CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Midwest Division Provider Update

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Are you ready for the NEW annual requirements due 7/5/2017?

There are a few new requirements under the 2012 edition of the Life Safety Code that are coming due on **July 5th, 2017**.

2010 edition of NFPA 80 - Standard for Fire Doors and Other Opening Protectives

Requirements for all fire-rated door assemblies to be inspected and maintained by a qualified person:

3.3.95 Qualified Person. A person who, by possession of a recognized degree, certificate, professional standing, or skill, and who, by knowledge, training, and experience, has demonstrated the ability to deal with the subject matter, the work, or the project.

5.2.3 Functional Testing. 5.2.3.1 Functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing.

- Is the door and frame free from holes and breaks in all surfaces?
- Are all the glazing, vision light frames and glazing beads intact and securely fastened?
- Are the doors, hinges, frame, hardware and threshold secure, aligned and in working order with no visible signs of damage?
- Are there any missing or broken parts?
- Is the clearance from the door edge to the frame no more than 1/8 inch?
- Is the door undercut no more than ¾ inch?
- Does the active door leaf completely closes when operated from the full open position?
- Does the inactive leaf close before the active leaf when a coordinator is used?
- Does the latching hardware operate and secure the door in the closed position?
- Is the door assembly free from are auxiliary hardware items which could interfere with its operation?
- Has the door been modified since it was originally installed?
- If gasketing and edge seals are installed, have they been verified for integrity and operation? (Continued on page 3)

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CMS UPDATES

Changes to the criteria for determination of Substandard Quality Care (SQC) as well as notice prior to transfer or discharge requirements is explained in **S&C 17-27-NH**, dated 5/12/2017. The new SQC description was added to the list of definitions at 488.301. The memo provides further explanation of the new SQC determination considerations and the regulations they fall under, including Behavioral Health, Pharmacy, Administration and Infection Control. It is worth reviewing and noting the specific paragraphs of the regulations that the SQC designation would fit within. With regard to transfer and discharge, the memo advises of the expectation for facilities to notify the resident, Responsible Party and Ombudsmen of the pending transfer, discharge and rationale. This memo is available for your perusal at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-27.pdf.

S&C 17-28-PRTF dated May 19, 2017, provides FAQs received from the eager participants at the most recent training courses. It appears a substantial curiosity surrounded the over 21 years of age cutoff for benefits, reporting requirements, seclusion and restraint issues as well as queries regarding the survey process. If you work with this provider type, and are solidly familiar with these issues, please consider reviewing the FAQs anyway at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-28-.pdf , there may be other questions answered that will benefit your programmatic knowledge.

Neither your eyes, nor calendars deceive you. This month, I have included S&C letters released in June because of the time sensitive nature of the widely encompassing, long awaited Appendix Z. Wait until next week or so, for the postings on the CMS website of the memos set to publish today.

The Advance Copy of the Emergency Preparedness Appendix Z, dated June 2, 2017 provides the Interpretive Guidance for the requirement for all 17 providers and suppliers in **S&C 17-29-ALL**. As a reminder, providers will not be surveyed to these requirements prior to November 2017 however, by November 16, 2017, surveyed providers should be prepared to demonstrate compliance—including exercises etc. to have taken place prior to the survey.

An increase in Legionnaires Disease has been noted, including within certified facilities. **S&C 17-30-ALL**, dated June 2, 2017 advises of the requirement to conduct surveillance and address identified risks and reduce the incidences of Legionnaires infections, as well as other waterborne pathogens.

S&C 17-31-ESRD re-affirms sound infection control practices during dialysis. This memo, dated June 2, 2017, specifically addresses that utilization of saline bags attached to patients should not be used to fill syringes.

NEW annual requirements Cont'd

CMS UPDATES

2012 edition of NFPA 99 - Health Care Facilities Code

Requirements for receptacle, main and circuit breaker testing and maintenance:

6.3.3.2 Receptacle Testing in Patient Care Rooms

6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection.

6.3.3.2.2 The continuity of the grounding circuit in each electrical receptacle shall be verified.

6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed.

6.3.3.2.4 The retention force of the grounding blade of each electrical receptacle (except locking -type receptacles) shall be not less than 115 g (4 oz).

