



Long Term Care Survey Process

CMS Goals

Same survey for entire country

- Use strengths from Traditional & QIS
- New innovative approaches
- Effective and efficient
- Resident-centered
- Balance between structure & surveyor autonomy

Automation Differences

Traditional	Quality Indicator Survey (QIS)	New Survey Process
Survey team collects data and records the findings on paper The computer is only used to prepare the deficiencies recorded on the CMS-2567	Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software	Each survey team member uses a tablet or laptop PC throughout the survey process to record findings that are synthesized and organized by new software

Components

- Off-site preparation
- Facility entrance
- Initial pool process
- Sample selection
- Investigations
- Mandatory tasks
- Potential Citations
- Exit

Off-Site Preparation

- Team Coordinator (TC) completes:
- A review of the CASPER 3 report to identify patterns of repeat deficiencies
- Results of the last standard survey
- Complaints since the last survey, including active complaints

- Facility reported incidents or FRIs, including FRIs that will be included in the survey per the SA's practice
- Facility variances/waivers

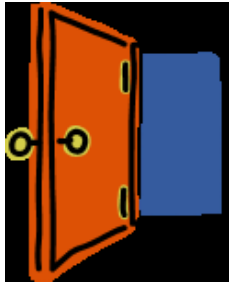
A list of materials will be printed, such as blank matrices with instructions, as well as an Entrance Conference Worksheet for the facility.

And...

- Unit and mandatory facility task assignments
- Dining
- Infection Prevention and Control
- Skilled Nursing Facility (SNF) Beneficiary Protection

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- Notification Review
- Resident Council Meeting
- Kitchen observation
- Medication administration and storage
- Sufficient and competent nurse staffing
- QAA/QAPI



Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
- Updated Entrance Conference Worksheet
- Updated Facility Matrix
- List of residents who smoke and smoking times, which will be used on the first day
- Number and location of medical storage rooms and carts, which will be used later in the survey
- Updated instructions for the list of residents for the beneficiary notices review, which we will cover later

Facility Entrance Con't.

- Brief visit to the kitchen (CMS-20055)
- Surveyors go to assigned areas

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE

- 1. Census number
- 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
- 3. An alphabetical list of all residents (note any resident out of the facility).
- 4. A list of residents who smoke, designated smoking times, and locations.

ENTRANCE CONFERENCE

- 5. Conduct a brief Entrance Conference with the Administrator.
- 6. Information regarding full time DON coverage (verbal confirmation is acceptable).
- 7. Information about the facility's emergency water source (verbal confirmation is acceptable).
- 8. Signs announcing the survey that are posted in high-visibility areas.
- 9. A copy of an updated facility floor plan, if changes have been made.
- 10. Name of Resident Council President.
- 11. Provide the facility with a copy of the CASPER 3.

INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE

- 12. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
- 13. Schedule of Medication Administration times.
- 14. Number and location of med storage rooms and med carts.
- 15. The actual working schedules for licensed and registered nursing staff for the survey time period.
- 16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
- 17. If the facility employs paid feeding assistants, provide the following information:
 - a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;
 - b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;
 - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.

INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE

- 18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
- 19. Admission packet.
- 20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
- 21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
- 22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
- 23. Does the facility have an onsite separately certified ESRD unit?
- 24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
- 25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
- 26. Influenza / Pneumococcal Immunization Policy & Procedures.
- 27. QAA committee information (name of contact, names of members and frequency of meetings).
- 28. QAPI Plan.
- 29. Abuse Prohibition Policy and Procedures.
- 30. Description of any experimental research occurring in the facility.
- 31. Facility assessment.
- 32. Nurse staffing waivers.
- 33. List of rooms meeting any one of the following conditions that require a variance:
 - Less than the required square footage
 - More than four residents
 - Below ground level
 - No window to the outside
 - No direct access to an exit corridor

INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

- 34. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled "Electronic Health Record Information."

INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE

- 35. Completed Medicare/Medicaid Application (CMS-671).
- 36. Completed Census and Condition Information (CMS-672).
- 37. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

ENTRANCE CONFERENCE WORKSHEET

Beneficiary Notice - Residents Discharged Within the Last Six Months

Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expired, or were transferred to an acute care facility or another SNF during the sample date range).

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

ENTRANCE CONFERENCE WORKSHEET ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team before the end of the first day of survey.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.

Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Pressure ulcers	
2. Dialysis	
3. Infections	
4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	

Please provide name and contact information for IT and back-up IT for questions:

Dining

- Dining –will observe first full meal after entry
- Cover all dining rooms and room trays
- Observe enough to adequately identify concerns
- If feasible, observe initial pool residents with weight loss
- If concerns identified, will observe another meal
- Utilize SOM Appendix PP and Critical Element Pathway for Dining (CMS-20053)

- Dining task is completed outside any resident specific investigation into nutrition and/or weight loss

Initial Pool Process

- Sample size based on census:
- 70% off-site selected
- Approx. 20% with a cap of 35 for larger facilities 3
- 30% selected onsite by team:
 - * Vulnerable (Alzheimer's/quadruplegic residents)
 - * New admission within last 30 days
 - * Complaint
 - * FRI (Facility Reported Incidents-federal only)
 - * Identified concern

Sample Size – Per CMS

- “It is not possible to complete an observation and interview for every resident in your assigned area; therefore, the goal is that each surveyor will include about eight residents in their initial pool although every resident in your assigned area should be observed/screened to determine if they should be in the initial pool.

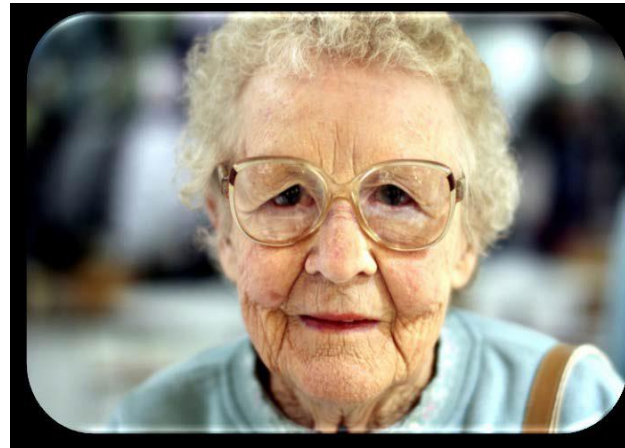
That is not a fixed requirement, which means a surveyor can include less or more than eight residents in their initial pool. That said, you may have more than eight residents in your assigned area who qualify for inclusion in the initial pool; for example, you may be on a rehabilitation unit and have a high number of new admissions, or you may be on a locked Alzheimer's unit and have a high number of vulnerable residents. If this is the case, the surveyor will prioritize residents based on a brief screening.”

Sample Selection Priorities

- Replace discharged residents selected off-site with those selected onsite
- Can replace residents selected off-site with rationale
- Harm, Substandard Quality of Care (SQC) if suspected; IJ if identified
- Transmission-based precautions
- All MDS indicator areas if not already included

Resident Interviews

- Screen every resident
- Surveyors to identify interview status, regardless of resident's BIMS score (Page 17 –LTCSP Procedure Guide)
- Suggested questions -but not a specific surveyor script
- Must cover all care areas
- Includes Rights, QOL, QOC
- Investigate further or no issue



Family/Resident Representative Interviews

- Non-interviewable residents
- Familiar with the resident's care
- Complete at least 3 during initial pool process or early enough to follow up on concerns
- Sampled residents if possible
- Investigate further or no issue

Surveyor Observations

- Cover all care areas and probes
- Conduct rounds until their questions are answered for their observations
- Complete formal observations, i.e. wound or incontinence care; also if resident hasn't been assisted to BR for a long time or is covered in bed
- Investigate further or no issue

