



Psychosocial Outcome Severity Guide and Citations at F600-Abuse



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Welcome. This is the session related to the Psychosocial Outcome Severity Guide and Citations at F600, Abuse. My name is Cameron Ingram and I work in CMS' Division of Nursing Homes as a Subject Matter Expert.

We appreciate your work in investigating and overseeing the safety of residents in nursing homes.

Key Changes

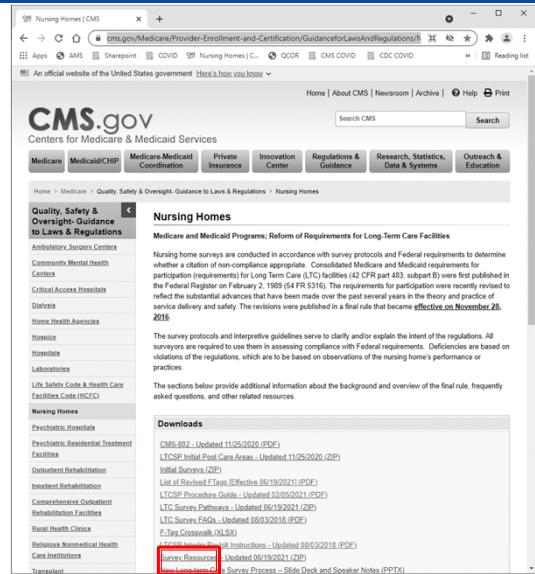
- Psychosocial Outcome Severity Guide
- Appendix PP, Tag F600-Deficiency Categorization

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During this training, we'll be reviewing revisions made to the Psychosocial Outcome Severity Guide. The Guide shows surveyors how to consider the psychosocial outcome to a resident, as a result of a facility's noncompliance. In addition, this training reviews how to apply the principles described in the Psychosocial Outcome Severity Guide to cases of abuse at Tag F600 in Appendix PP.

Where to Find the Psychosocial Outcome Severity Guide

- File location:
[https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes under Survey Resources](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes-under-Survey-Resources)

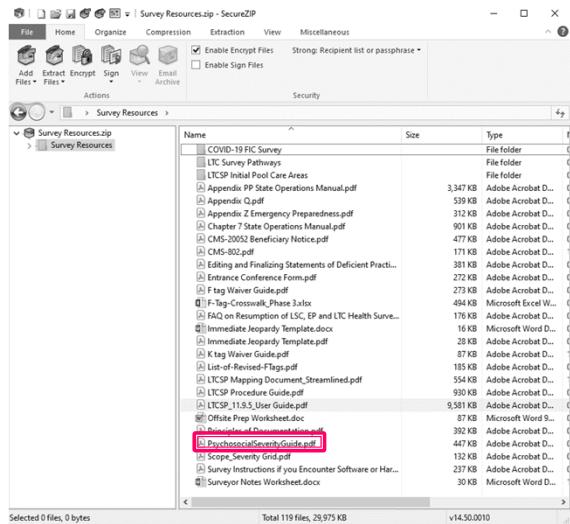


The screenshot shows the CMS.gov website with a yellow header bar. Below the header, the main content area has a blue navigation bar with links for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area displays the 'Quality, Safety & Oversight: Guidance to Laws & Regulations' page for 'Nursing Homes'. The page includes a detailed description of survey protocols and interpretive guidelines, followed by a 'Downloads' section containing various PDF files and a red box highlighting the 'Survey Resources' link.

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First, let's review the Psychosocial Outcome Severity Guide. The Guide is not a part of Appendix PP of the State Operations Manual; however, it is found in the Nursing Home Survey Resources folder on CMS' website. We've included the link to the website on this slide, along with where to find the Nursing Home Survey Resources zip file or folder.

Where to Find the Psychosocial Outcome Severity Guide



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When you open the folder, the red box indicates where you can find the Guide.

