmacological interventions only when non-pharmacological interventions are ineffective or when clinically indicated.



[Source: wallpaperaccess](#)

Individualized Assessment

The facility is expected to ensure residents' individualized needs are met through the Resident Assessment Instrument (RAI) process.

- Minimum Data Set (MDS):
 - Section C: Cognitive Patterns.
 - Section D: Mood.
 - Section E: Behavior.
 - Section F: Activities.
- Care Area Assessments (CAAs) Process:
 - Psychosocial Well-Being.
 - Mood State.
 - Behavioral Symptoms.

Person-Centered Care Planning

It is also important for the facility to use an interdisciplinary team (IDT) approach that includes the resident, their family, or resident representative.

- Care plan development.
 - Must address the individualized needs of the resident.
 - Must have individualized approaches.
- Care plan implementation.
- Care plan evaluation.

Behavioral Contracts - Positives

- Used to address behaviors that could endanger the resident, other residents, and staff.
- Encourage residents to follow their plan of care.
- Used for residents who have the capacity to understand them.



[Source: pxhere](#)

Behavioral Contracts - Negatives

- Could be construed as meeting the definition of abuse, which includes the willful infliction of punishment and/or the deprivation of goods and services.
- Cannot conflict with resident rights or other requirements for participation.
- Cannot be the sole basis for a denial of admission, a transfer or discharge.



[Source: pxhere](#)

SUD Behavioral Contract Example

Behavioral contract steps may include:

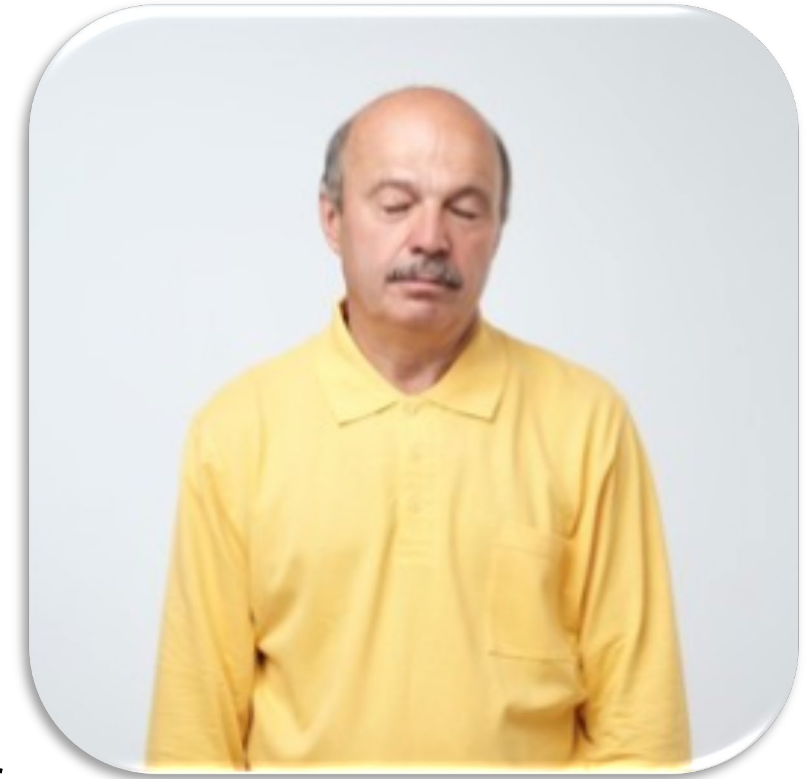
- Increased monitoring and supervision.
- Restricted or supervised visitation.
- Voluntary drug testing.
- Voluntary inspections.
- Referral to local law enforcement for suspicion of a crime in accordance with state laws.



[Source: pxhere](#)

Visitation and Illegal Substance Use

- Signs, symptoms, and triggers of illegal substance use, particularly after interaction with visitors or leaves of absence may include:
 - Change in resident behavior/mood change.
 - Increased unexplained drowsiness/loss of consciousness.
 - Lack of coordination.
 - Slurred speech.
- May need to ask residents whether they possess or have used an illegal substance.



[Source: istockphoto](#)

Visitation and Illegal Substance Use (cont.)

- If the facility determines illegal substances have been brought into the facility:
 - The facility may need to refer to local law enforcement.
 - Provide additional monitoring and supervision for health and safety of residents.
 - Only conduct searches of a resident or their personal belongings with resident or resident representative agreement.



Source: [gettyimages](#)

Common Mental Health Conditions in Long-term Facilities

These diagnoses must be diagnosed by a qualified practitioner using evidence-based criteria and professional standards, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and documented in the resident's record:

- Anxiety.
- Post-traumatic Stress Disorder.
- Depression.
- Bipolar.
- Schizophrenia.



