

A RESOURCE FOR PROVIDERS

PEAK 2.0 & REGULATIONS

Are you trying to navigate PEAK 2.0 and keep in compliance with federal regulations? There are times when person-centered care and regulations seem to be at odds. More than ever before the federal Final Rules of Participation underscore the importance of person-centered care delivery in nursing homes. This resource shows some of the key cross overs between the federal regulations and the PEAK 2.0 criteria.

Resource developed by: The Kansas State University Center on Aging PEAK 2.0 Team

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THE FINAL RULE & PERSON-CENTERED CARE

One of the core themes in the CMS Final Rule is person-centered care. Participating in PEAK 2.0, which is all about implementation of person-centered care, can aid homes in meeting The intent of the regulations. Though regulations and PEAK 2.0 have some great overlaps and synergy, it is very important to intentionally consult the regulations regularly as you make changes to your practices, policies and procedures to maintain compliance and the integrity of your organizational systems to support person-centered care. This resource is a guide to help you see some key overlaps between PCC and the regulations.

Final Rule Terminology:

F540: Definitions

Person-centered care. For purposes of this subpart, person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.

Person-centered care is used throughout the regulations. Many of the examples within the regulations illustrate person-centered care practices in action.

COMPREHENSIVE CARE PLANNING

PEAK 2.0 CRITERIA

Daily Routines:

- 90% participation of resident and/or family member
- Resident and/or family member(s) participate in creation of the care plan
- 90% of care plan meetings are attended by direct caregiver(s)
- Direct caregiver(s) participate in the creation of the care plan.

REGULATIONS: F657

(Rev. 173, Issued: 11/22/17, Effective: 11/28/17, Implementation: 11/28/17)

§ 483.21(b) Comprehensive Care Plans

§ 483.21(b)(2) A comprehensive care plan must be---

(i) Developed within 7 days after completion of the comprehensive assessment.

(ii) Prepared by an interdisciplinary team that includes but is not limited to--

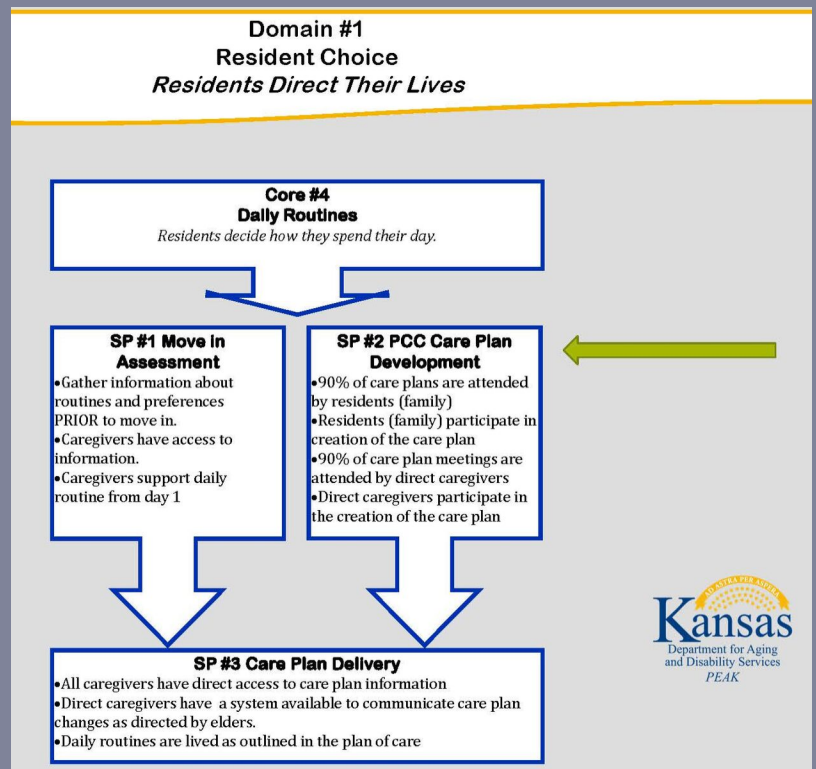
(A) The attending physician

(B) A registered nurse with responsibility for the resident.

