

Summary of Survey Process Changes
Effective December 1, 2012

Please note that this document is a short summation of the changes and in no way is intended to replace the full version of the text.

Task 1 – Offsite Survey Preparation

Surveyors will review information on the Facility and Quality Measure (QM) reports (Facility Characteristics Report, Facility Quality Measure Report, and Resident Level Quality Measure Report) to pre-select potential residents for Phase I of the sample. This pre-selected sample is subject to additions or deletions based on information gathered during the initial tour, entrance conference, and facility Roster/Sample Matrix (CMS-802 *new and dated 4/12*). *Facilities need to understand their individual QM reports and be able to be prepared to answer questions about any aberrations in these reports compared to the state and nation. Facilities also need to be able to explain any discrepancies between the Roster/Sample Matrix and the QM reports.*

Long stay is defined as residents that have been in the facility for 101 days or more. Short stay is defined as residents who have been in the facility for less than 100 days.

CASPER reports have replaced OSCAR reports.

Task 2 – Entrance Conference/Onsite Preparatory Activities

Facilities need to be prepared to provide a copy of the current actual daily work schedules for licensed and registered nursing staff for all shifts during the survey period by the end of the Entrance Conference. This form may need to be updated during the course of the survey to reflect actual as opposed to what the facility may have planned. *The administrator or designee should be prepared to explain any discrepancies noted on the QM reports, CASPER reports, etc. Dementia residents and those on antipsychotic medications will be a focus. Facilities need to be prepared to discuss how they educate and train staff in dealing with dementia. (Show when last educated on paper) Facilities will also need to be prepared to explain how they monitor the use of psychopharmacological medications – specifically antipsychotic medications.(Show your plan on paper) If a facility utilizes paid feeding assistants, the facility will need to be prepared to discuss the training and provide proof that the training meets the requirements of the State-approved program.*

Within an hour after the Entrance Conference the facility must now also provide:

- 1) A copy of the facility's admission packet/contract(s) provided to all residents, including payment sources and written information that is provided to residents regarding their rights and facility policies.
- 2) Medication "pass" times will now need to be provided for each unit, neighborhood, floor, etc.
- 3) A list of all residents who are receiving or have received antipsychotic medications over the past 30 days, received or are receiving antipsychotic medications. Compare the list to the resident sample in order that a minimum, 4 of the residents on the list who are receiving an antipsychotic medication are in the sample.
- 4) The building layout must also include storage areas.

- 5) A copy of the facility policies and procedures to prevent and investigate allegations of abuse, neglect and misappropriation of resident's property
- 6) A copy of the completed Roster/Sample Matrix (CMS-802 *new and dated 4/12*) and Resident Census and Conditions of Residents (CMS-672 *new and dated 5/12*). *This is changed from the previous "due" time of within 24 hours of the Entrance Conference!*
- 7) A completed Long Term Care Facility Application for Medicare and Medicaid. *This is changed from the previous "due" time of within 24 hours of the Entrance Conference!*
- 8) A list of Medicare residents who requested demand bills in the last 6 months. *This is changed from the previous "due" time of within 24 hours of the Entrance Conference!*
- 9) The staff person responsible for coordinating and implementing the facility's immunization program. (With a list of who has received the injects)

When the administrator is asked the required questions regarding square footage, more than four residents, etc., they must provide the resident room number and tell the surveyor if there are any variances in effect for any of these rooms and whether or not they will continue to request a variance for those rooms.

Staff will be asked to post the signs of the survey and note that surveyors will be able to meet in private with residents, family, visitors, or other interested individuals.

Task 3 – Initial Tour

Surveyors will verify the preselected sample of residents; identify other residents that may need to be added to the sample; and observe resident, staff and physical environment – including a brief stop in the kitchen to note sanitation practices and cleanliness. The initial tour will be done individually by the surveyors so that they can observe as many residents and staff as possible. Surveyors will observe how residents are groomed, privacy, infection control practices, dignity issues and, the use of adaptive equipment or specialized equipment. The surveyor will also make notes of who would be interviewable. Attention will be paid to the interaction between staff and residents. The availability of fluids/water, urine color in catheter bags will be looked at for potential issues with hydration. Call lights/bells will be observed as well as how staff enter and exit resident rooms and their demeanor. Facilities are encouraged to review the guidance that discusses what the surveyors will be focusing on during the initial tour. The surveyor may allow, or refuse to allow, facility personnel to accompany them during a survey. Facility personnel may be helpful. They may answer questions or point out certain concerns to the survey team, thus making the entire process easier. Conversely, facility personnel may hinder the surveyor, argue about observed problems, and make the survey more difficult. This is not tolerated. The surveyors may refuse to allow facility staff to accompany the team if such behavior occurs. The surveyors should make a decision based on the circumstances at the time of the survey.

