

**UTAH MEDICAID NURSING FACILITY  
QUALITY IMPROVEMENT INCENTIVE (2)  
APPLICATION Rule R414-504-4**

**This form and all supporting documentation must be emailed on or before May 31st of the incentive period.**

Facility Name: \_\_\_\_\_

National Provider I.D. \_\_\_\_\_ Administrator: \_\_\_\_\_

Please mark all that are complete:

- ☐ This facility received no violations that are at the “immediate jeopardy” level, as determined by the Department during the incentive period Qualifying Requirement
- ☐ This facility received no violation that is a Substandard Quality of Care level F, H, I, J, K, or L, as determined by the Department, during the incentive period. (50% or 0%) Qualifying Requirement
- ☐ This facility has applied for and received at least one of the QII1 reimbursements. Please select which QII(1) option for which you submitted and received reimbursement: Qualifying Requirement
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> QII(1)(f)(i) Nurse Call          | <input type="checkbox"/> QII(1)(f)(ii) Resident Lift           | <input type="checkbox"/> QII(1)(f)(iv) Resident Life Enhancement |
| <input type="checkbox"/> QII(1)(f)(iii) Bathing           | <input type="checkbox"/> QII(1)(f)(xi) Worker Immunizations    | <input type="checkbox"/> QII(1)(f)(ix) Dining Enhancement        |
| <input type="checkbox"/> QII(1)(f)(v) Staff Education     | <input type="checkbox"/> QII(1)(f)(xiii) COVID-19 vaccinations | <input type="checkbox"/> QII(1)(f)(xii) Resident Dignity Devices |
| <input type="checkbox"/> QII(1)(f)(vii) Clinical Software | <input type="checkbox"/> QII(1)(f)(viii) HVAC                  | <input type="checkbox"/> QII(1)(f)(x) Outcome-Proven Awards      |
| <input type="checkbox"/> QII(1)(f)(vi) Van                |  |  |

This facility had customer satisfaction surveys conducted by an independent third-party entity in each quarter of the incentive period. The following information is attached: (50%)

Name and brief description of the third-party entity performing the quarterly survey.

Brief description of the survey questions including, who is surveyed, when the surveys are done, and how this facility uses the survey results to improve operations/customer satisfaction.

Four Quarterly survey results summaries with the final quarter ending March 31st of the incentive period (e.g., a graph, etc.)

A **distinct** action plan to address survey items rated below industry average for **each quarter**. (A list of the areas identified as below the industry average during a quarterly survey and a distinct plan to improve the area(s). If no areas are below industry average, choose the area that your facility consistently receives the lowest rating and provide an improvement plan.)

This facility has created, implemented and demonstrated a process by which its residents’ choice program is assessed and measured. *A description of the processes used for each topics, including an example for each topic demonstrating, via any any forms or policies the facility uses, which options are presented and how special requests are fulfilled, is attached.*

This facility has documented the residents’ choice program for all of the following areas: (50%)

Awake Time (when the resident wants to wake up)

Sleep Time (when the resident wants to go to sleep)

Meal Time (when the resident wants to eat meals)

Bath Time (when the resident wants to bathe)

**Please ensure that the attached documents do not exceed a total of 12 pages.**

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify.

Quality Care uses Quality Skill and Survey as its survey company. Each quarter, the survey company contacts residents and families to ask specific questions about their experience.

The satisfaction survey addresses the following areas: Recommend, Staff, Care, Discharge Needs Met, Food, Cleanliness, Therapy, Courtesy and Respect.

Quality Care's leadership team meets quarterly upon receiving the results of the quarterly survey to develop an action plan for any areas that fall below industry average and assess progress for the previous quarter action plan.

# Annual Satisfaction Report

Prepared For: [REDACTED]

