



The New Survey Process

Preparing Your Team for Success!

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3:15pm-4:45pm





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Objectives

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- Understand the new interpretive guidance for standard surveys and investigations
- Identify the process by which the survey teams will conduct the new standard survey process in skilled nursing facilities
- Learn how to provide direction to the facility interdisciplinary team on survey readiness under the new protocols
- Receive leadership strategies to implement improvements at the organization level for positive survey outcomes

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Helpful Websites

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- New Survey Process!
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- New F-Tags!
<https://www.cms.gov/Medicare/Provider-Enrollment-and-.../F-Tag-Crosswalk.xlsx>
- New and Revised Phase 2 Requirements!
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- Notice of delays in enforcement remedies, but regulations will still be in effect

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Phases of Implementation

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Phase 1: November 28, 2016

Phase 2: November 28, 2017

Phase 3: November 28, 2019

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Training Requirements

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Regulatory Area	Training Requirements
Resident Rights	-Add: Aging & Disability Resource Center & Medicaid Fraud Control Unit Contact Information (email too)
Admission, Transfer, Discharge	-Transfer & DC Documentation
Person Centered Care Planning	-Baseline Care Plan (48 hour care plan)
Nursing Services	-Nursing Staffing Plan & Competencies/Skills
Behavioral Health Services	-Dementia Care
Pharmacy Services	-Medical Chart Review & Psych Meds
Dental Services	-Loss or Damaged Dentures Policy -Referrals and Transportation -Provision of Services

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Training Requirements

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Regulatory Area	Training Requirements
Food and Nutrition Services	-Dietary Staffing Plan -Ethnic, Cultural, & Religious Preferences
Administration	-Facility Wide Resource Assessment
Quality Assurance & Performance Improvement	-Provide initial QAPI plan to survey team
Infection Control	-Incorporate Infection Control into FWRA -Antibiotic Stewardship Program
Physical Environment	-Smoking Policies

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Survey Changes

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- ✓ New Survey process effective November 28, 2017
- ✓ Every state will use the new process
- ✓ Computer-based
- ✓ Aspects of Traditional and QIS survey formats


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New Long Term Care Survey Process

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Three parts to new Survey Process:

1. Initial pool process
2. Sample Selection
3. Investigation



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Team Coordinator – Offsite

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CASPER 3 report for pattern of repeat deficiencies.

Results of last Standard survey.

Complaints since last Standard survey, including active/outstanding complaints. Include information on the specific allegations for each resident.

Facility Reported Incidents (FRI) since last Standard survey, including any that require investigation during the survey.

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Facility Entrance


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Team Coordinator (TC) conducts an Entrance Conference

- Updated Entrance Conference Worksheet
- Updated facility matrix

Brief visit to the kitchen

Surveyors go to assigned areas



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Entrance Conference Form

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ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/>	3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/>	4. A list of residents who smoke, designated smoking times, and locations.
ENTRANCE CONFERENCE	
<input type="checkbox"/>	5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	6. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/>	7. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/>	8. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	9. A copy of an updated facility floor plan, if changes have been made.
<input type="checkbox"/>	10. Name of Resident Council President.
<input type="checkbox"/>	11. Provide the facility with a copy of the CASPER 3.

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New Entrance Conference Worksheet

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Updated Facility Roster & Matrix (CMS 802)

<ul style="list-style-type: none"> • Alzheimer's/Dementia • DD, ID & no PASARR Level II • Meds: Insulin, Anticoagulants, Antibiotics, Diuretic, Opioid, Hypnotic, Antianxiety, Antipsychotic, Antidepressant, Respiratory • Facility acquired pressure ulcer • Worsened pressure ulcer • Excessive weight loss • Tube feeding 	<ul style="list-style-type: none"> • Dehydration • Physical restraints • Fall, with injury, with major injury • Indwelling catheter • Dialysis • Hospice • End of Life Care • Tracheostomy • Ventilator • Transmission-based precautions • Central venous line/IV therapy • Infections
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Residents Who Smoke Consulting | Talent | Training | Resources