Overview of Survey Tasks

- Unnecessary Medication Review
- Resident Investigations
- Closed Record Reviews
 - Dining –subsequent visit PRN
- Infection Control
- SNF Beneficiary Protection Notification Review
- Kitchen Inspection
- Medication Administration
- Medication Storage
- Resident Council Interview
- Sufficient and Competent Nurse Staffing
- Environment

Limited Record Review

- Conduct limited record review after interviews and observations are completed prior to sample selection
- All initial pool residents: advance directives and confirm specific information
- If interview not conducted: review certain care areas in record
- **Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer's or dementia and PASARR**
- New admissions –broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue

Closed Record Review

Complete timely during the investigation portion of survey

Unexpected death, hospitalization, and community discharge last 90 days

System selected or discharged resident

Use Appendix PP and CE pathways for hospitalization, discharge and death



Survey Team Meetings

- Brief meeting at the end of each day:
- Workload
- Coverage
- Concerns
- Share data (if needed)



Unnecessary Medication Review

- System selects 5 residents for full medication review
- Based on observation, interview, record review and MDS
- Broad range of high-risk medications and adverse consequences
- Residents may or may not be in sample
- CE Pathway CMS-20082

Medication Administration

- Include sample residents, if opportunity presents itself
- Reconcile controlled medications if observed during medication administration
- Observe different routes, units and shifts
- Observe 25 medication opportunities
- CE Pathway CMS-20056



Medication Storage

- Observe half of medication storage rooms and half of medication carts, covering different units
- Facility will be asked to provide number of medication carts and medication storage rooms
- If issues, expand medication room/cart review
CE Pathway CMS-20089

Infection Prevention & Control

- Throughout survey, all surveyors will observe for breaks in infection control
- Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- Assigned surveyor reviews infection prevention and control and antibiotic stewardship program
- CE Pathway CMS-20054

SNF Beneficiary Protection Notification Review

- A new CE pathway -CMS-20052 -has been developed
- List of residents (home and in-facility)
- Randomly select three (3) residents
- Facility completes new worksheet
- Review worksheet and notices
- If facility is Medicaid-only, Beneficiary task will not be done

Resident Council Meeting

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Surveyors will obtain permission from President of council to review last 3 months of minutes
- Ombudsman may attend if President agrees
- CE Pathway CMS-20057



Sufficient & Competent Nurse Staffing

- Revised Facility Task Pathway CMS-20062
- Sufficient and competent staff
- Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns
- Will be reviewing availability of licensed nursing staff to provide and monitor delivery of care

Triggered Tasks

- Completed only if the survey team has identified concerns
- Personal Funds: CE Pathway CMS-20063 Resident does not have access to funds or
- Resident not receiving a quarterly statement

- Environment (see next slide): CE Pathway CMS-20061
- Resident Assessment: CE Pathway CMS-20131 Delay in completion and/or submission of MDS assessments and/or
- MDS discrepancies for care areas

Environment

- Investigate specific concerns
- Eliminate redundancy with LSC
- Disaster and Emergency Preparedness
- Oxygen storage
- Generator

QAA/QAPI

- This task takes place at the end of the survey
- Will review facility rates for MDS Indicators, prior survey history, FRI and complaints before interviewing staff
- Review of QAPI plan
- CE Pathway CMS-20058

Potential Citations

- Team makes compliance determination
- Compliance decisions reviewed by team
- Scope and severity (S/S)
- Exit conference relays *potential* areas of deficient practice
- Potential extended survey (remember 2 week window)
- Resurvey to ensure deficiencies are corrected

Exit Conference

- Preliminary findings & observations shared with facility administration/leadership
- Ombudsman, an officer of the organized resident group and 1-2 residents will be invited to attend
- Could hold 2 conference –an abbreviated exit specifically for residents...ombudsman will be invited to attend either or both
- Resident identity will not be revealed
- CMS-2567 –statement of deficiencies will be coming
- Extended survey may be required

And...

“Because of the ongoing dialogue between surveyors and facility staff during the survey, there should be few instances where the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.”

Questions