[Source: freepik](#)

Anxiety

- Symptoms may include:
 - Excessive fear.
 - Intense anxiety.
 - Significant distress.
 - Debilitating symptoms.
- May be triggered by:
 - Loss of function.
 - Changes in relationships.
 - Relocation.
 - Medical illness.

Anxiety (cont.)

Most common types of anxiety disorders:

- Generalized Anxiety Disorder (GAD).
- Social Anxiety Disorder.
- Panic Disorder.
- Phobias.
- Post-traumatic Stress Disorder (PTSD).



[Source: depositphotos](#)

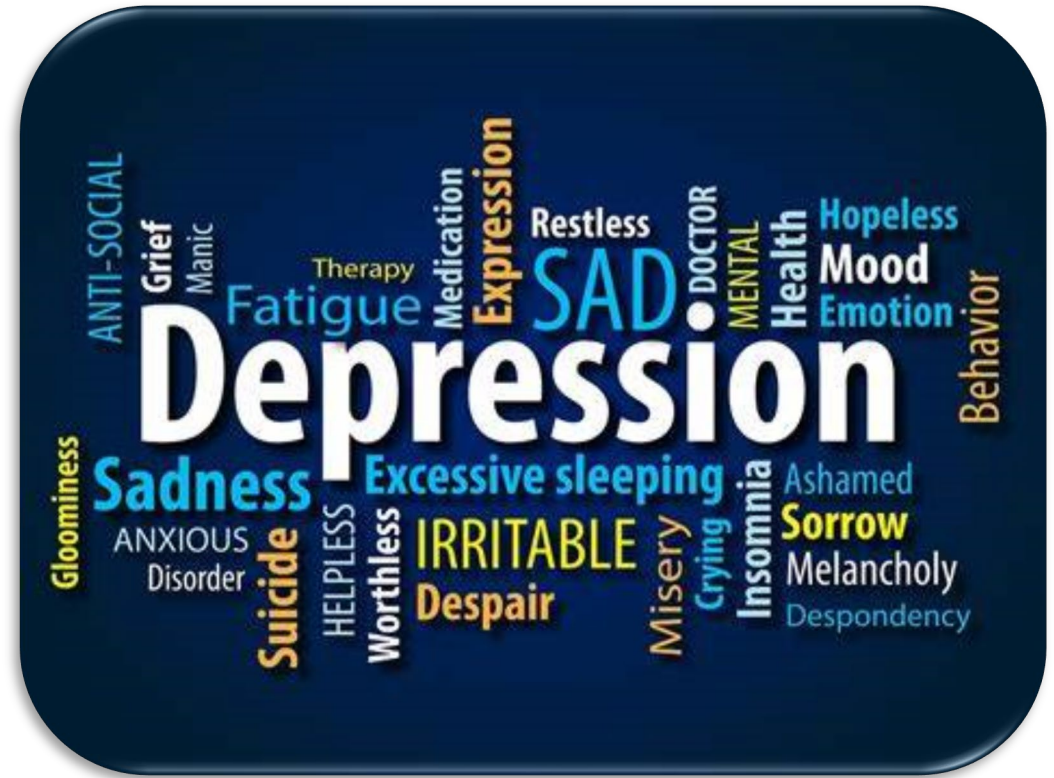
Post-traumatic Stress Disorder (PTSD)

- Range of reactions after experiencing or witnessing a traumatic event such as a:
 - Natural disaster.
 - Act of violence.
 - Serious accident.
- Common Reactions may include:
 - Feeling anxious, sad, or angry.
 - Trouble concentrating and sleeping.
 - Thinking about what happened.

Most people will recover from these symptoms, and their reactions will lessen over time. However, people may be diagnosed with PTSD if their symptoms last for an extended period after a traumatic event and begin to interfere with aspects of daily living, such as relationships or work.

Depression

- Increased risk for older adults in a nursing home as opposed to the community.
- May be harder to identify later in life due to:
 - Cognitive impairment.
 - Loss of functional ability.
 - Complexity of medical problems.
 - Loss of significant relationships and roles in life.



Source: ocduk

Depression (cont.)

Symptoms may include:

- Fatigue.
- Sleep disturbances.
- Appetite disturbances.
- Agitation.
- Expression of guilt.
- Difficulty concentrating.
- Apathy.
- Withdrawal.
- Anxiety.
- Suicidal ideations.

