

Cheat Sheet for a New Nursing Home Administrator's First Day

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2. Who is the backup person for each of your department heads?
3. List of all employees with job titles.
4. Work schedule for each department head - typical times they arrive and leave.
5. Any upcoming vacations for department heads.
6. List of all facility's scheduled meetings with times and location.
7. List of conference calls, call-in numbers, passcodes, and times.
8. Census / census mix information.
9. Resident list with room numbers and payor source.
10. Any Medicaid pending (how long?) and any private pay that haven't paid?
11. List of regional/district/corporate directors/consultants with contact info.
12. List of reports due to whom, by when, and on what form.
13. Chain of command structure (For example - does Medical Records report to the Administrator or the DON? What about MDS?)
14. Current copies of the Policy & Procedure manuals.
15. State reporting contact info - name, phone, fax, form, etc.
16. State regulations - if you haven't already printed them off.
17. What key personnel are new in their role or need additional training?
18. Email and computer access setup.
19. Emergency codes and alarms.
20. Emergency disaster plan and contact numbers.
21. Exit door codes.
22. Facility layout / floorplan.
23. Business cards ordered. (I always get someone else's at the facility and put it by the phone. It's a quick reference for the address and phone number for the facility until I get them memorized or until my cards come in.)
24. When are pay days?
25. When are scheduled in-services?
26. Office keys / all keys (Let's hope they have a master key system, otherwise, you'll be standing in the hallway for an hour on Friday night going through each of the 200 keys on the giant key ring trying to open the Central Supply door.)
27. Copy of schedules for each department.
28. Who handles operating petty cash?
29. Who handles resident trust petty cash?
30. Tax ID #
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32. Medicaid #
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35. All other numbers...
36. Any special units? Admission criteria?
37. Assignments of department heads & key personnel during survey
38. Copies of the last surveys, POCs, resident identifier lists

39. Where are contracts kept?
40. AR Aging report
41. Resident trust balance report and State SSI limit
42. Rates: Medicaid rate, Medicare RUG rate spreadsheet, co-pay rate if you don't remember, private pay / semi-private, private pay / private room, etc.
43. Managed care contracts and rates
44. Any reportable incidents that have not been investigated by the State yet?
45. Any reportable incidents that have not been reported yet?!
46. Who is assigned to report? (Everything should always run through you).
47. Copies of the facility's P&L's / financial reports - current and prior.
48. Resident Council - names, officers, minutes
49. Family Council - names, officers, issues
50. Any unresolved grievances?
51. List of residents with physically or sexually aggressive behaviors
52. List of any other "problem" residents
53. List of any "problem" families
54. Medical Director and Ombudsman contact info
55. Any open workers comp claims? Anyone on restricted duty?
56. Job openings?
57. Wage scales for each department
58. Last QA and safety minutes
59. Meal times
60. Any pending lawsuits or compliance issues?
61. Approved vendors
62. Weight report
63. Skin report
64. QI/QM, last MDS transmission, any default issues
65. Status of each department - plans, goals, projects, obstacles
66. Where's the budget? Expense, revenue, census, and staffing.
67. What capital items do we need / are we waiting on?
68. What types of residents can we take? What do we not take?
69. Updated survey preparation files:
70. Anything else I should be aware of?

Every nursing home is required to have at least an annual survey in the range of every 9 – 12 months. Of course, if you have complaints or are a focus facility, your survey will have a shortened span between them, every 6 months or so.

The goal of every nursing home administrator and facility should be to be survey ready everyday. It does no good to not think about survey all year until the survey team shows up.

So, to help prepare for the *nursing home survey*, here is a list of items that you should have ready. One idea is to put these in a plastic file box, organized by number in hanging files. You may organize them any way you wish. Do NOT hand this box to the survey team. Only give them what they ask for. If you just hand over your information, it may lengthen your survey as it *might trigger them to look in areas they had not planned on*. Also, do not hand them your originals. Make them a copy, because there is a good chance you will not get it back.

Nursing Home Survey Preparation Files

1. Copy of Facility license
2. Current census – alphabetical with room numbers (This is how it's asked for)
3. Key facility personnel and their locations
4. Copy of Administrator's license
5. Facility layout / floor plan
6. Surveys / Resident Identifiers for last 3 years
7. QI / QM – period of last 6 months
8. 802 – Roster Sample Matrix
9. 671 – LTC app for MCR/MCD
10. 672 – Census & Condition
11. 1513 – Disclosure of Ownership
12. Information on Resident Rights provided to residents
13. Meal times and dining locations
14. Copies of the menu, including therapeutic diets
15. Medication Pass times by unit
16. List of admissions in the past 30 days
17. List of residents transferred or discharged during past 3 months with destinations
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23. Copy of a blank grievance form
24. Evidence the facility routinely monitors accidents and incidents – blank Accident/Incident Report, Monthly Tracking log and Monthly Accident/Incident Analysis
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34. Residents receiving hospice services
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36. Residents receiving dialysis