(C) A nurse aide with responsibility for the resident.

(D) A member of food and nutrition services staff.

(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.



SELF-DETERMINATION

PEAK 2.0 CRITERIA

Domain #1: Resident Choice

Goal: Residents direct their lives.

For a full description of the Resident Choice Domain go to:

<https://www.hhs.k-state.edu/aging/outreach/peak20/2019-20/peak-criteria.pdf>

REGULATIONS: F561

(Rev. 173, Issued: 11/22/17, Effective: 11/28/17, Implementation: 11/28/17)

§483.10(f) Self-determination.

The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (I) through (II) of this section.

INTENT §483.10(f) (I)-(3), (8)

The intent of this requirement is to ensure that each resident has the opportunity to exercise his or her autonomy regarding those things that are important in his or her life. This includes the residents' interests and preferences.

PROCEDURES §483.10(F) (I)-(3), (8)

During interviews with residents or their family and/or representatives(s), determine if they are given the opportunity to choose and whether facility staff accommodate his or her preferences for:

Activities that interest them;

- Their sleep cycles
- Their bathing times and methods
- Their eating schedule
- Their health care options; and
- An other area significant to the resident.

Interview facility staff about what the resident's goals, preferences, and choices are and the location of that information. Interview facility staff to determine how they sought information from the resident's family and/or representative(s) regarding a resident's preferences and choices for residents who are unable to express their choices.

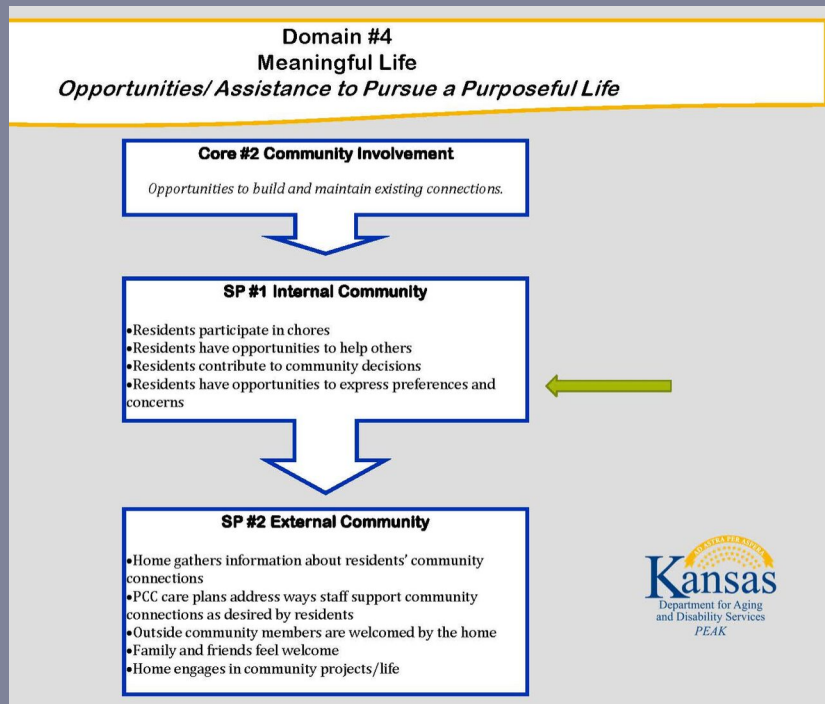
Additionally, the resident's preferences should be accommodated by facility staff and reflected through adjustments in the care plan.

GRIEVANCES

PEAK 2.0 CRITERIA

Community Involvement:

- Residents participate in chores.
- Residents have opportunities to help others.
- Residents contribute to community decisions.
- Residents have opportunities to express preferences and concerns.



REGULATIONS: F585

((Rev. 173, Issued: 11/22/17, Effective: 11/28/17, Implementation: 11/28/17)
§483.10(j) Grievances.

INTENT §483.10(j)

To support each resident's right to voice grievances (such as those about treatment, care, management of funds, lost clothing, or violation of rights) and to ensure that a policy is in place to process grievances. Facility staff are responsible for making prompt efforts to resolve a grievance and to keep the resident appropriately apprised of progress toward resolution.