- Policy and Procedure
- Smoking Cessation
- Designated Smoking Areas
- Safety
- Supervision
- Smoking Assessment
- Care Plan

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Residents on Dialysis Consulting | Talent | Training | Resources

F698 Dialysis

Residents receive services consistent with professional standards of practice, the person-centered care plan, resident goals and preferences

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Dialysis Communication Consulting | Talent | Training | Resources

- Timely medication administration
- Advance directives and code status
- Nutrition & fluid management
- Dialysis treatment provided and resident response to that treatment
- Any adverse reactions or complications
- Change in condition of any kind
- Occurrence of or risk of falls
- Issues with transportation

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Dialysis Care Planning Consulting | Talent | Training | Resources

- Auscultation/palpation of AV fistula (pulse, bruit, thrill) to assure adequate blood flow
- Significant change from one extremity to another
- Signs of steal syndrome
- Skin integrity
- Bruising/hematoma
- Collateral vein distension
- Evidence of infection

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Hospice Care Planning Consulting | Talent | Training | Resources

- Does the care plan reflect the resident's diagnosis, palliative care an interventions, as appropriate, such as:
 - End of life or hospice status;
 - If on hospice:
 - Identification of the discipline and provider for care plan interventions;
 - How to contact the hospice 24 hours a day; and
 - Does the care plan reflect coordination between the hospice and the nursing home.
 - Identified resident choices, and goals including advance directives as allowed by State law (e.g., directions regarding hospitalization, acute care in the event of an illness or injury, artificial nutrition or hydration, respiratory and cardiac status).
 - Underlying factors affecting the resident's comfort, cognition, pain, and functional status;

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Transmission Based Precautions Consulting | Talent | Training | Resources

- PPE use by staff (gloves, gowns, masks)
- Dedicated or disposable care equipment (blood pressure cuff, blood glucose monitor)
- Least restrictive transmission based precautions under the circumstances
- Objects and surfaces that are touched frequently and in close proximity to the resident are cleaned and disinfected at least daily and when visibly soiled (bed rails, over-bed table, commode, surfaces in bathroom)

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Initial Pool

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The first eight to ten hours onsite are primarily spent completing the initial pool process.

- This process entails screening all residents in the facility.
- All resident observations, interviews and limited record review will be completed by the end of Day 1 or beginning of Day 2.
- Surveyors complete an observation, interview (if appropriate), and limited record review to narrow residents from the initial pool to those who should be in the Sample.

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Resident Interview

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Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"> • Are you able to make choices about your daily life that are important to you? • I'd like to talk to you about your choices. Are you able to get up and go to bed when you want to? • How about bathing, are you able to choose a bath or shower? Do you choose how often you bathe? • How about food, does the facility honor your preferences or requests regarding meal times, food and fluid choices? • How about activities, are you able to choose when you go to activities? • How about meds, are you able to choose when you receive your medications? • Did you choose your doctor? Do you know their name and how to contact them? • Can you have visitors any time or are there restricted times? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Activities	<ul style="list-style-type: none"> • Do you participate in activities here? If not, why? • Do the activities meet your interests? If not, what type of activities would you like the facility to offer? • Are activities offered on the weekends and evenings? If not, would you like to have activities on the weekends or in the evenings? • Do staff provide activities you can do on your own (cards, books, other)? <p>If resident is in the facility for rehab or is a young resident who says they don't care to participate in the activities, determine if it is because the activities don't interest them.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>

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Resident Observation

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Initial Pool Process: Resident Observation