Bipolar Disorder

- Mood disorder with dramatic shifts that differ from the typical ups-and-downs.
 - Mania (high mood).
 - Depression (low mood).
- May affect ability to think clearly.
- Each person's symptoms, severity, and cycling can be different.



[Source: psychiatryfortworth](#)

Schizophrenia

A serious mental disorder that may interfere with a person's ability to:

- Think clearly.
- Manage emotions.
- Make decisions.
- Relate to others.

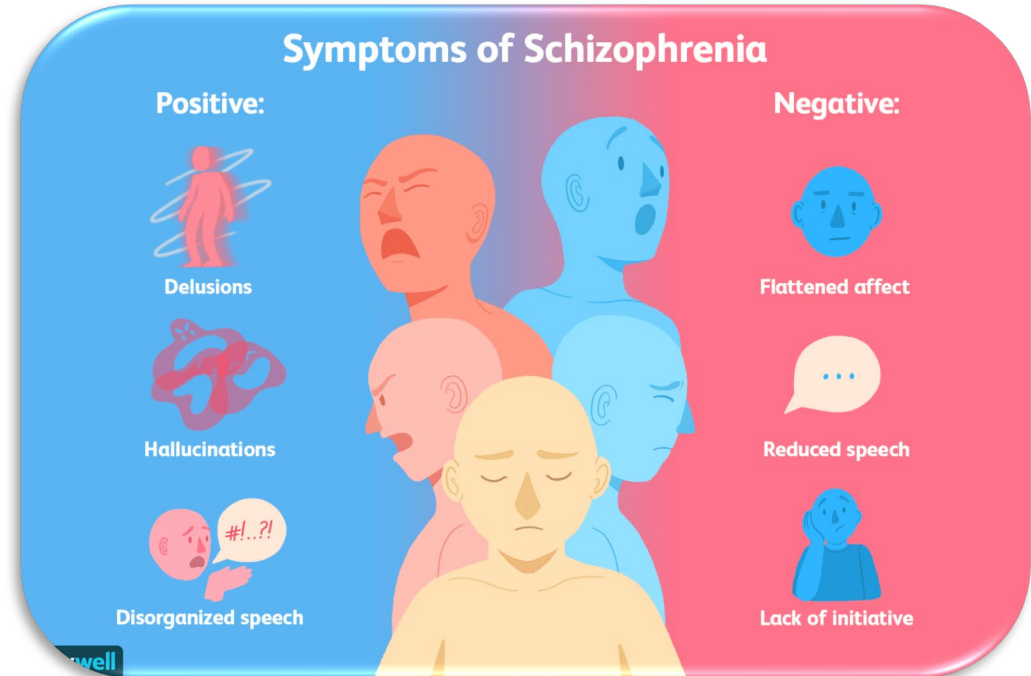


[Source: research.uga.edu](http://research.uga.edu)

Schizophrenia (cont.)

Schizophrenia symptoms include:

- Delusions.
- Hallucinations.
- Disorganized speech.
- Grossly disorganized or catatonic behavior.
- Diminished expression or initiative.



Source: [verywellmind](https://www.verywellmind.com/symptoms-of-schizophrenia-2795828)

BOSC Survey Process for Behavioral Healthcare

BOSC Survey Process



CMS Survey Questions

1. Did the facility ensure trauma survivors received culturally-competent and/or trauma-informed care that accounted for the resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization?
2. Did the facility provide the necessary behavioral healthcare and services to attain or maintain the highest practical physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care?

CMS Survey Questions (cont.)

3. Did the facility have sufficient staff who provide direct services and implement non-pharmacological interventions to meet the behavioral healthcare needs of the resident, as determined by resident assessments, care plans, and facility assessment?
4. Did the facility provide appropriate treatment and services to correct the assessed problem for a resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty?

CMS Survey Questions (cont.)

5. Did the facility ensure that the resident whose comprehensive assessment did not reveal or who did not have a diagnosis of a mental or psychosocial adjustment difficulty, or a documented history of trauma and/or PTSD did not display a pattern of decreased social interaction and/or increased withdrawal, anger, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable?
6. Did the facility provide medical-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being for this resident?

CMS Survey Questions (cont.)

7. 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 was able to understand?

CMS Survey Questions (cont.)

8. 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.)

9. 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?
10. Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?

CMS Survey Questions (cont.)

11. 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 (including trauma-informed care) and includes the resident's goals, desired outcomes, and preferences (including cultural preferences)?
12. 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 including:

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



[Source: dreamstime](#)

Resident Observation – Resident Care

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

- How staff address a resident exhibiting expressions or indications of distress.
- Staff's consistent application of accepted quality care principles when interacting with residents who have a mental or psychosocial disorder.
- If facility practices that do not accommodate resident choices, including cultural preferences, cause resident distress.



