

Skilled Nursing Facilities and Generators What's the Deal?

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Questions related to back-up energy sources in skilled nursing facilities have been raised across the country in recent months. The CMS Central Office has yet to issue independent, controlling guidance; however, as will be discussed below, Region V has issued some interpretive guidance for providers. The following will provide a brief summary of Region V's guidance; however, *please visit the [HealthCap Members Only website](#) for updates on this matter.*

As some may be aware, many skilled nursing providers, particularly providers within Region V, have been struggling with CMS regarding its interpretation of two provisions of the 2006 Life Safety Code. Specifically, the provisions provide as follows:

K-146 (NFPA 99, 3.6.3.1.1) A nursing home or hospice with no life support equipment has an alternate source of power separate and independent from the normal source that will be effective for minimum of 1 ½ hours after loss of the normal source.

K-144 (NFPA 99, 3.4.4.1) Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA99.

A number of facilities in Region V have been cited under one of the above-referenced tags for the failure to provide an on-site back-up fuel source (i.e. propane), which is extremely expensive. In fact, for some facilities the conversion from a gas powered generator to one that utilizes propane which can be stored on site is cost prohibitive. CMS has been approving, however, temporary waivers to give facilities anywhere from six to twelve months following the citation to comply.

The argument has been made, and rejected by CMS, that the generators themselves are a form of back-up energy. In response, Region V has taken the position that this form of back-up is unacceptable unless the facility can demonstrate that this source is "reasonably reliable". Region V has been requiring letters that contain very specific elements from the natural gas provider. Many letters that have been submitted have been rejected for noncompliance with the elements set forth below. The most common rejection we have seen is that the natural gas provider's representative who is signing the letter is deemed by CMS, not to have the requisite authority.

1. **A statement of reasonable reliability of the natural gas delivery.** Several examples from Region V that satisfy this requirement include: *"The natural gas service we provide has been, and continues to be reliable in the areas we serve";* or *"The gas system has been and should continue to be very reliable";* or *"This supply and regulation assists the vendor's delivery of natural gas is consistent with the reasonable reliability required by your facility".*

The most recently issued Region V criteria for use in a letter from a natural gas supplier are as follows:

2. A brief description that supports the statement regarding the reliability. Several examples from Region V that satisfy this requirement include:

- “On an annual basis, natural gas service has historically been maintained 99.9 percent of the time to our customers”; or
- “Over the past five years, the vendor has annually experienced an average of four unscheduled gas system disturbances affecting 100 or more customers. Each outage affected an average of 252 customers. This means, on average during the past five years, 99.64% of the vendors' gas customers were not affected by a reportable unplanned gas system outage”; or
- “In 2008, the vendor provided uninterrupted service to 99.64% of our over 1.2 Million customers”; or
- “The vendor's natural gas system is served from two different sources. Each source is capable of serving the entire system. After checking our records and local knowledge for the last 25 years, we have found no information indicating that the system was ever shut down or that it lacked the capacity to serve the system”; or
- “Our system has been designed to operate continuously, even in the coldest of temperatures, when the demand for natural gas is at “peak day demand”. In addition, our system has been designed to operate during major widespread power outages such as the one that occurred on August 14, 2003 that interrupted electrical power to most of our service area while not impacting gas deliveries to our customers”; or
- “From an engineering and operational perspective, the vendor as a very sophisticated pipeline system model that is used to proactively identify areas where system reliability could be a concern. Once areas of potential reliability concern are determined, construction and operations plans are developed and implemented to address the concerns”; or
- “The vendor's natural gas system has been designed and sized to accommodate your natural gas needs using the equipment at your facility including your natural gas emergency back-up generator to ensure the reliability of the system when it is required under full fuel load under all circumstances.”