Care Area	Probes	Response Options
Activities	<ul style="list-style-type: none"> • Did you observe the resident in activities? • Is the resident actively participating or engaged in activities? • Do staff encourage the resident to participate? • Is a younger resident engaged in age appropriate activities? • Are there a variety of activities available for all residents? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Dignity	<ul style="list-style-type: none"> • Observe to determine whether staff failed to: <ul style="list-style-type: none"> ○ Knock/ask permission to enter room or wait to enter until permission gives ○ Explain service or care to be provided ○ Include resident in conversations while providing care or services ○ Provide visual privacy of resident's body while transporting through common areas, or uncovered in their room but visible to others ○ Cover a urinary catheter bag/other body fluid collection device ○ Respond to the resident's call for assistance in a timely manner ○ Clothing and face soiled after meals ○ Poorly fitting clothing • Staff did the following: <ul style="list-style-type: none"> ○ Used a label for resident (e.g., "feeder" or "honry") ○ Posted confidential clinical/personal care instructions in variable areas ○ Dressed resident in institutional fashion (e.g., hospital type gown during day) ○ Labeled clothes with resident's name visible • Any other identified dignity concerns? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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Initial Pool

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- The RRIs (resident representative interview) are for non-interviewable residents.
- The goal is to complete at least three RRI/family interviews across the team on the first day of the survey to be better informed for sampling decisions.
- The resident representative/family may be called especially if you have observational concerns with a resident in the initial pool.



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Resident Representative Interview

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Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"> • Is [resident's name] able to make choices about his/her daily life that are important to [resident's name]? • I'd like to talk to you about [resident's name] choices. Is [resident's name] able to get up and go to bed when he/she wants to? • How about bathing, is [resident's name] able to choose a bath or shower? Does [resident's name] choose how often he/she bathes? • How about food, does the facility honor [resident's name] preferences or requests regarding meal times, food and fluid choices? • How about activities, is [resident's name] able to choose when he/she goes to activities? • How about meds, is [resident's name] able to choose when he/she receives medications? • Did [resident's name] choose his/her doctor? Does [resident's name] know their name and how to contact them? • Can [resident's name] have visitors any time or are there restricted times? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Activities	<ul style="list-style-type: none"> • Does [resident's name] participate in activities here? If not, why? • Do the activities meet [resident's name] interests? If not, what type of activities would [resident's name] like the facility to offer? • Are activities offered on the weekends and evenings? If not, would [resident's name] like to have activities on the weekends or in the evenings? 	<p>No Issues/NA</p> <p>Further Investigation</p>

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Investigations

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After selecting the Sample, the team spends the rest of the survey investigating all concerns for every resident in the sample. Survey Tasks and closed record investigations are also conducted (although dining is observed the first day). When investigations are complete, the team makes citation, severity, and scope decisions for every tag identified by each surveyor.

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Investigations

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- Investigations are conducted for issues identified through observations, interviews and record reviews.
- Critical Element (CE) Pathways used to guide investigations.
 - Were used in QIS survey process
 - CE Pathways to be added and revised

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Record Review

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Initial Pool Process – Limited Record Review

Care Area	Probe	Response Options
For any resident marked as non-interviewable, refused, unavailable or out of facility the following areas should be reviewed in the record regardless of whether the area is an indicator for the resident.		
Pressure Ulcers	<ul style="list-style-type: none"> • Did the resident develop a pressure ulcer in the facility that has not healed? • Did the resident have a pressure ulcer that worsened and hasn't improved recently? <p>Note: Exclude Stage 1 pressure ulcers.</p>	No Issues/NA Further Investigation MDS Discrepancy
Dialysis	<ul style="list-style-type: none"> • Is the resident receiving peritoneal dialysis or hemodialysis? 	No Issues/NA Further Investigation MDS Discrepancy
Respiratory Infection	<ul style="list-style-type: none"> • Does the resident currently have a respiratory infection? 	No Issues/NA Further Investigation MDS Discrepancy
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> • Does the resident currently have a UTI? 	No Issues/NA Further Investigation MDS Discrepancy

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Survey Tasks

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Survey Tasks completed with all surveys
CE Pathways used for investigation and compliance decision

- Dining
- Infection Control
- Beneficiary Protection Notification review
- Resident Council Meeting
- Kitchen
- Med administration and storage
- Sufficient and competent nurse staffing
- QAA/QAPI