[Source: istockphoto](#)

Resident Observation – Resident Care (cont.)

Staff use of non-pharmacological interventions that reflect resident choices and preferences:

- Meaningful activities.
- Music or art.
- Massage.
- Essential oils.
- Reminiscing.
- Diversional activities.
- Consistent caregiver assignments.
- Adjusting the environment.
- Access to counseling and therapies.

Resident Observation – Care Plan

Surveyors will observe for the application of the resident's plan of care:

- Staff implement interventions in accordance with the care plan to ensure the resident's behavioral healthcare and service needs are being met.
- Staff monitor the effectiveness of the resident's care plan interventions.

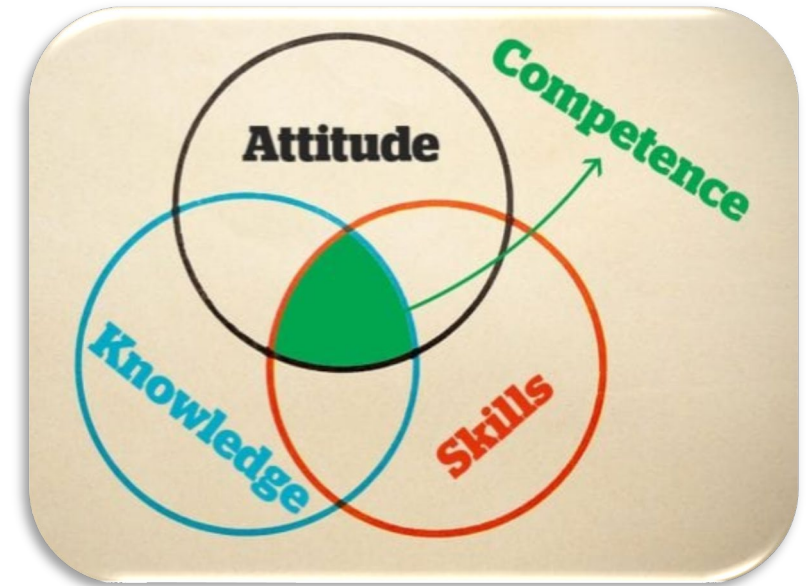


[Source: masmedicalstaffing](#)

Resident Observation – Staff Competency

Surveyors will observe for staff competency related to behavioral healthcare/services:

- There is sufficient, competent staff to ensure resident safety and meet the resident's behavioral healthcare needs.
- Staff demonstrate knowledge of the resident's current behavioral and emotional needs by demonstrating competent interactions when addressing the resident's behavioral healthcare needs.



[Source: nursingcenter](#)

Resident Observation – Cultural Preferences

Surveyors will observe for the use of cultural preferences when providing behavioral healthcare/services to ensure:

- Staff are respectful and responsive to the resident's cultural preferences, health beliefs, and practices.
- Staff provide culturally competent care:
 - Clothing or food preferences.
 - Cultural etiquette.
 - Materials in their preferred language.



[Source: istockphoto](#)

Resident Interview - General

The surveyor will inquire:

- Is the facility aware of the resident's current conditions or history of conditions or diagnoses?
- How are the resident's individual needs being met through person-centered approaches to care?
- What are the resident's concerns, if any, regarding the resident's mood or history of trauma?
- Has the resident had a change in mood?



[Source: brand.herts.ac.uk](http://brand.herts.ac.uk)

Resident Interview – Care Plan

The surveyor will inquire:

- How did the facility involve the resident in developing the care plan, including implementing non-pharmacological interventions and goals and identify triggers that may cause fear or re-traumatize the resident?



[Source: brand.herts.ac.uk](http://brand.herts.ac.uk)

Resident Interview – Interventions

The surveyor will inquire:

- What interventions is the resident receiving for the resident's mood? Are the interventions effective?
- What non-pharmacological approaches to care are used to help with the resident's mood? Are they effective?
- How effective have the interventions been? If not effective, what type of alternative approaches has the facility tried?



[Source: brand.herts.ac.uk](http://brand.herts.ac.uk)

Resident Interview – Resident Choice/Culture

The surveyor will inquire:

- How did the facility ensure approaches to care reflect the resident's choices and cultural preferences?



[Source: brand.herts.ac.uk](http://brand.herts.ac.uk)

Staff Interview – General

Potential questions may include:

- How do you identify and support individual resident's needs?
- How do you meet the resident's needs and provide emotional support to a resident who is having difficulty coping with change, loss or coping with stressful events?
- How do you provide or arrange for needed mental and psychological counseling services?