37. Dialysis agreement
38. List of residents receiving TPN
39. TPN policy
40. TPN agreement
41. List of residents with negative pressure therapy
42. Wound vac / negative pressure policy
43. List of residents who self-administer medications
44. List of all employees hired within the last 4 months
45. List of CNAs
46. CLIA waiver
47. Medical Director contact information
48. Ombudsman contact information
49. TB tests
50. License verifications
51. Abuse registry checks
52. In-service education
53. CNA annual required in-service hours
54. Infection Control team members
55. Copy of surety bond
56. Nurse Aide Training class information
57. Emergency water agreement
58. Emergency transfer / relocation agreement
59. Emergency transportation agreement
60. Influenza / Pneumococcal Immunization policy
61. Report of Resident Trust fund balances
 1. For any accounts within \$200 of the SSI limit, we need evidence of notification.
 2. Discharged residents' funds dispersed within 30 days
62. Emergency Supplies Inventory and Needs Calculation
63. Infectious waste disposal policy, contract, and last shipping record
64. Standing Orders

Obviously, if you have special programs (i.e. - a secure unit, mist therapy, etc.) then, have your policies and procedures related to these programs ready as well. Add those to the list above.

Suggestion: go ahead and gather these items now; update them at least monthly until in your survey window. When in the survey window, some items must be updated more frequently.

If you're good with spreadsheets or databases, you could keep some of the resident and/or employee items in a spreadsheet or database and have reports ready to be printed on request for each question, such as (for residents), items #2, 16, 17, 18, 26, 28, 33, 34, 38, 41, and 43. If you're this kind of person, you may have ALL of the other items scanned and organized in advance on a thumbdrive or flashdrive (on your person), ready to be printed on request. Do not, like the plastic box idea, hand over your thumbdrive...print what they ask for! Some people prepare a book IN ADVANCE with all this information in it...but again, you are taking a chance that you may trigger the team to look into something they weren't originally looking for. The ability to provide the answers quickly should be just as impressive as having such a book.

You'll notice that your old surveys and your old resident identifiers are on the list. You should absolutely review these and see if any certain issues keep popping up on each survey or any particular residents seemed to be selected every year. This will help you focus on those areas and hopefully avoid repeat deficiencies.

As a new nursing home administrator – or maybe you’re just taking a new building – you have to find out what level your staff is on, especially the individual who is marketing the nursing home. You know your census depends on the quality and census development ability of your Marketing Director. Believe it or not, sometimes you run across someone who has either never been trained properly or has become too complacent in their role. What we’re going to cover below will give you a quick snapshot of where they’re at. We’re just going to hit the basics that will tell you whether you should be worried or not.

Top 10 Questions to ask your Marketing Director:

1. **Where are your brochures?** Surprisingly, I have found that more facilities than not fail to make sure they keep the general facility brochures on hand. Ummm??? What are they using to market with?
2. **Can I take a look at your referral contact database and sales plan?** Again, if they’re marketing, if they’re organized, this should be no problem. They should have names, phone numbers, addresses, fax numbers, emails, and even individual profiles in there. If there is no sales plan...well, that’s a problem.
3. **Do you know your budgeted census/census mix?** It always helps if you know what you’re shooting for. 😊
4. **What’s your targeted response time for referrals?** 15-30 minutes is the max. Anything more than that is asking for your competition to steal your referrals right out from under you. If the referral sits on someone’s desk half a day, it’s time for Let’s Get Motivated Party – if you know what I mean!
5. **What types of patients can we take / not take?** To know what services you provide and what you don’t is a pretty valuable piece of information.
6. **Who’s your back-up?** What’s the referral process – how is it handled when your Marketing Director is out of the building, on weekends, at night, etc.
7. **Where is the case management / discharge planners’ office in the hospital?** Also, what are their names? Are they really building relationships with the case managers as we’re expecting? Go with them so they can show you around. If they’ve been in their job for any length of time and are unable to tell you, **Red Alert!**
8. **When does the Marketing Team meet?** Don’t have one? Well, let’s work on that.
9. **Where did you go this week?** As in were they quality sales calls? Are we hitting Primary referral sources?
10. **Can you walk me through a sales call?** Better yet, go with your Marketing Director. We don’t want sales calls to turn into social calls or candy drop-offs with our discharge planners forgetting we’re calling on them for a reason. Are we asking for the referral?

So you want to become a great nursing home administrator?

But you find yourself not quite attaining the level of success you aspire to. Have you asked yourself one simple question: What am I doing wrong?

You want to accomplish great things in this long term care industry we call home. Here are 10 points to consider. If you're doing any of these, it could very well be the roadblock on your highway to success.

1. Not Putting Care First: Your number one priority every day, day in and out, should be the care of your residents. There should be no waffling over whether to pay all that money to rent an air mattress for your resident who was admitted with serious wounds. Put the care first and mark this sin off your list.

2. Failing to Make Rounds: Don't be an "office administrator." Granted, there are many responsibilities, conference calls, reports, phone calls, and emails that tie you to an office, but the successful administrator makes time to get out and about checking residents and rooms, and interacting with frontline staff members. Otherwise, how do you really know what's going on out there.

3. Failing to Build a Functional and Cohesive Team: If you have negative team members, they will destroy the progress you're trying to make. Team members who are always complaining, always ready to criticize others, always finding the faults or weaknesses of any task or project you're working on – well, these people are a disease. They have to go.