3. A statement that there is a low probability of interruption in the natural gas. Several examples from Region V that satisfy this requirement include:

- “Occasionally, construction dig-ins or other situations occur and can affect small portions of our distribution system for a limited time. If we need to schedule required maintenance that may affect your natural gas service, we notify you in advance and try to make arrangements to accommodate your specific needs”; or
- “We do have 'dig-ins' on occasion which can affect small portions of the system for a limited amount of time. We also periodically do system upgrades that can require outages. These are planned and coordinated with affected customers”; or
- “We do experience system disturbances on occasion including 'dig-ins', meaning excavators sometimes damage our underground distribution system while digging. This can affect portions of a distribution system for a period of time while repairs are made”; or
- “The vendor periodically performs system upgrades that can require outages for a limited amount of time. These outages are planned and coordinated with affected customers.”

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4. A brief description that supports the statement regarding the low probability of interruption. Several examples from Region V that satisfy this requirement include:
- “Our natural gas system was installed in compliance with Federal and State Gas Safety Standards. Gas mains and services installed below grade at approved depths specified in Federal and State Gas Safety Standards. This provides significant protection to our facilities from floods, storms and damage from freezing. In addition, the risk of damage to gas facilities by earthquakes in this state is low”; or
 - “Our system has a very low probability of interruption as our lines are installed at a depth that is in compliance with company, local and national standards/codes. Furthermore, any construction within the area requires a 72 hour notification of the dig safety network to insure all public utilities are properly marked, prior to digging, in an effort to avoid interruption of service”; or
 - “Of the 0.36% that were interrupted, over 43% of those interruptions resulted from third-party construction damage, which are outside of the vendor's control”; or
 - “Our distribution pipeline system is subject to two types of outages - planned and unplanned. With planned outages, the vendor notifies customers of the reason for the outage in advance so arrangements can be made by the customer if they are required during the scheduled outage. For interior equipment upgrades, an appointment is scheduled at the customer's convenience. Company records indicate that the average length of time for a planned outage is between two and four hours. Unplanned outages occur due to circumstances beyond our company's control; e.g., a contractor damages a distribution pipe during road repair work. The length of time before gas service is restored due to an unplanned outage is dictated by the magnitude of the damage; however, the vendor makes its best effort to minimize the outage time in these cases. While we cannot anticipate such unplanned outages, we track our response time performance on a monthly basis for these emergencies. In July 2009, for instance, we arrived within 60 minutes at the sites of unplanned outages 98% of the time and in 2008, we arrived within 60 minutes 97.3% of the time.”
5. The signature of technical personnel from the natural gas vendor. Several examples of authorized personnel which satisfy this requirement include:
- P.E., Supervising Engineer, Gas Operations Planning, Gas Distribution Asset Management; or
 - Manager - Gas Distribution Design; or
 - A description that indicates: “My technical job responsibilities have included the design, maintenance and management of gas distribution systems over the past 23 years.”

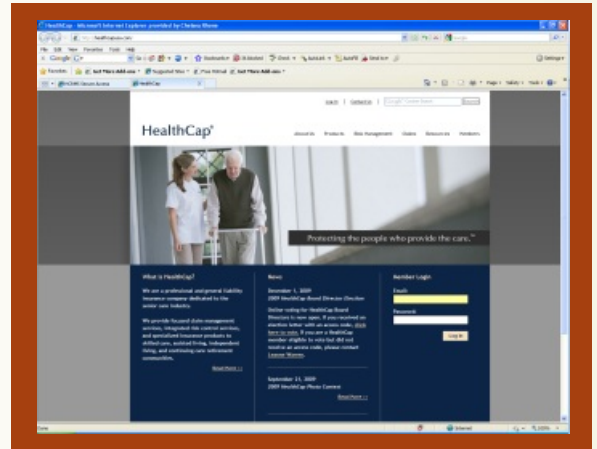
This appears to be an unsettled issue at the Central Office level. Accordingly, we welcome you to visit the [HealthCap Members Only website](#) for updates as they occur. If you would like additional information, you may contact John Paul Hessburg or Andrea M. Szumlinski of the Kitch Firm at (313) 965-7919.