[Source: passmyinterview](https://passmyinterview.com)

Staff Interview – Trauma Care

Potential questions may include:

- How do you know a resident is a trauma survivor and what do you need to do differently for that resident?
- How do you know what triggers to avoid for a resident with a history of trauma?



[Source: passmyinterview](https://passmyinterview.com)

Staff Interview – Care Plan

Potential questions may include:

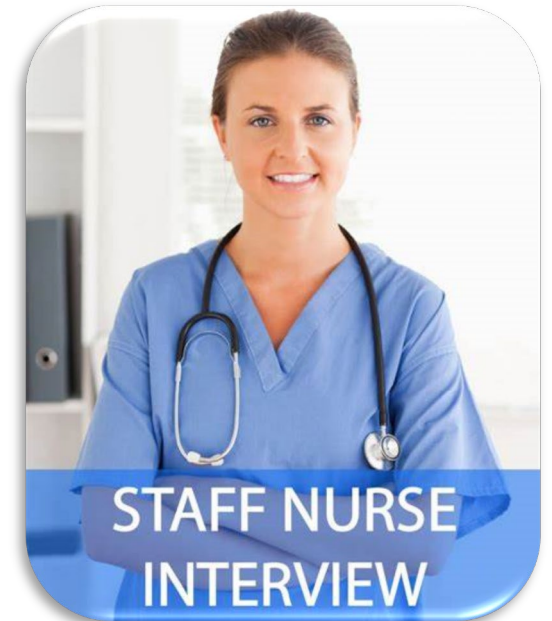
- What are the underlying causes of the resident's behavioral expressions or indications of distress, specifically included in the care plan?
- How do you ensure care is consistent with the care plan?
- How are changes in the care plan communicated to the staff?



[Source: passmyinterview](https://passmyinterview.com)

Staff Interview – Care Plan (cont.)

- What specific approaches to care, both non-pharmacological and pharmacological, have been developed and implemented to support the behavioral health needs of the resident, including facility-specific guidelines/protocols? What is the rationale for each intervention?
- How are the interventions monitored?
- How do you monitor for the implementation of the care plan?

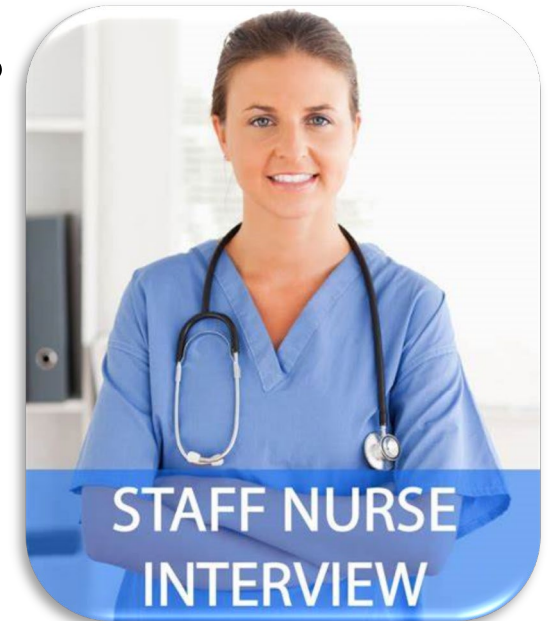


[Source: passmyinterview](https://passmyinterview.com)

Staff Interview – Change of Condition

Potential questions may include:

- How do you monitor for changes in the resident's condition?
- How, what, when, and to whom do you report changes in condition?
- How are changes in condition communicated to the staff?
- How often did the IDT meet to discuss the resident's behavioral expressions or indications of distress, the effectiveness of interventions, and changes in the resident's condition?

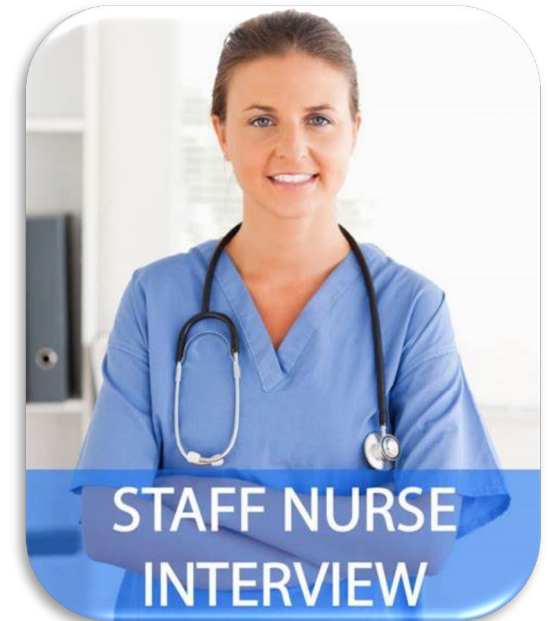


[Source: passmyinterview](https://passmyinterview.com)

Staff Interview – Resident Choice/Cultural

Potential questions may include:

- How did the facility determine cultural preferences that should be honored while the resident is in the facility?

