



**January 2022**

## Quality, safety and oversight memo updates: December 2021



### QSO-22-07

**Date:** Jan. 14, 2022 (updated from Dec. 28, 2021)

**Subject:** Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination

#### Memorandum summary:

- CMS is committed to ensuring America's healthcare facilities respond effectively in an evidence-based way to the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE).
- On Nov. 5, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare- and Medicaid-certified providers and suppliers.

### Deficiencies and citations

#### C-1016 Patient care policies

Critical access hospitals (CAHs) must have rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.

#### Examples of deficiencies:

1. The pharmacy was not providing any oversight of sample medications stored and used by clinic staff and diabetic educators.
2. CAHs were not following the manufacturer's instructions for use (IFU) related to:
  - a) Succinylcholine storage outside the refrigerator for more than 14 days as specified by the manufacturer;
  - b) Medications that required cold storage were stored in refrigerators where temperatures were not being monitored;
  - c) Temperature of the warmer when warming intravenous (IV) fluids was not being monitored;
  - d) Not appropriately labeling IV fluids that were being warmed;
  - e) IV fluids were being warmed in a warmer designed to warm pre-moistened clothes.
3. Outdated medications were available for use in patient care areas.

#### Tips to prevent deficiencies at C-1016:

- CMS is providing guidance and survey procedures for assessing and maintaining compliance with these regulatory requirements.
- The guidance in this memorandum specifically applies to the following states: Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, **Iowa**, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Utah, West Virginia and Wyoming.
- The guidance in this memorandum does not apply to the following state at this time: Texas. Surveyors in Texas should not undertake any efforts to implement or enforce the IFC.
- States that are not identified above are expected to continue under the timeframes and parameters identified in the Dec. 28, 2021, memorandum (QSO-22-07-ALL).

#### QSO-22-05

**Date:** Dec. 7, 2021

**Subject:** Evidence-based best practices for hospitals in managing obstetric emergencies and other key contributors to maternal health disparities

#### Memorandum summary:

- The Condition of Participation for Quality Assessment and Performance Improvement Program (§482.21) requires that hospitals develop, implement, and maintain an effective, ongoing, hospital wide, data-driven quality assessment and performance improvement program.
- CMS encourages hospitals to consider implementation of evidence-based best practices for the management of obstetric

1. Develop a policy that articulates how pharmacies will provide oversight for all locations that use sample medications.
2. CAHs must follow manufacturer's instructions for storage for all medications.
3. Use a 24/7 temperature tracking system for all medication refrigerators.
4. If warming IV fluids, CAHs must use a warmer designed for that purpose. CAH must follow manufacturer's IFU for warming fluids, including appropriate temperature and monitoring, length of time fluids can be warmed, and under what circumstances can warmed IV fluids be returned to stock if not used.

#### December 2021 deficiencies cited

- Immediate jeopardy (IJ) deficiencies: 0
- Emergency Medical Treatment and Active Labor Act (EMTALA) deficiencies: 0

#### Employee spotlight



Trisha Godzicki started with the Health Facilities Division in November 2021 as a health facilities surveyor.

Trisha has experience in nursing administration and patient care. She received her bachelor's degree from Grand View University. When she is not at work, she enjoys running, boating, and spending time with her family.

Trisha lives in Boone with her husband, kids, and their dog, Ruby.

emergencies, along with interventions to address other key contributors to maternal health disparities, to support the delivery of equitable, high-quality care for all pregnant and postpartum individuals.

## Contact us

If you have any questions or concerns, or if there are topics you would like to see covered in this newsletter or at a future lunch-and-learn, please contact **Megan Montalvo** at [megan.montalvo@dia.iowa.gov](mailto:megan.montalvo@dia.iowa.gov) or **515.249.9648**.

## Health Facilities Division website application



In May 2021, DIA's Health Facilities Division launched a new web application. The new application features a user-friendly interface not only for accessing records for health facilities, but also for the Iowa Direct Care Worker Registry for certified nursing assistants (CNAs).

Entity administrators will need to request access to the new application to access facility information, self-reports, CNA information, etc. Once the administrator's access is approved, the administrator will be able to approve any other authorized facility users (i.e., entity delegate, entity HR) who request access for their facility.

Health facility employees, CNAs, and community college users are able to manage their own accounts, including making changes to their contact information.

Please note:

- Each facility is allowed to have **one** assigned entity administrator.

- Each user should be assigned only **one** role. If a user is assigned to multiple roles, the system may not work properly.
- Users should use the email address associated with their place of employment to create their Google or Microsoft account (see PDF guide below).

The website for the new application is [dia-hfd.iowa.gov](http://dia-hfd.iowa.gov).

#### **Additional resources**

- [DIA Health Facilities Database User Guide \(PDF\)](#)
- [DIA's Health Facilities Database: Entity Sign-In](#)  
(YouTube video)
- [DIA's Health Facilities Database: Approving Entity Users](#)  
(YouTube video for administrators)

#### **Iowa Department of Inspections and Appeals**

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[Click here to access the Health Facilities Database and the Iowa Direct Care Worker Registry.](#)

[Click here to access DIA's main website.](#)