## Quarter 1

2023-12-30 - 2024-03-31



Percent Satisfied



Location Avg



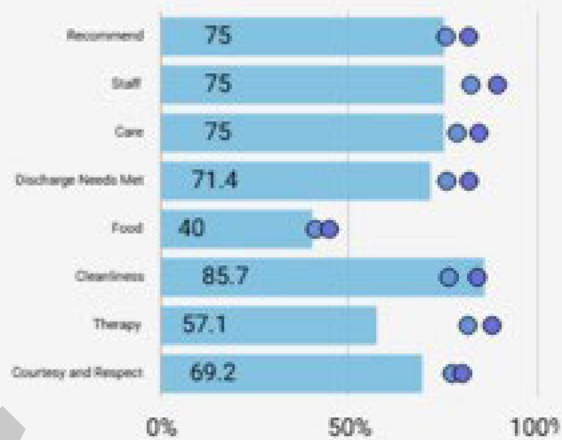
National Avg



State Avg

## Quarter 2

2024-03-30 - 2024-06-30



Percent Satisfied



Location Avg



National Avg



State Avg

## Quarter 3

2024-06-30 - 2024-09-30



Percent Satisfied



Location Avg



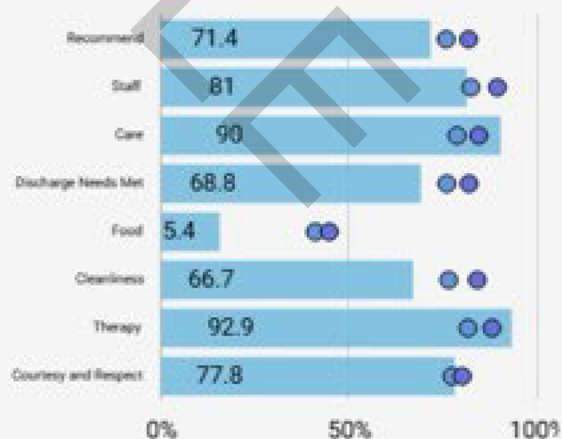
National Avg



State Avg

## Quarter 4

2024-09-30 - 2024-12-31



Percent Satisfied



Location Avg



National Avg



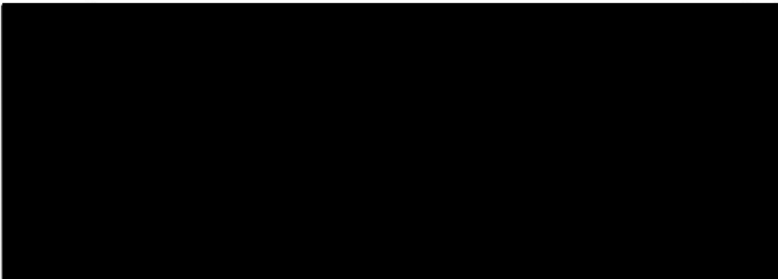
State Avg



Example		Action Plan to address survey items below average for the quarter
Q1	Category	Action Plan
	Recommend	During Q1 we had significant staff turnover, we had issues with our dining room hot water, and we hired a new director of rehab. We replaced the water heater (using QII funds) for dining purposes and have had no issues since. We have also reduced staff turnover during the last few weeks of the quarter. We believe the new DOR will improve the amount of therapy provided to Medicaid residents.
	Staff	We had significant turnover during Q1 with a 28% turnover rate. We met with our management and corporate office and decided to establish longevity awards and implement a small student loan payoff program that has worked for other facilities.
	Therapy	We hired a new DOR who has extensive experience in LTC. The new DOR recommended we implement enhanced therapy for Medicaid residents beyond Medicare B benefits including enrolling a PT and OT as Medicaid providers. These providers will see Medicaid residents who need therapy beyond Medicare B benefits.
	Courtesy & Respect	We strive to provide the greatest amount of courtesy and respect. This survey items was very humbling to our staff and we had a 1 hour staff meeting where we discussed this report. Our staff has committed to improve their individual efforts. Our goal is that every staff member will smile at every resident they come in contact with. In addition, we have implemented a plan that we will call back family members of residents within 30 minutes of a message or communication when unable to immediately respond.
Q2	Category	Action Plan
	Recommend	During Q2, we had improvement on staff turnover which we hope will improve the overall care. We were able to have 3 "in-person" meetings with family members who had complaints of the facility in general and gain valuable insights. We made a commitment to these families that we would make specific strides in overall care, food, and therapy as those seemed to be the biggest issues.
	Staff	Our turnover percentage dropped to 24%, which although isn't something we're proud of, is an improvement compared to Q1. We believe initiating the programs discussed in Q1 will take some time but we have already seen improvement. We also provided an incentive bonus to 25% of our staff who met personal professional goals in the quarter. The bonus payouts equaled \$16,000.
	Care	We believe extensive efforts are always being made to improve care. We had two complaints and received a citation from a CMS survey regarding two residents with lymphedema. We sent a nurse and OT for lymph certification. Both received their certification and we believe this will improve care for this population now, and in the future. The programs were paid for with QII monies.
	D/C needs met	We only had 11 discharges this quarter and 3 of those had significant complaints in general. We believe this skewed the data given the few discharges. We did have a phone call with two of the families and discussed in depth, their concerns. We believe food and lack of weekend staffing were the two biggest reasons for them scoring our d/c so low. We committed to them and as part of our action plan we will increase our CNA staffing by one FTE during the 6:00 AM to 2:00 PM hours both Saturday and Sunday.
	Food	Food seems to be our lowest score quarter after quarter. We asked the residents what their biggest issue is and they stated they sometimes just want food from somewhere else. We committed to have a pizza night once a month where the residents can choose the restaurant where we order pizza. We'll order a large variety of pizzas and include staff in this meal.
	Cleanliness	We pride ourselves on cleanliness and have significantly improved our efforts in cleaning. We rolled out a new policy 3 months ago where we want to provide "hotel" service for residents. This policy is that we will clean a room or area whenever a resident requests, within reason.
	Therapy	We hired a new DOR who has asked that we purchase a few pieces of equipment that can be utilized not only by skilled staff, but by restorative aids, specifically on the weekends. We tapped into QII monies and purchased 3 recumbent machines including large screens where residents can select rides throughout the world.
	Courtesy & Respect	We continue to provide significant training on what this means for staff. We had specific policies in place to smile and recognize residents by all staff. We believe over the next several months this policy will lead to improved scores in this area.