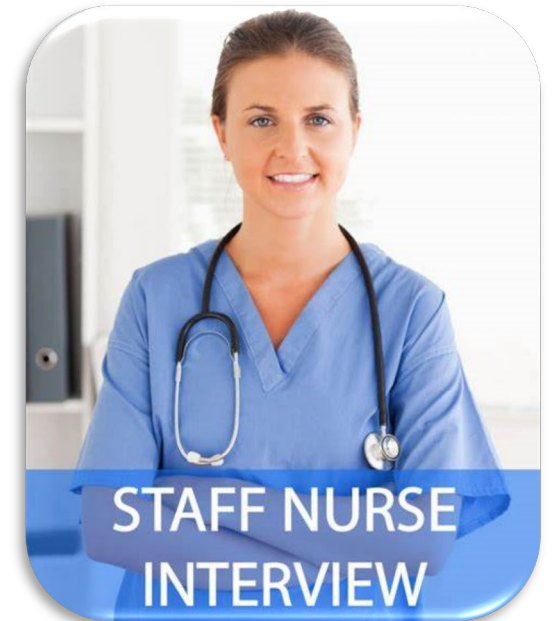


[Source: passmyinterview](https://passmyinterview.com)

Staff Interview – Training

Potential questions may include:

- What types of behavioral health training have you completed?
- The surveyor may also ask about any other related concerns he/she has identified.



[Source: passmyinterview](https://passmyinterview.com)

Interview with Minimum Data Set Nurse

The Minimum Data Set (MDS) nurse may be interviewed for clarification on any discrepancy regarding behavioral health coding or care plan concerns.

E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

Coding:

0. Behavior not exhibited
1. Behavior of this type occurred 1 to 3 days
2. Behavior of this type occurred 4 to 6 days, but less than daily
3. Behavior of this type occurred daily

Enter Code

☐

A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)

Enter Code

☐

B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)

Enter Code

☐

C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

[Source: CMS](#)

Interview with Administration

The facility administration may be interviewed regarding concerns with behavioral healthcare and services.



[Source: leaderstat](#)

Resident Record Review - PASARR

PASARR level II services or psychosocial services provided, as applicable.



[Source: dreamstime](#)

Resident Record Review – Assessment

Minimum Data Set (MDS) 3.0 assessment:

- Accuracy.
- Comprehensiveness.
- Significant change assessment within 14 days.



[Source: dreamstime](#)

Resident Record Review – Care Plan

- Did the facility collaborate with the resident, and/or representative, and any other healthcare professionals to develop an individualized care plan that addresses resident specific triggers?
- Is the care plan comprehensive?
- Does it include measurable goals and timetables?



[Source: dreamstime](#)

Resident Record Review – Care Plan (cont.)

- Is the care plan consistent with the resident's:
 - Specific conditions.
 - Risks.
 - Needs.
 - Expressions.
 - Cultural preferences.
 - Indications of distress.



[Source: dreamstime](#)

Resident Record Review – Care Plan (cont.)

- What non-pharmacological approaches to care are used to support the resident and lessen their distress?
- How did the resident respond to care-planned interventions?
- If interventions were ineffective, was the care plan revised and were these actions documented in the resident's medical record?



[Source: dreamstime](#)

Resident Record Review – Progress Notes

- Therapy notes.
- Social service notes.
- Nursing notes.
- Physician notes.
- Other progress notes.



[Source: dreamstime](#)

Resident Record Review – Progress Notes (cont.)

- Resident expressions or indications of distress:
 - Time.
 - Duration.
 - Severity.
- Resident access to counseling programs or therapies.



[Source: dreamstime](#)

Resident Record Review - Trauma

- Review of the following to determine whether the facility identified the resident's history of trauma and the effects of past trauma on the resident:
 - Admission assessment.
 - History & Physical.
 - Social history/assessment.
- Underlying causes, risks, and potential triggers for the resident's expressions or indications of distress that may re-traumatize the resident.



[Source: dreamstime](#)

Resident Record Review – Training

- Was behavioral health training provided to staff in accordance with the facility assessment?
- Were there changes to the facility's training program based on a change in the resident population, staff turnover, physical environment, or modifications to the facility assessment?
- Did the training support the current scope and standards of practice through curricula that detail learning objectives, performance standards, and evaluation criteria?
- Was there a process in place to track staff participation?



