

The Survey Process Is Changing – Will You Be Ready?

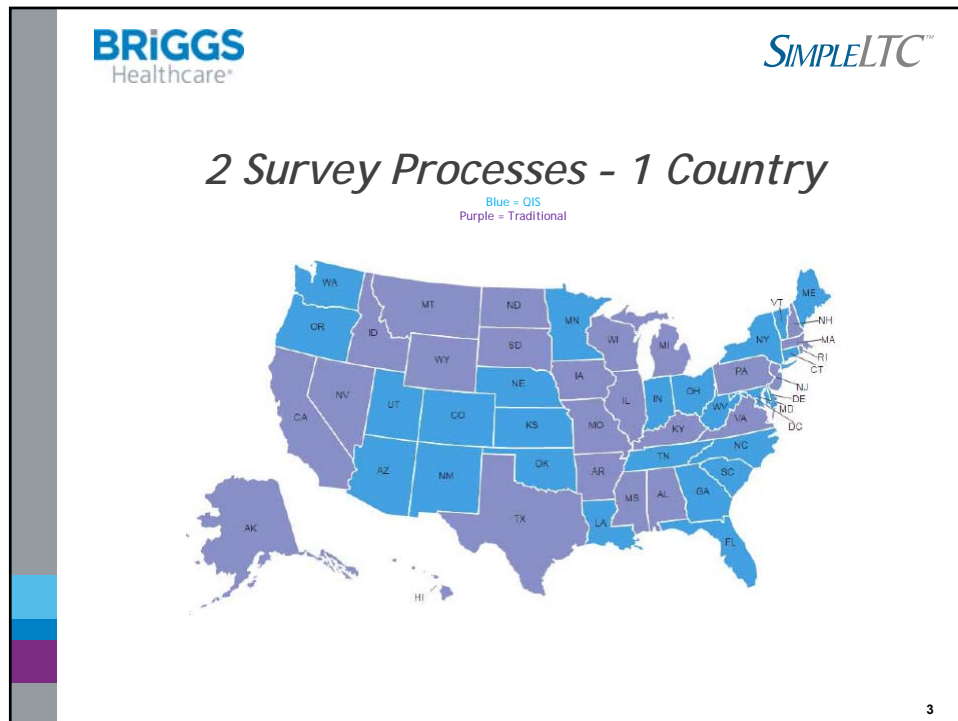


October 12, 2017

Mary Madison, RN, RAC-CT, CDP
Clinical Consultant - Briggs Healthcare®

During This Session, You'll Learn

- Brief history of the LTC survey process to date
- When the new survey process will start
- What the new survey process involves
- New F-tags/crosswalk between the old and new tags
- Tips on how to prepare for the new process
- Valuable resources



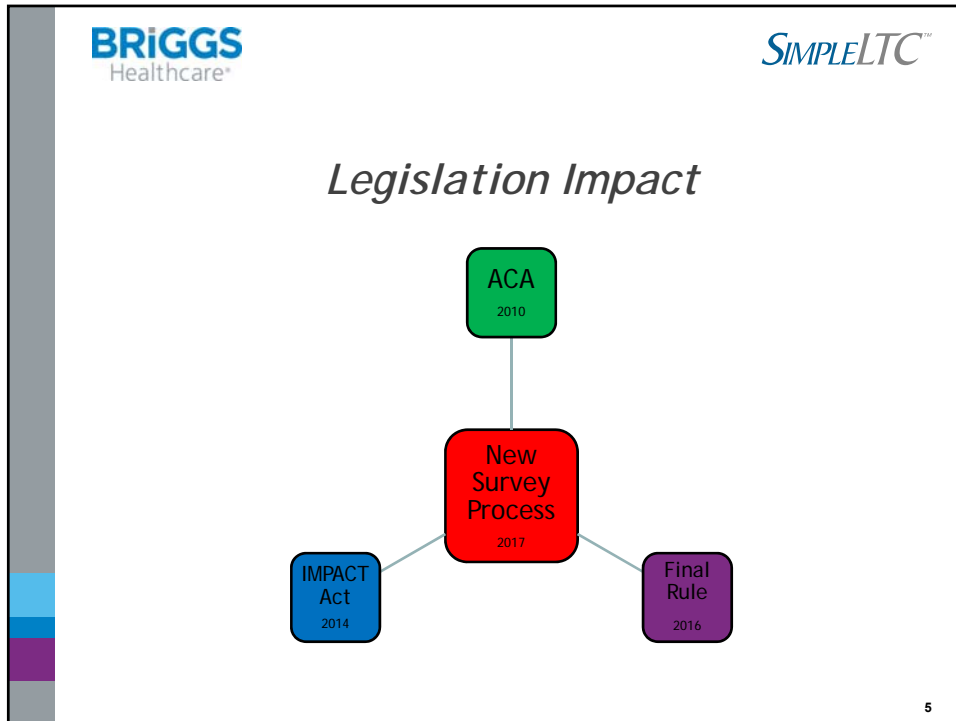
BRIGGS
Healthcare®

SIMPLELTC™

Why the Change?