6.3.4.1 Maintenance and Testing of Electrical System

6.3.4.1.1 Where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device.

6.3.4.1.2 Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data.

6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding

12 months.

6.3.4.1.4 The LIM circuit shall be tested at intervals of not more than 1 month by actuating the LIM test switch *(see 6.3.2.6.3.6)*. For a LIM circuit with automated self-test and self-calibration capabilities, this test shall be performed at intervals of not more than 12 months. Actuation of the test switch shall activate both visual and audible alarm indicators.

6.3.4.1.5 After any repair or renovation to an electrical distribution system, the LIM circuit shall be tested in accordance with 6.3.3.3.2.

6.4.4.1.2 Maintenance and Testing of Circuitry

6.4.4.1.2.1* Circuit Breakers. Main and feeder circuit breakers shall be inspected annually, and a program for periodically exercising the components shall be established according to manufacturer's recommendations. (Concluded on page 4)

CMS UPDATES

NEW annual requirements Cont'd

2012 edition of NFPA 99 - Health Care Facilities Code

This requires training of personnel who work with medical gases.

11.5.2.1 Qualification and Training of Personnel

11.5.2.1.1* Personnel concerned with the application and maintenance of medical gases and others who handle medical gases and the cylinders that contain the medical gases shall be trained on the risks associated with their handling and use.

11.5.2.1.2 Health care facilities shall provide programs of continuing education for their personnel.

11.5.2.1.3 Continuing education programs shall include periodic review of safety guidelines and usage requirements for medical gases and their cylinders.

11.5.2.1.4 Equipment shall be serviced only by personnel trained in the maintenance and operation of the equipment.

11.5.2.1.5 If a bulk cryogenic system is present, the supplier shall provide annual training on its operation.

Katharine Achor, RO VII

Did You Know....

Recent recalls included:

AstraZeneca announced a recall on Brilinta (ticagrelor) 90mg tablets. A sample bottle was found to contain another medication. Review the specific lot number and more information on the May 26, 2017 recall at https://www.fda.gov/Safety/Recalls/ucm560776.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery.

Three coronary catheters were voluntarily recalled by Abbot. To read more about the May 15, 2017 recall of the NC Trek RX Coronary Dilatation, NC Traveler Coronary Dilatation, and NC Tenku RX PTCA Balloon catheters, go to https://www.fda.gov/Safety/Recalls/ucm558592.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

Time Sensitive Webinar! This free webinar is to provide information related to the FDA's reclassification of Rapid Antigen-Based Influenza Diagnostics and new testing processes. Register for the **JUNE 7, 2017** webinar at https://www.aacc.org/store/webinars/11200/fda-reclassification-of-rapid-antigen-flu-testing-and-why-its-an-opportunity-for-lab-leadership

CMS UPDATES

CHOW News

A 2016 Office of the Inspector General (OIG) report noted that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of a provider / supplier's Medicare billing privileges.

Most providers and suppliers must report any changes of ownership, including a change in an authorized or delegated official, within 30 days; and all other informational changes within 90 days (42 CFR §424.516(e)).

It is very important that providers / suppliers comply with these reporting requirements. Failure to do so could result in the revocation of their Medicare billing privileges.

Additional Information

If you have a provider / supplier has any questions, they should contact their MAC at the toll-free number. That number is available at **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html**.

J. Danner, RO VII

CLIA NEWS

Are you or are any of the other staff a medical technologist with a four year Bachelor's degree in medical technology, clinical laboratory science, or medical laboratory science? If so, that may qualify you (or the person with that degree) to be the director of a moderately complex laboratory. The required educational credentials can be found at 42 CFR Part 493.1405, the link is https://wwwn.cdc.gov/clia/Regulatory/default.aspx

To review CLIA approved CMS courses, goto https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/CME_Courses_for_Laboratory_Directors_of_Moderate_Complexity_Laboratories.html

C. Dobbe, RO VII

A new testing procedure is available for rapid diagnosing of Sepsis. A discussion of the Polymerase Chain Reaction detection "TaqMan-Based Multiplex" system press release can be reviewed at

http://newsroom.wiley.com/press-release/journal-clinical-laboratory-analysis/new-test-rapidly-diagnose-sepsis