Psychosocial Outcome Severity Guide-Purpose

The Psychosocial Outcome Severity Guide:

- Helps surveyors determine the severity of psychosocial outcomes resulting from identified noncompliance at a specific F tag.
- Is used in conjunction with the scope and severity grid to determine the severity of outcomes to each resident.
- Applies to any regulatory grouping (e.g., Quality of Life, Quality of Care) that resulted in, or may result in, a negative psychosocial outcome.
- Describes how to apply the reasonable person concept, such as when the impact on the resident may not be apparent or documented.

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Before we review the specific revisions to the guide, I will provide an overview of the purpose of the guide.

- The Psychosocial Outcome Severity Guide helps surveyors determine the severity of psychosocial outcomes resulting from identified noncompliance at a specific F tag. We want to emphasize that surveyors must determine whether noncompliance exists first, before determining the severity level of a deficiency.
- The Guide is used in conjunction with the scope and severity grid to determine the severity of outcomes to each resident. This guide is not intended to replace the current scope and severity grid.
- Also, the guide applies to any regulatory grouping, such as Quality of Life or Quality of Care, that resulted in, or may result in, a negative psychosocial outcome.
- Lastly, the guide describes how to apply the reasonable person concept, such as when the impact on the resident may not be apparent or documented.

New Definitions

- “**Fear**” is defined as an unpleasant often strong emotion caused by anticipation or awareness of danger.
- “**Psychosocial**” refers to the combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness.

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In the guide, we are introducing three new definitions to assist surveyors.

- “**Fear**”, which is defined as an unpleasant often strong emotion caused by anticipation or awareness of danger.
- “**Psychosocial**” refers to the combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness.

New Definitions

- The “**reasonable person concept**” refers to a tool to assist the survey team’s assessment of the severity level of negative, or potentially negative, psychosocial outcome that a deficiency may have had on a reasonable person in the resident’s position.

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The “**reasonable person concept**” refers to a tool to assist the survey team’s assessment of the severity level of a negative, or potentially negative, psychosocial outcome that a deficiency may have had on a reasonable person in the resident’s position.

Investigating psychosocial outcomes

Severity of psychosocial outcome

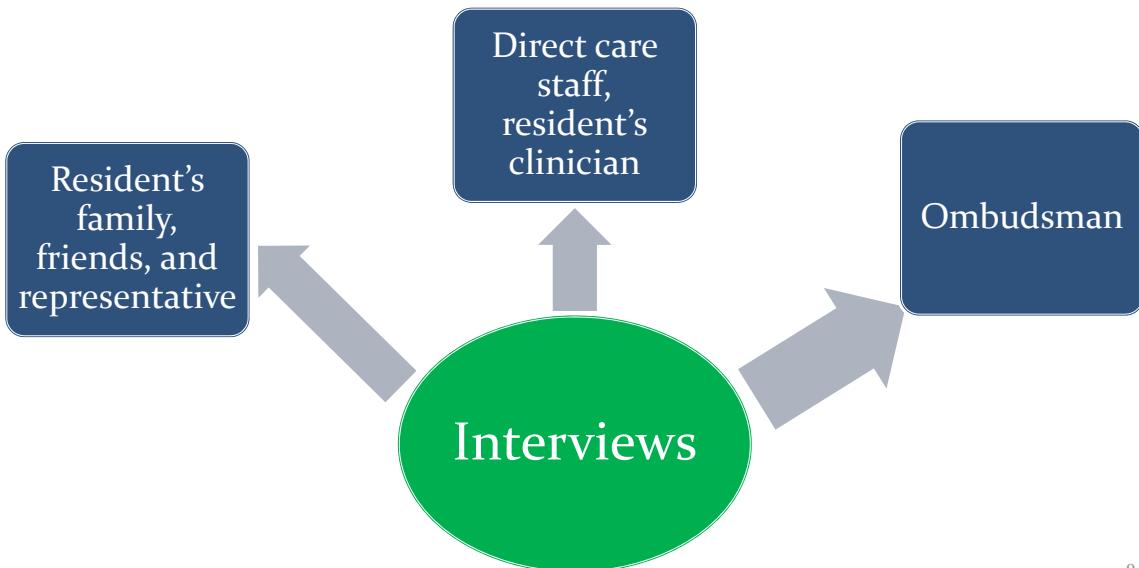
Interviews

Observation

Record
Review

In the revised Psychosocial Outcome Severity Guide, CMS also provides information to surveyors about how to investigate psychosocial outcomes to the resident. Surveyors should obtain evidence through observation, interview and record review of the impacted resident. The team should interview the resident, and collect information regarding the resident's verbal and non-verbal responses. If a psychosocial outcome is identified, compare the resident's behavior and mood before and after the noncompliance, and any identified history of similar incidents.