QUALITY OF LIFE

PEAK 2.0 CRITERIA

All of the PEAK 2.0 criteria overlaps with the intent of this regulation. Each of the 4 PEAK 2.0 domains, Resident Choice, Staff Empowerment, Home Environment, and Meaningful Life culminate to support and enhance resident quality of life.

In fact, studies of homes in PEAK show that resident's satisfaction with their quality of life is higher in homes that have comprehensively adopted person-centered care through PEAK 2.0.

Study can be found at: https://www.hhs.k-state.edu/aging/outreach/peak20/pcc-resources/published_articles/jamda_study.pdf

REGULATIONS: F675

(Rev. 173, Issued: 11/22/17, Effective: 11/28/17, Implementation: 11/28/17)

§483.24 Quality of Life

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

INTENT

The intent of this requirement is to specify the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by:

Ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and

Ensuring that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs.

ACTIVITIES

PEAK 2.0 CRITERIA

Supporting the Human Spirit:

- Information is gathered about resident routines, preferences, and daily pleasures
- Information is available to direct care staff
- Residents live individualized daily routines supported by a person-centered care plan
- Individual spiritual and cultural preferences are supported
- Residents are honored when they pass on
- Residents involved in planning formal activity schedules
- Residents involved daily in determining spontaneous activity

REGULATIONS: F679

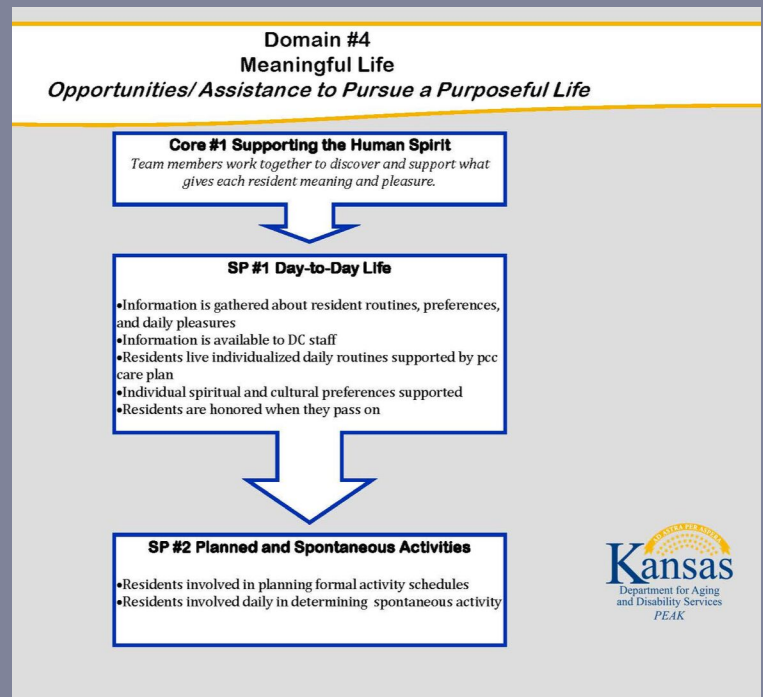
(Rev. 173, Issued: 11/22/17, Effective: 11/28/17, Implementation: 11/28/17)

§483.24(c) Activities

§483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

INTENT §483.24(c)