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Infection Prevention

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- Throughout survey, all surveyors should observe for infection control
- An assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- An assigned surveyor reviews infection prevention and control, and antibiotic stewardship program

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Sufficient and Competent Nurse Staffing Review

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- Is a mandatory task and will have a revised CE Pathway
- Throughout the survey, the surveyor will consider if staffing levels/practices can be linked to Quality of Life and Quality of Care concerns

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Sufficient Staffing

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Sufficient and Competent Nurse Staffing Review

1. Does the facility have sufficient nursing staff on a 24-hour basis to care for residents' needs, as identified through resident assessments and the plan of care (not including #3 below)? Yes No F725
2. Does the facility's nursing staff have the competencies required to care for residents' needs, as identified through resident assessments and the plan of care (not including #3 below)? Yes No F726
3. Does the facility's nursing staff have sufficient and competent staff to provide the necessary behavioral health, psychosocial, and dementia care to residents? Yes No F741
4. Unless the facility has a waiver, has the facility designated a licensed nurse to serve as a charge nurse on each tour of duty? Yes No F727
5. Unless the facility has a waiver, does the facility have an RN at least 8 hours a day, 7 days a week? Yes No F727
6. Unless the facility has a waiver, does the facility have a registered nurse to serve as the DON on a full time basis? Yes No F727
7. Did the facility ensure the DON served as a charge nurse only when the facility had an average daily occupancy of 60 or fewer residents? Yes No F727
8. Have nurse aides demonstrated competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in their care plans? Yes No F726
9. Are nurse aides re-trained either by completing (1) a new training and competency evaluation program or (2) a new competency evaluation program, if there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation? Yes No F729

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Sufficient and Competent Nurse Staffing Consulting | Talent | Training | Resources

- **General Observation and Interview**
- **Interviews - Residents/Resident Representatives or Family Members**
 - Surveyors should ask residents about staff competency throughout the survey
 - Do you feel safe and comfortable when staff assist you?
 - Do you think the nursing staff are experienced and knowledgeable when providing your care? If not, what concerns have you experienced?
 - Do you recall a time when you didn't feel well? Did you tell a staff member? What happened?

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Sufficient and Competent Nurse Staffing Consulting | Talent | Training | Resources

Nursing Aide and Licensed Nurse Interview:

- Do you have enough time to complete your required assignments each day?
- Do you use position-change alarms?
- How are current staffing needs determined? Does management ask for your input?
- How do you identify a resident's change in condition?
- How have you been trained to provide care, use equipment, and ensure proper infection control techniques are used?

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QAA/QAPI Consulting | Talent | Training | Resources

This Survey Task should take place at the end of the survey

- Prior to interviewing with Surveyor about the QAA program, review the facility rates for MDS Indicators, prior survey history, FRIs, and complaints to remind yourself of present concerns and repeat deficiencies.
- Review the QAPI plan.
- During team meetings, ensure you have a list of concerns the facility should be aware of (e.g., harm or IJ, pattern or widespread issues, or concerns identified by two or more surveyors).

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Exit Conference Consulting | Talent | Training | Resources

- Will conduct an exit conference to inform the facility of the survey team's observations and preliminary findings.
- Invite the ombudsman and an officer of the organized residents group as well as one or two residents to attend.
- The team may provide an abbreviated exit conference specifically for residents after completion of the normal facility exit conference.

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Exit Conference Consulting | Talent | Training | Resources

- Provide information in a manner that is understandable to those present, e.g., say the deficiency "relates to development of pressure ulcers," not "Tag F686."
- Provide the facility with the opportunity to discuss and supply additional information that they believe is pertinent to the identified findings.
- 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.

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Summary Consulting | Talent | Training | Resources

- Utilize the entrance conference checklist to create a survey binder
- Put your QAPI plan and Facility Assessment in your survey binder
- Keep the roster and matrix updated and ready
- Ensure policies and procedures meet the new requirements

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