[Source: dreamstime](#)

Resident Record Review – Policies

Review of the facility behavioral health policies to ensure they meet the standards of care for behavioral healthcare and services.



[Source: iStock](#)

Potential Citations

BOSC Citations and Common Findings with Solutions



Citation – F740 (Behavioral Health Services)

The surveyor's investigation will show the facility failed to do one or more of the following:

- Identify, address, and/or obtain necessary services for the behavioral healthcare needs of the resident.
- Develop and implement person-centered care plans that include and support the behavioral healthcare needs, identified in the comprehensive assessment.
- Develop individualized interventions related to the resident's diagnosed conditions.

Sample Mental Health Care Plan

GP MENTAL HEALTH CARE PLAN (MBS ITEM NUMBER 2700, 2701, 2715, 2717)			
PATIENT ASSESSMENT			
Patient's Name	Eg. Tom Stevens	Date of Birth	02/11/1965
Address	77 Brown Street, Geelong	Phone	9933 1166
Carer details and/or emergency contact(s)	Wife (Jane) as above	Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP Name/ Practice	Dr M Forman		
AHP or nurse currently involved in patient care	None	Medical Records No.	10945678
PRESENTING ISSUE(S) What are the patient's current mental health issues?	Can't sleep Tired all the time Teary Easily 'flies off the handle' Wife made him attend the surgery today		
PATIENT HISTORY Record relevant biological psychological and social history including any family history of mental disorders and any relevant substance abuse or physical health problems	Usually well, infrequent presentation at surgery over the last 12 months Mild asthmatic Not sleeping well Doesn't go out much – often feels lonely Has a few extra drinks to get to sleep Married for 20 years. 3 teenage children at home 12 months ago retrenched from a supervisory position at steel works, has been unable to find work since Mother and father both well. Mother unwell after birth of her last child (Tom's younger brother)		
MEDICATIONS (attach information if required)	Ventolin – for asthma		
ALLERGIES	Nil		
ANY OTHER RELEVANT INFORMATION	Struggling financially		
RESULTS OF MENTAL STATE EXAMINATION Record after patient has been examined	Presents with moderate depression over the past 6 months due to retrenchment. At risk of continued alcohol abuse. Difficulty concentrating. Motivation low. Cognition normal. Insight good.		
RISKS AND CO-MORBIDITIES Note any associated risks and co-morbidities including suicidal tendencies and risks to others	Low suicide risk Increased reliance on alcohol – complication presentation		
OUTCOME TOOL USED	RESULTS 38		
DIAGNOSIS	Moderate Depression (reactive)		

Source: template.net

Citation – F740 (Behavioral Health Services) (cont.)

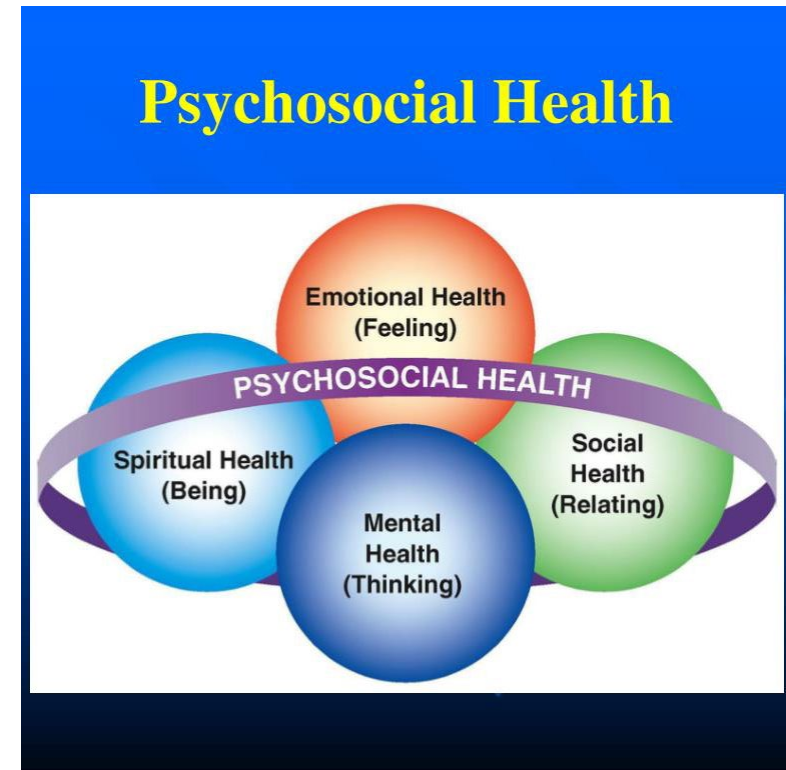
- Review and revise behavioral healthcare plans that have not been effective and/or when the resident has a change in condition.
- Learn the resident's history and prior level of functioning in order to identify appropriate goals and interventions.
- Identify individual resident responses to stressors and utilize person-centered interventions developed by the IDT to support each resident.