Task 4 – Sample Selection- Case-Mix Stratified Sample

Surveyors will determine interviewable residents based on the resident's MDS – Brief Interview for Mental Status (BIMS). If the resident scores 8 – 15 they will be considered interviewable. For those residents with language barriers facility staff will need to be prepared to provide the surveyor with an individual who can serve as the resident's interpreter. If there are inaccuracies noted regarding the BIMS they surveyors will also investigate MDS accuracy. Approximately 60% of the residents are chosen during Phase 1 and the remaining 40% are chosen during Phase 2. At least

4 residents who are or have received antipsychotic medications within the past 30 days are to be included on the sample! Phase 2 sample residents are usually chosen on day 2. The Phase 2 sample residents are chosen by the team of surveyors.

Surveyors will use the information from the Roster/Sample Matrix (CMS-802) to confirm and determine the Phase 1 and Phase 2 sample residents.

The following special factors are considered during the Phase 2 sample resident selection:

1. New admissions or residents readmitted during the previous 14 days
2. Residents who have no or infrequent visitors
3. Residents with psychosocial, interactive, and/or behavioral needs
4. Residents who are bedfast or totally dependent on care
5. Residents receiving dialysis or hospice services
6. Residents receiving psychopharmacological medications – specifically antipsychotic medications
7. Residents in rooms in which variances have been granted for room size or number of beds in room
8. Residents with mental illness or intellectual/developmental disabilities
9. Residents who communicate with non-oral communication devices, American sign language, or who speak or understand a language other than the dominant language of the facility

Task 5 – Information Gathering

The fact that surveyor documentation and findings should be resident centered and must relate to the regulations and provide clear evidence, as appropriate, of the facility's failure to meet a regulation.

Surveyors are instructed to be alert and aware of surrounding care environment and activities at all times. The team should meet on a daily basis (even if only briefly) to share information and discuss issues. However, survey teams should not be providing negative findings to the facility on a daily basis (such as a daily exit conference). Some negative findings may require further investigation over time to determine whether noncompliance with a requirement exists. Such further observation and information gathering should be completed before notifying the facility of the concern.

Residents, members of their family, or legal guardians have the right to refuse to be interviewed. Staff should not accompany the surveyors during resident interviews unless their presence is requested by the resident, family member or guardian. Surveyors should refrain from moving or handling residents as this task should be done by staff.

Sub-Task 5A – General Observations of the Facility

Surveyors must document all observations of potential concerns to include the date and time of the observation, the individuals involved or being observed, and the concerns noted at the time of observations.

Sub-Task 5B – Kitchen/Food Service Observation

Surveyors are asked to review and refer to F371. In addition they should observe, the sanitation practices and cleanliness of the kitchen; whether potentially hazardous foods have been left on counter tops or steam tables; manner in which foods are being thawed; and the cleanliness, sanitary practices, and appearance of kitchen staff, e.g., appropriate attire, hair restraints, etc. Recipes should be available and consistent with the menu and followed by employees; appropriate equipment is available and used to prepare, store, and serve foods; food is held for no more than 30 minutes prior to being served, e.g., in the steam table, oven, refrigerator rather than freezer for frozen foods, etc.; and leftovers used during food preparation were stored and used within the appropriate time frames, and reheated to at least 165°F.

Sub-Task 5C - Resident Reviews

Comprehensive Assessment – Consists of observation and interview with the resident as well as an overall review of the facility's completion of the RAI process including their: use of the Care Area Assessment Process (CAA) evaluation of assessment information not covered by the CAAs; identification of risks and causes of resident conditions; completion of Item V0100 CAAs and Care Planning; and development of a care plan that meets the identified needs of the resident. Attention will be focused on the resident's response to the goals and interventions in the care plan as well as the relationship of the resident's drug regimen. Antipsychotic medications will be looked at as well as weight loss, dehydration, and pressure ulcers.

Focused Care Review – This will focus on the care areas that were checked for the resident on the Resident Level QM Report and any other items pertinent to the resident as indicated on the Roster/Sample Matrix.

Resident Review – This will focus on resident room review, daily life review, assessment of drug therapies, and care review.

Surveyors will consistently conduct ongoing resident observations and interviews throughout the survey process.

Surveyors must document their information. They will also determine if the facility used the CAA process.

Surveyors must respect residents' rights to privacy at all times and should never remove dressings or bedclothes. They should also not touch or examine a resident by themselves.

Record review should be used to help validate or confirm with the MDS assessments and care planning interventions accurately reflect the resident's status and identified needs and choices.