- Two different survey processes existed to review for the Requirements of Participation (**Traditional** and **QIS**)
- Surveyors identified opportunities to improve the efficiency and effectiveness of both survey processes
- The two processes appeared to identify slightly different quality of care/quality of life issues
- Build on the best of both the Traditional and QIS processes to establish a single nationwide survey process ~ a hybrid

4



-
- The slide, titled "CMS Goals", lists six objectives for the new survey process. The goals are:
- Same survey for entire country
 - Use strengths from Traditional & QIS
 - New innovative approaches
 - Effective and efficient
 - Resident-centered
 - Balance between structure & surveyor autonomy
- BRIGGS Healthcare SIMPLELTC™
- 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
- 6

Automation Differences

Traditional	Quality Indicator Survey (QIS)	New Survey Process
<ul style="list-style-type: none"> • 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

Implementation

Implementation Date	Type of Change	Details of Change
Phase 1: November 28, 2016 (Implemented)	Nursing Home Requirements for Participation	New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPEN) under current F Tags
Phase 2: November 28, 2017	F Tag numbering Interpretive Guidance (IG) Implement new survey process	New F Tags Updated IG Begin surveying with the new survey process
Phase 3: November 28, 2019	Requirements that need more time to implement	Requirements that need more time to implement

When Does This Start?

- ALL states must implement by **November 28, 2017**
- ALL states will use new **computer-based survey process** for LTC surveys
- ALL **training** on new survey process needs to be completed before go live date

9

Components

- Off-site preparation
- Facility entrance
- Initial pool process
- Sample selection
- Investigation
- Mandatory tasks
- Exit

* NOTE: NO FORMAL TOUR

10

Off-Site Preparation

Team Coordinator (TC) completes:

- A review of the CASPER 3 & 4 reports 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.

11

And...

Unit and mandatory facility task assignments

- Dining
- Infection Prevention and Control
- Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
- Resident Council Meeting
- Kitchen observation
- Medication administration and storage
- Sufficient and competent nurse staffing
- QAA/QAPI

12









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

13





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.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE	
<input type="checkbox"/>	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.
<input type="checkbox"/>	13. Schedule of Medication Administration times.
<input type="checkbox"/>	14. Number and location of med storage rooms and med carts.
<input type="checkbox"/>	15. The actual working schedules for licensed and registered nursing staff for the survey time period.
<input type="checkbox"/>	16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
<input type="checkbox"/>	17. If the facility employs paid feeding assistants, provide the following information: <ul style="list-style-type: none"> 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.

14

BRIGGS
Healthcare®

SIMPLELTC™

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

15

BRIGGS
Healthcare®

SIMPLELTC™

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.			

16

**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:

17

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

18

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/quadriplegic residents)
 - * New admission within last 30 days
 - * Complaint
 - * FRI (Facility Reported Incidents- federal only)
 - * Identified concern

19

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."

20

BRIGGS Healthcare *SIMPLELTC™*

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

21

BRIGGS Healthcare *SIMPLELTC™*

Facility Matrix

Resident Name		
Resident Room Number		
Date of Admission if Admitted within the Past 30 Days		
Alzheimer's / Dementia		
MID, ID or RC - No PASARR Level II		
Medications: Insulin (I), Anticoagulant (AC), Antibiotic (AB), Diuretic (D), Opioid (O), Hypnotic (H), Sedative (S), Antipsychotic (AP), Antidepressant (AD), Respiratory (RES)		
Facility Acquired Pressure Ulcer(s) (any stage)		
Wound Pressure Ulcer(s) (any stage)		
Excessive Weight Loss w/out Prescribed Weight Loss Program		
False Feeding		
Dehydration		
Physical Restraints		
Fall (F), Fall with Injury (FI), or Fall =Major Injury (FMI)		
Indwelling Catheter		
Dialysis: Peritoneal (P), Home (H), in facility (F) or offsite (O)		
Hemipar		
End of Life Care - Comfort Care/Palliative Care		
Tracheotomy		
Ventilator		
Transmission Based Precautions		
Intravenous therapy		
Infections (M, W, P, TB, VIL, C, UTI)		