Investigating psychosocial outcomes



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When a surveyor cannot conduct an interview with the resident for any reason, or there are no apparent or documented changes to behavior, the surveyor should attempt to interview other individuals who are familiar with the resident's routine or lifestyle, such as the resident's representative or family, direct care staff, resident's clinician, or the ombudsman.

If no such changes are apparent or documented, the surveyor should consider the response a reasonable person would exhibit in light of the triggering event.

When Should the Surveyor Use the Reasonable Person Concept?

- There are no apparent or documented changes to the resident's behavior.
- When a resident may not be able to express their feelings, there is no discernable response, or when circumstances may not permit the direct evaluation of the resident's psychosocial outcome.
- When a resident's reaction is markedly different with the level of reaction a reasonable person in the resident's position would have to the deficient practice.

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Let's review when the surveyor should use the reasonable person concept. There are three examples described in the Guide:

- The reasonable person concept may be used when there are no apparent or documented changes to the resident's behavior.
- It may also be used when a resident may not be able to express their feelings, there is no discernable response, or when circumstances may not permit the direct evaluation of the resident's psychosocial outcome.
- Lastly, it may be used when a resident's reaction is markedly different with the level of reaction that a reasonable person in the resident's position would have to the deficient practice.

Application of the Reasonable Person Concept

Considerations regarding the resident's position:

- The resident may consider the facility to be his/her “**home**,” where there is an expectation that he/she is **safe**, has **privacy**, and will be treated with **respect** and **dignity**.
- The resident **trusts** and **relies** on facility staff to meet his/her needs.
- The resident may be **frail** and **vulnerable**.

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As the surveyor applies the reasonable person concept, the surveyor should consider the following:

- The resident may consider the facility to be his/her “**home**,” where there is an expectation that he/she is **safe**, has **privacy**, and will be treated with **respect** and **dignity**.
- The resident **trusts** and **relies** on facility staff to meet his/her needs.
- The resident may be **frail** and **vulnerable**.

Application of the Reasonable Person Concept

- The surveyor should document the resident's actual response and the perspectives of someone familiar with the resident.
- In addition, the surveyor should apply the reasonable person concept, which may reveal that the resident is likely to, or may potentially, suffer a greater psychosocial harm.
- The survey team should document on the CMS-2567 when it applies the reasonable person concept in determining the psychosocial outcome(s) for a deficiency.

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The surveyor should document evidence that describes the resident's actual response and the perspectives of someone familiar with the resident. In addition, the surveyor should apply the reasonable person concept, which may reveal that the resident is likely to, or may potentially, suffer a greater psychosocial harm. The survey team should document on the CMS-2567 when it applies the reasonable person concept in determining the psychosocial outcome for a deficiency.

Examples of Severity Level 4-Immediate Jeopardy

- Anger, agitation, or distress that has caused aggression that can be manifested by self-directed responses.
- Crying, moaning, screaming, or combative behavior that is above the resident's baseline.
- Fear/anxiety that may be manifested as panic, immobilization, and/or agitated behavior(s) (e.g., trembling, cowering)

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CMS also revised examples of psychosocial outcomes under each severity level. This training will describe only a few of these revisions.

Under Immediate Jeopardy, psychosocial outcomes under this category include, but are not limited to, the following examples:

- Anger, agitation, or distress that has caused aggression that can be manifested by self-directed responses.
 - A few examples may include hitting, shoving, biting, or scratching others
- Crying, moaning, screaming, or combative behavior that is above the resident's baseline.
- Fear or anxiety that may be manifested as panic, immobilization, and/or agitated behaviors, such as trembling or cowering.