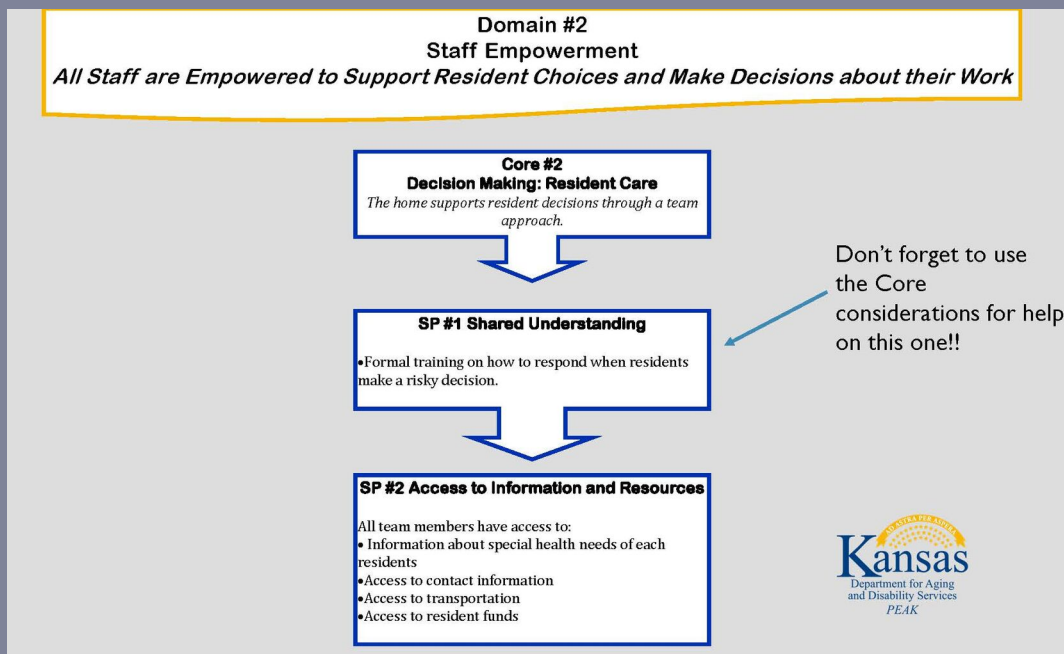
To ensure that facilities implement an ongoing resident centered activities program that incorporates the resident's interests, hobbies and cultural preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being and independence. To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness (security, autonomy, growth, connectedness, identity, joy and meaning.)



CHALLENGES & SOLUTIONS

PEAK 2.0 CRITERIA

When residents are truly directing their own lives, naturally some of the decisions they make will pose some level of risk. We all make decisions from time to time that are not in our best interest. As adults we have the right to make both good and bad decisions for ourselves. Elders do not lose this right when they move into a nursing home. Risk is a normal part of life. That being said, there are many tools we can use to train staff to respond to residents when they make decisions to help mitigate risk. This type of processing through risk and autonomy follows the regulatory intent, as well.



Considerations: Risk (Keys Statements in this document include the following.)

- Teach your team how to respond to an elder making a risky decision.
- Consider the severity of the risk.
- Determine exactly why a person is choosing not to follow a physician order while they are directing their own life.
- Talk about available alternatives and staff approaches to mitigate risk.
- We are required to educate elders about the consequences of their decisions.
- Consider where/how you want these things documented.
- Person-centered care plans should address risk.
- Encourage team members to make decisions on an individual basis. Avoid "blanket policies".

Full Consideration for Risk document found at:

<https://www.hhs.k-state.edu/aging/outreach/peak20/2018-19/core-considerations.pdf>

CHALLENGES & SOLUTIONS

REGULATIONS: F689 (AN EXAMPLE OF A CHALLENGE WHERE USING THE CONSIDERATIONS FOR RISK & STRONG PERSON-CENTERED CARE PLANNING WILL HELP.)

(Rev. 173, Issued: 11/22/17, Effective: 11/28/17, Implementation: 11/28/17)

§483.25(d) Accidents.

The facility must ensure that --

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and
§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

INTENT: §483.25(d)

The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:

- Identifying hazard(s) and risk(s)
- Evaluating and analyzing hazard(s) and risk(s)
- Implementing interventions to reduce hazard(s) and risk(s); and
- Monitoring for effectiveness and modifying interventions when necessary.

Processes in a facility's interdisciplinary systematic approach may include:

- Identification of hazards, including inadequate supervision, and a resident's risks of potentially avoidable accidents in the resident environment;
- Evaluation and analysis of hazards and risks;
- Implementation of individualized, resident-centered interventions, including adequate supervision and assistive devices, to reduce individual risks related to hazards in the environment; and
- Monitoring for effectiveness and modification of interventions when necessary.