Source: tac.org

Citation – F740 (Behavioral Health Services) (cont.)

- Achieve expected improvements or maintain the expected stable rate of decline based on the progression of the resident's diagnosed condition.



[Source: slideserve](#)

Additional Potential Citations

Resident Rights:

- F550 (Resident Rights/Exercise of Rights).
- F552 (Right to be Informed/Make Treatment Decisions).
- F553 (Right to Participate in Planning Care).
- F557 (Respect and Dignity/Personal Property).
- F558 (Reasonable Accommodations of Needs).
- F578 (Right to Request/Refuse/Discontinue Treatment, Formulate an Advanced Directive).
- F580 (Notification of Change).



[Source: motefortelaw](https://www.motefortelaw.com/)

Additional Potential Citations (cont.)

Freedom from Abuse, Neglect, and Exploitation:

- F600 (Free from Abuse and Neglect).
- F603 (Involuntary Seclusion).
- F604 (Right to be Free from Physical Restraints).
- F605 (Right to be Free from Chemical Restraints).
- F635 (Admission Physician Orders for Immediate Care).
- F636 (Comprehensive Assessment and Timing).
- F637 (Comprehensive Assessment After Significant Change).
- F641 (Accuracy of Assessment).
- F644 (Coordination of PASARR and Assessment).
- F645 (PASARR Screening for MD & ID).

Resident Assessments:

Additional Potential Citations (cont.)

Comprehensive Resident Centered Care Plan:

- F655 (Baseline Care Plan).
- F656 (Develop/Implement Comprehensive Care Plan).
- F657 (Care Plan Timing and Revision).
- F658 (Services Provided meet Professional Standards).
- F659 (Qualified Persons).

Quality of Care

- F699 (Trauma Informed Care).

Additional Potential Citations (cont.)

Physician Services:

- F710 (Resident Care Supervised by a Physician).
- F711 (Physician Visits – Review Care/Notes/Order).
- F712 (Physician Visits – Frequency/Timeliness/Alternate NPPs).
- F713 (Physician or Emergency Care, Available 24 Hours).

Nursing Services:

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

Additional Potential Citations (cont.)

Behavioral Health:

- F741 (Sufficient/Competent Staff-Behavioral Health Needs).
- F742 (Treatment/Services for Mental/Psychosocial Concerns).
- F743 (No Behavioral Difficulties Unless Unavoidable).
- F744 (Treatment/Services for Dementia).
- F745 (Provision of Medically Related Social Services).

Pharmacy Services:

- F758 (Free from Unnecessary Psychotropic Meds/PRN Use).

Additional Potential Citations (cont.)

Specialized Rehabilitative Services:

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

Administration:

- F838 (Facility Assessment).
- F841 (Responsibilities of the Medical Director).
- F842 (Resident Records – Identifiable Information).
- F850 (Qualifications of Social Worker >120 Beds).

Additional Potential Citations (cont.)

Quality Assurance and Performance Improvement:

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

Training Requirements:

- F949 (Behavioral Health Training)

BOSC Survey Statistics and Common Findings

BOSC 2024 Statistics

F740 (Behavioral Health Services):

- No actual harm:
 - D level = 12 times.
 - E level = Two times.



Common F740 Citation Findings & Solutions

Common BOSC Findings:

- Care plan interventions are not specific to resident stressors/triggers.
- Care plan interventions are not specific to resident behaviors.

Potential Solutions:

- Care plans must be individualized to resident specific stressors/triggers, resident response to stressors/triggers, and interventions to address them.
- Care plans must be individualized to resident specific target behaviors, tracking/monitoring system for behaviors, and interventions for staff response to behaviors.

Common F740 Citation Findings & Solutions

Common BOSC Findings:

- Behavioral healthcare services (non-pharmacological such as therapy and pharmacological such as restarting psychotropic medications as ordered) are not being provided as recommended.

Potential Solutions:

- All documentation (emergency room instructions, hospital discharge instructions, and any other provider documentation) must be reviewed to ensure behavioral healthcare recommendations are being provided.

Three, Two, One of Behavioral Healthcare

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



QUESTIONS?

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