Examples of Severity Level 3 Actual Harm

- Decline from former social patterns that does not rise to a level of immediate jeopardy.
- Depressed mood that may be manifested by verbal and nonverbal symptoms, such as a change in psychomotor retardation (e.g., slowed speech, thinking, and body movements; increased pauses before answering) unrelated to medical diagnosis

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Moving on to actual harm....Examples include, but are not limited to, the following:

- Decline from former social patterns that does not rise to a level of immediate jeopardy.
- Depressed mood that may be manifested by verbal and nonverbal symptoms, such as a change in psychomotor retardation (e.g., slowed speech, thinking, and body movements; increased pauses before answering) unrelated to medical diagnosis

Examples of Severity Level 2: No Actual Harm with Potential for More Than Minimal Harm that is Not Immediate Jeopardy

- Sadness, as reflected in facial expression and/or demeanor, or verbal/vocal disappointment.
- Feelings and/or complaints of discomfort or irritability.

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For Severity Level 2, examples include, but are not limited to, the following:

- Sadness, as reflected in facial expression and/or demeanor, or verbal/vocal disappointment.
- Feelings and/or complaints of discomfort or irritability.

Examples of Severity Level 1: No Actual Harm with Potential for Minimal Harm

Severity Level 1 is not an option.

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Finally, Severity Level 1 is not an option because any facility practice that results in a reduction of psychosocial well-being diminishes the resident's quality of life. Therefore, the deficiency is at least a Severity Level 2 because it has the potential for more than minimal harm.

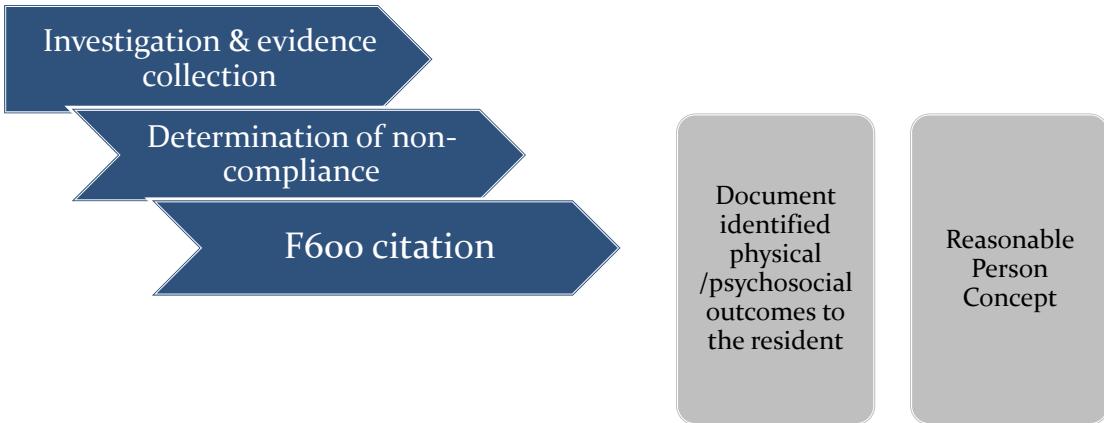
Psychosocial Outcome and Abuse

- Determining the severity of psychosocial outcomes for abuse can present unique challenges to surveyors.
 - It is important for the surveyor to gather and document any information that identifies any psychosocial outcomes resulting from the noncompliance
 - For abuse, surveyors should also consider that the psychosocial outcome of abuse may not be apparent at the time of the survey

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We wanted to take some time to discuss how to apply the Psychosocial Outcomes Severity Guide to citations at F600 for abuse. CMS recognizes that determining the psychosocial outcomes for abuse can present unique challenges to surveyors. Oftentimes, the psychosocial outcome of abuse may not be apparent at the time of the survey, since it may take months or years to manifest itself and can have long-term effects on the resident and his/her relationship with others. Some residents are unable to express themselves, or may not be able to recall what had occurred. However, when a nursing home resident is treated in any manner that does not uphold a resident's sense of self-worth and individuality, it dehumanizes the resident and creates an environment that perpetuates a disrespectful and/or potentially abusive situation for the resident(s).