These materials have been prepared for informational purposes only and are not legal advice. Readers should not act upon this information without seeking professional counsel.

New Year and New Look!

Angie Szumlinski, NHA, RN-BC, BS, HealthCap RMS Director

As the New Year begins I thought it might be a great time to introduce the new look for HealthCap Risk Management! For those of you who have not accessed *your* website at www.HealthCapUSA.com (previously www.HCRMS.com) recently you may be surprised at the new look!



In addition to having a "new look" *your* website has been updated to include member resource protocols, sample policies and procedures, product recalls, regulatory updates, seminar information, newsletters, etc. If you have not had an opportunity to secure your member's only password please add that to your 2010 "to do list". Having access to *your* www.HealthCapUSA.com website will allow you to review these resources and utilize them in developing facility specific protocols. In the event *your* website does not have the specific protocol, policy or information that you are looking for please feel free to contact your risk manager for assistance.

24-Hour Sentinel Occurrence Support Hotline
1-877-473-7773

Seminar: *Whose Rights.....What Risks?*

There are inherent risks associated with a deficient pre-admission assessment process particularly involving behaviors. Failing to thoroughly screen pre-admission referrals can lead to negative outcomes for residents and facilities alike. This program was developed to assist your facility in establishing clear expectations regarding pre-admission screening and behavior management. The importance of establishing clear discharge criteria, documentation recommendations and actual case studies involving resident behaviors will be discussed. Remember, an ounce of prevention goes a long way in decreasing the risk of a negative resident outcomes and protecting your facility from regulatory citations/civil litigation.

2010 Seminar:

Okemos Conference Center; Okemos, MI
Farmington Country Club; Charlottesville, VA
The Renaissance Hotel; Syracuse, NY
Courtyard Marlborough; Boston, MA
Hyatt Regency; Wichita, KS
BB & T Corporate Office; Winston-Salem, NC

February 18th, 2010
February 25th, 2010
March 18th, 2010
April 14th, 2010
April 22nd, 2010
June 15th, 2010

If you have questions, or would like to arrange attendance, contact:
Lisa M. O'Neill Program Coordinator HealthCap RMS Tel: 734-996-2700



Sanitizer

...Not so "Handy" After All?

Laura Mislevy - MS, RD

According to the American Society for Microbiology (ASM), only two out of three people wash their hands after using a restroom. In healthcare, the CDC says that hand washing rates are good, but less than one-third of healthcare professionals wash their hands long enough. Despite the attention hand washing has received as key to reducing the spread of bacteria and viruses, especially with food handling and resident care, it is still often overlooked. Unwashed or poorly washed hands can transfer harmful microorganisms. For example, not washing hands after using the restroom can transfer E. coli bacteria to food and result in a food borne illness. Not washing hands after providing care to one resident could transfer staphylococcus or the flu virus to another resident.

Because the skin carries microorganisms, it is critical that staff involved in food preparation or resident care consistently utilize good hygienic practices and techniques. Scientists now say that regular hand washing could even help stop the spread of antibiotic-resistant bacteria.

You should wash your hands

- when hands are visibly soiled
- upon arrival to their department at work and when returning from a break
- after using the washroom (or changing a brief)
- after blowing your nose or after coughing/sneezing in your hands (remember it is advisable to sneeze/cough into your elbow to reduce the spread of infection)
- when touching or changing contact lenses
- before and after eating, drinking, or smoking
- after touching raw meat, poultry, or fish
- when going from one food production/service task to the next
- after handling garbage or soiled surfaces such as cleaning rags or shoes
- between providing care for one resident to the next
- after handling pets, animals, or animal waste