Q3	Category	Action Plan
	Staff	Our turnover rate continues to improve. We have proudly initiated continued incentive awards for staff who achieve professional goals, certifications, or receive compliments from staff. This quarter we paid our nearly \$13,000 in bonuses to staff. We believe this continues to make a difference as our retention has improved significantly the past 3 quarters.
	D/C needs	Our d/c score improved by 5 points compared to Q2. We believe the plan we implemented in Q2 will take some time but we have already seen improvement.
	Food	Our food scored dropped significantly this month despite strong efforts to improve. Our residents raved about the new monthly pizza night. In addition, we've added a smoothie bar in conjunction with several recommendations by residents during a resident council.
	Cleanliness	We believe the cleanliness score dropped due to so few residents being interviewed this quarter. It was reported that only 6 residents were interviewed due to large numbers being interviewed in Q1 and Q2. We continue to monitor this and address specific issues as they are reported by residents, staff, and family.
	Courtesy & Respect	Our C & R score improved significantly during the last quarter. We continue to emphasize frequent smiling and believe this has been noticed by residents and family. We've had significantly fewer phone calls this quarter from family regarding C & R issues.

Q4	Category	Action Plan
	Recommend	We dropped below industry average for Recommend in Q4. We looked at possible reasons why and concluded we did have an extensive remodeling project around 2 of our resident halls. We installed new flooring and paint which took approximately 6 weeks. This area was messy with construction during the time but we believe the improvements are well worth the 6 weeks of mess.
	Staff	Our staffing has improved substantially from Q1 and Q2. We believe our efforts are paying off and keeping us close to industry average which is a large "win" considering where we started. We continue to provide incentive bonuses to staff and believe this as an ongoing policy will help us with retention efforts.
	D/C needs met	We believe a low number of discharges this quarter led to skewed data. We were able to have our administrator meet with every family of a discharged resident and discuss their needs/complaints specifically. We will continue this effort (unless an unannounced d/c occurs). Often having our administrator talk to families of residents being d/c'd goes a long way in discovery and improving future experiences.
	Food	The addition of the smoothie station has been a big hit. We are looking to add nutritious flavors and even naming them using resident ideas will improve dining over time. We have sat down with our dietary staff and established a quarterly goal/plan for the upcoming year. We believe the ideas (above and beyond the pizza night and smoothie station) will continue to improve our food scores.
	Cleanliness	Our cleanliness score did improve compared to Q3 but we still look for ways to improve this. We did discover that only about half our residents and their families knew about our new "hotel" policy that cleaning requests will be completed as requested, in addition to standard cleaning protocols. We believe this discovery will lead to improved cleanliness.
	Courtesy & Respect	We continue to meet with staff about this important issue. We have initiated a \$100 bonus every monthly staff meeting to a staffer who is recommended by resident council for demonstrating "Courtesy and Respect". We've asked our resident council to nominate 2 to 3 staff members per month who meet certain criteria they council have outlined. Our management staff then takes the recommendation and selects the final winner. The winner will receive the cash bonus, a card signed by the resident council, and 4 hours of PTO.