Applying the Psychosocial Outcome Severity Guide to Tag F600-Abuse



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As described earlier, here is a chart that shows how to apply the psychosocial outcome severity guide. As with any other concern, the surveyor must investigate and collect evidence through observation, interview, and record review. Next, the surveyor determines whether the facility is in compliance with Tag F600. If F600 is cited, then the surveyor documents any identified physical and/or psychosocial outcomes to the resident. In addition to the evidence gathered, the surveyor should apply the reasonable person concept, which may reveal that the resident is likely to, or may potentially, suffer a greater psychosocial outcome.

Applying the Reasonable Person Concept to Tag F600-Abuse

In some cases of abuse at F600, there may be instances where there are no:

- Observed or documented negative psychosocial outcome, or
- Description of resident impact from the resident's representative or others who know the resident.

In these situations, Immediate Jeopardy or Actual Harm can be supported through the application of the Reasonable Person Concept.

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In some cases of abuse at F600, there may be instances where there are no:

- Observed or documented negative psychosocial outcome, or
- Description of resident impact from the resident's representative or others who know the resident.

In these situations, Immediate Jeopardy or Actual Harm can be supported through the application of the Reasonable Person Concept.

In the following slides, we will provide examples of these types of cases.

Examples of Situations Likely to Cause Immediate Jeopardy

- Sexual assault (e.g., rape)
- Unwanted sexual touching
- Sexual harassment
- Any staff to resident physical, sexual, or mental/verbal abuse

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Examples of abuse that create the likelihood for serious psychosocial harm, or immediate jeopardy to a resident include, but are not limited to:

- Sexual assault, such as rape
- Unwanted sexual touching
- Sexual harassment
- Any staff to resident physical, sexual, or mental/verbal abuse

Examples of Situations Likely to Cause Immediate Jeopardy Continued

- Staff posting or sharing demeaning or humiliating photographs or videos of residents
- When staff, as punishment, threaten to take away the resident's rights, privileges, or preferred activities, or withhold care
- Any resident to resident physical abuse that is likely to result in fear or anxiety

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- Staff posting or sharing demeaning or humiliating photographs or videos of nursing home residents
- When facility staff, as punishment, threaten to take away the resident's rights, privileges, or preferred activities, or withhold care from the resident
- Any resident to resident physical abuse that is likely to result in fear or anxiety

Actual Harm or Above

- When investigating incidents in which one resident abuses another resident, surveyors should consider if a reasonable person would likely suffer actual harm as a result of the incident. If so, the incident should not be cited below Severity Level 3 (Actual Harm).

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In addition, a reasonable person would not expect that they would be harmed in his/her own “home” or a health care facility, and would experience a negative psychosocial outcome. When investigating, incidents in which one resident abuses another resident, surveyors should consider if a reasonable person would likely suffer actual harm as a result of the incident. If so, the incident should not be cited below Severity Level 3, or actual harm.

Tag F600-Severity Examples

- See the Interpretive Guidance for further examples

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Surveyors should review further examples under each severity level in the Interpretive Guidance at F600. These examples further illustrate how to consider the psychosocial outcomes to a resident as a result of abuse and how to apply the reasonable person concept.

Additional Areas

- Resident Rights
- Freedom from Abuse, Neglect, and Exploitation
- Comprehensive Resident Centered Care Plans
- Quality of Life
- Quality of Care
- Behavioral Health Services
- Pharmacy Services

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While the Psychosocial Outcomes Severity Guide does apply to abuse, there are other regulatory areas where surveyors may identify psychosocial outcomes. Some of these areas are listed here, including Quality of Care.

Thank You

If you have questions about this training please send them to:

DNH_TriageTeam@cms.hhs.gov



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If you have questions about this training please send them to the DNH Triage mailbox at: DNH_TriageTeam@cms.hhs.gov
Thank you for your continued efforts towards our shared goal in providing quality care to America's nursing home residents.

Congratulations

You have completed this section of the training.



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Congratulations! You have successfully completed this section of the training.