¹For effective hand washing, follow these steps

1. remove any rings or other jewelry
2. use warm water and wet your hands thoroughly
3. use soap (1-3 mL) and lather very well
4. scrub your hands, between your fingers, wrists, and forearms with soap for 20 seconds (singing Happy Birthday or the ABCs twice generally takes 20 seconds)
5. scrub under your nails, a nail brush is the most effective way to accomplish this
6. rinse thoroughly
7. turn off the taps with a paper towel
8. dry your hands with a single use towel or air dryer
9. protect your hands from touching dirty surfaces as you leave the bathroom



Sanitizer

Other tips to prevent the spread of infection in food service and healthcare workers include:

- Cover cuts with bandages and wear gloves for added protection (cuts are very vulnerable to infections).
Remember that gloved hands are considered a contact surface which can still get contaminated or soiled.
Failure to change gloves between tasks can contribute to cross-contamination. Disposable gloves are a single use item and should be discarded after each use.
The use of disposable gloves is not a substitute for proper hand washing with soap and water.
- Artificial nails and chipped nail polish have been associated with an increase in the number of bacteria on the fingernails. Be sure to clean the nails properly.
- Keep your hands away from your eyes, nose or mouth.
- Assume that contact with any human body fluids is infectious.
- Liquid soap in disposable containers is best. If using reusable containers, they should be washed and dried before refilling. If using a bar of soap, be sure to set it on a rack that allows water to drain or use small bars that can be changed frequently.

Antimicrobial hand sanitizer (a hand hygiene agent that does not require water) cannot be used in place of proper hand washing techniques in a food service or healthcare setting. In a food service setting, bacteria and enteric viruses, such as Norovirus, are more of a concern. Food workers often have wet hands and hands contaminated with food high in proteins and/or fatty materials. Food proteins and fatty materials can significantly reduce the effectiveness of an alcohol gel. Therefore, soap, friction, and running water still remain the most effective way to remove the types of pathogens food workers might encounter. The FDA Model Food Code Rules and Regulations make the provision that hand sanitizers may be used by food workers in addition to, but not in place of proper hand washing. If hands are visibly dirty or contaminated with blood or other organic materials, wash with soap and water. Antimicrobial wipes or towelettes are another option, although they're not as effective as alcohol-based sanitizers.

Because hand sanitizers are considered to be a food additive, only products approved by the FDA may be used. In some states such as Texas, per the health department regulations, hand sanitizer can only be applied to washed hands. According to the Mayo Clinic, if you choose to use a commercially prepared hand sanitizer, make sure the product contains at least 60 percent alcohol. The majority of alcohol-based sanitizers in the United States contain the alcohols ethanol or isopropanol or a combination of these two products. Most brands also contain a moisturizer to minimize irritation to the skin. Alcohol works immediately and effectively to kill bacteria and most viruses. The antimicrobial activity of alcohol is its ability to change proteins in microorganisms. Proteins and fats on soiled hands will decrease the effectiveness of alcohol as a sanitizer.

Antimicrobial hand sanitizers work by stripping away the outer layer of oil on the skin, thereby destroying any "transient" microorganisms present on the surface of the hands. After use, re-growth of bacteria on the skin tends to occur slowly. To be most effective, a dime-size dollop of hand sanitizer should be rubbed into the hands for 30 seconds. If hands are dry after only 10-15 seconds, it is likely that not enough sanitizer was used. Hand sanitizers should primarily be used only as an optional follow-up to traditional hand washing with soap and water, except in situations where soap and water are not available. In those instances, use of a hand sanitizer is considered better than nothing at all.



NIOSH Respirator Web Resource

NIOSH has developed a new respirator web page containing information that should be regarded as a reliable source to identify NIOSH-approved respirators; how to obtain products; and how to use them. The page may be found at: http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/RespSource.html



CASH PRIZES

HealthCap

Annual Photo Contest

HealthCap is excited to announce our 2nd annual photo contest

Submit a photo of your senior community at its best!

Categories

- Residents & Families
- Buildings & Grounds
- Residents & Caregivers



Submit your photo at

<http://www.healthcapusa.com/photocontest/>

Winning photos may be used in our 2009 annual report.