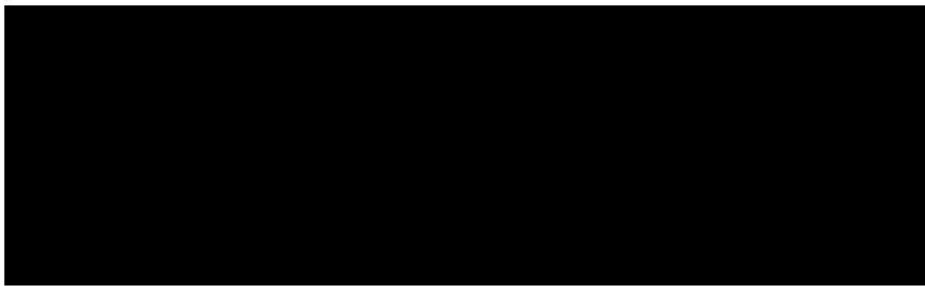
**A description of the processes used for each (awake/meal/bath) topics, including an example for each topic (awake/meal/bath) demonstrating, via any forms or policies the facility uses, which options are presented and how special requests are fulfilled.**

Shortly after admission to the facility, the new resident and their representatives are invited to attend a Welcome Conference held within 2 days of their admission. During this Welcome conference, the resident is introduced to key facility department managers and together develop a care plan. During the conference, the resident preferences for awake and sleep time, bathing schedule, and meal schedules are reviewed and documented on a form we refer to as the "My Way" form, as attached. The "My Form" is posted for staff to review when caring for the resident. Other facility process is reviewed at this conference that deal with resident daily living, such as therapy goals, treatment and medication review, recreational opportunities, social support, and discharge planning. This gives the resident the opportunity to express their needs and desires, provides a path for them to follow, and allows the facility the opportunity to educate the resident and their representatives. This meeting is held quarterly, and preferences updated.

The choices and preferences reviewed during the Welcome Conference are then communicated to the respective departments for initiation. These are then reviewed and updated quarterly or as communicated by the resident or their representative.

**This facility has a demonstrated process by which its residents' choice program for all the following areas: awake time, mealtime, bath time.**

Preferences most selected by the resident choice is awake time and the breakfast mealtime. Many residents enjoy breakfast in bed at their leisure, while others prefer to rise for breakfast in the main dining room. We allow residents the opportunity to choose whether to be arisen from bed or to stay in bed. These preferences are generally standard for most residents; however, the facility maintains flexibility to allow residents to make these choices daily. For special requests, such as residents who decide to stay in bed or retire to bed at any time of the day, we maintain an "Always Available" menu. The "Always Available" menu is a selection of preferred food items that can be obtained from kitchen staff during their regular working hours of 8:00 am till 7:00 p.m. Outside of these hours, we have a varied selection of snacks available.



To be completed during Welcome Meeting and updated quarterly during Care Conferences.

Resident Name: \_\_\_\_\_

**Awake and Sleep Times:**

- 1) What time do you prefer to get out of bed in the morning? \_\_\_\_\_
- 2) What time do you prefer to go to bed at night? \_\_\_\_\_

**Meal Times:**

Meals are served at the following times: Breakfast 7:30- 8:00 a.m., Lunch 12:00 p.m.-1:00, and dinner 5:30-6:00 p.m. If you prefer to dine in your room, a tray will be provided. The menu is posted daily in the main dining room. You may request a menu for your room as well. Alternates to the main course are always available. If you prefer the alternate please notify kitchen staff before the meal service. An "Always Available Menu" or "Bistro Menu" is posted in the Main Dining room. Items from this menu are available between 8:00 a.m. and 7:00 p.m.

- 3) Where do you typically prefer to eat? Dining Room/ Bedroom (please circle one)
- 4) Do you have a preference in mealtimes outside of those posted above?

\_\_\_\_\_  
\_\_\_\_\_

**Bathing Schedule:**

Bathing schedules are typically based on room number, 3 times weekly, either by the morning or afternoon shift.

- 5) Do you prefer a shower, or bed bath? (Please circle one)
- 6) Do you have a preference of the time or day you bathe or have special requests?

\_\_\_\_\_  
\_\_\_\_\_