4. Lack of Emotional Control: If you can't manage your emotions, you can't be your most successful. Lack of emotional control leads to bad decisions, stress, and team breakdown. We've got to grow up and get it together to be successful as a **nursing home administrator**.

5. Financial Incompetence: Know your financials. Know how they work. What expenses hit what GL (general ledger) accounts. Cost out risky referrals. Eliminate unnecessary overtime. Make sure people work their schedule. Keep department expense budgets in line. Push Medicare and Managed Care. Collect your money. Adjust your staffing to in-house census.

6. Not Knowing Your Regs: Your watermelon book is your key to survival in a survey as well as in your daily operations. You have to know the regs to know how to react to situations that arise.

7. Over-promising to Family Members: Your staff will love you for this one! (Sarcasm). A lesson that should be learned from Day 1 is under-promise and over-deliver. When a family member comes to rip you a new one because they found their mother wet, the best response is NOT, "It will never happen again," because it WILL happen again (because the resident is incontinent). The staff finds her wet 12 times a

day and the family just found her this time before they did. It will happen again. The best answer in situations like this is (and this is just one example):

- Letting them know that you're sorry they found her that way.
- Being realistic since she is incontinent, telling them that you can't promise they'll never find her like that again, but that you can promise as soon as you're aware of it that your staff will get her taken care of. They shouldn't find her like that daily, obviously.
- Explore what options are available – scheduled toileting program? More frequent incontinence checks? Anything going on clinically that can be addressed and is contributing to the incontinence?

8. Failure to Support and Drive Facility Marketing Programs: Many old-school administrators just don't get this one. They operated in a different environment with less competition and a less savvy consumer. Nowadays, make no mistake – you are in fierce competition for your referrals! Marketing is just as important as any other aspect of the nursing home business. Without proper marketing, your facility loses community recognition, referrals decline, and soon, your census suffers which in turn affects revenue. With lower revenue, you have to make it up somewhere, so expenses are cut and then you are running less staff, you can't purchase needed equipment, your supplies budgets are affected, and a vicious cycle begins.

9. Failure to Give Positive Reinforcement: Your staff needs it. If you're making rounds as we talked about in #2, you have the perfect opportunity to catch people doing something right. Let's get started. Your staff morale will benefit greatly.

10. Trying to Supervise Your Friends: Many times, insecure nursing home administrators, in an effort to "fit in," make friends with their employees, their direct reports – hanging out with them after work and the like. I'm not saying that it's necessarily wrong to make friends at work. I'm saying it's difficult to supervise friends and you shouldn't put yourself in that position. You have to make a decision. Are these people friends or employees first? What happens when one of them does something that needs to be addressed or requires disciplinary action? Most people will avoid addressing the issue. Meanwhile, the rest of your facility staff is watching to see what you're going to do. "Playing favorites" has no place in our facilities and can be destructive to your team-building efforts. Your staff will lose respect for you if they see you playing favorites and then you've lost control of your facility. Instead of being buddy-buddy with subordinates, just be respectful, consistent, and supportive. Draw some lines between your personal life and your work.

There you have it – consider these the 10 Deadly Sins of the *Nursing Home Administrator*. Now that you are aware of them, if not in denial, you should be able to avoid these pitfalls and keep yourself on the path to becoming a great administrator!

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8. Failure to Support and Drive Facility Marketing Programs: Many old-school administrators just don't get this one. They operated in a different environment with less competition and a less savvy consumer. Nowadays, make no mistake – you are in fierce competition for your referrals! Marketing is just as important as any other aspect of the nursing home business. Without proper marketing, your facility loses community recognition, referrals decline, and soon, your census suffers which in turn affects revenue. With lower revenue, you have to make it up somewhere, so expenses are cut and then you are running less staff, you can't purchase needed equipment, your supplies budgets are affected, and a vicious cycle begins.

9. Failure to Give Positive Reinforcement: Your staff need it. If your making rounds as we talked about in #2, you have the perfect opportunity to catch people doing something right. Let's get started. Your staff morale will benefit greatly.

10. Trying to Manage Your Friends: Many times, insecure nursing home administrators, in an effort to "fit in", make friends with their employees, their direct reports – hanging out with them after work and the like. I'm not saying that it's necessarily wrong to make friends at work. I'm saying it's difficult to manage friends and you shouldn't put yourself in that position. You have to make a decision. Are these people friends or employees first? What happens when one of them does something that needs to be addressed or requires disciplinary action? Most people will avoid addressing the issue. Meanwhile, the rest of your facility staff are watching to see what you're going to do. "Playing favorites" has no place in our facilities and can be destructive to your team-building efforts. Your staff will lose respect for you if they see you playing favorites and then you've lost control of your facility. Instead of being buddy-buddy with subordinates, just be respectful, consistent, and supportive. Draw some lines between your personal life and your work.

There you have it – the 10 Deadly Sins of the *Nursing Home Administrator*. Now that you can recognize them, you will be able to avoid these pitfalls and keep yourself on the path to becoming a great administrator!