NEW →

MATRIX FOR PROVIDERS

22

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



23

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

24

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

25

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

26

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

27



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

28

Survey Team Meetings

Brief meeting at the end of each day:

- Workload
- Coverage
- Concerns
- Synchronize/share data (if needed)



29

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

30

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

31

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

32

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

33

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

34

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



35

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

36

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

37

Environment

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

"If concerns are identified with the environment, you'll investigate just the relevant concerns that caused the task to trigger. In an effort to increase efficiency where ever we can, we have identified areas that are duplicative with life safety (LSC). For the New LTC Survey Process, you will not have to investigate disaster and emergency preparedness, oxygen storage, or the generators." - CMS

38

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

39

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

40

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.”

41

CE Pathways

- Critical Elements
- Used currently with QIS - updated for new survey process
- Provide investigative protocols and guidance throughout the investigation
- Assistance in determining whether the facility is in compliance
- Probes help determine whether the critical elements of care are in place

42

Updated CE Pathways

- CMS-20052 Beneficiary Notice.pdf
- CMS-20053 Dining.pdf
- CMS-20054 Infection Prevention Control and Immunization.pdf
- CMS-20055 Kitchen.pdf
- CMS-20056 Med Admin.pdf
- CMS-20057 Resident Council.pdf
- CMS-20058 QAA and QAPI.pdf
- CMS-20059 Abuse.pdf
- CMS-20061 Environment.pdf
- CMS-20062 Sufficient and Competent Staff.pdf
- CMS-20063 Personal Funds.pdf
- CMS-20065 Activities.pdf
- CMS-20066 Activities of Daily Living.pdf
- CMS-20067 Behavioral-Emotional.pdf
- CMS-20068 Urinary Catheter or UTI.pdf
- CMS-20069 Comm-Sensory.pdf
- CMS-20070 Dental.pdf
- CMS-20071 Dialysis.pdf
- CMS-20072 General.pdf
- CMS-20073 Hospice and End of Life.pdf
- CMS-20074 Death.pdf

- CMS-20075 Nutrition.pdf
- CMS-20076 Pain Mgt.pdf
- CMS-20077 Physical Restraints.pdf
- CMS-20078 Pressure Ulcer.pdf
- CMS-20080 Rehab and Restorative.pdf
- CMS-20081 Respiratory Care.pdf
- CMS-20082 Unnecessary Medications.pdf
- CMS-20089 Medication Storage.pdf
- CMS-20090 PASARR.pdf
- CMS-20091 Extended Survey.pdf
- CMS-20092 Hydration.pdf
- CMS-20093 Tube Feeding.pdf
- CMS-20120 Positioning, Mobility, ROM.pdf
- CMS-20123 Hospitalization.pdf
- CMS-20125 Bladder and Bowel Incontinence.pdf
- CMS-20127 Accidents.pdf
- CMS-20130 Neglect.pdf
- CMS-20131 Resident Assessment.pdf
- CMS-20132 Discharge.pdf
- CMS-20133 Dementia Care.pdf

43

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medication Storage and Labeling

Medication Storage and Labeling: The team should review half of the med storage rooms, covering different units and review half of the med carts on units where the storage room was not observed. Surveyors, other than the one assigned coordination of the Medication Storage task, who are reviewing medication storage areas, need only answer the CE question if there are "No" responses to observations.


- Medications and biologicals in medication rooms, carts, boxes, and refrigerators were maintained within:
 - Secured (locked) locations, accessible only to designated staff.
 - Clean and sanitary conditions; and
 - Maintain temperatures in accordance with manufacturer specifications and monitor according to national guidelines (e.g., see CDC vaccine storage and handling).
- Schedule II controlled medications (excluding single-unit packaging in minimal quantities that can readily be detected if missing) were maintained within a separately locked permanently affixed compartment.
- Sufficiently detailed records of receipt and disposition of controlled medications were maintained to enable an accurate reconciliation.
- All medication records were in order and an account of all controlled medications was maintained and periodically reconciled.
- Were medications and biologicals labeled in accordance with currently accepted professional principles, and include:
 - Appropriate accessory and cautionary instructions, and
 - Expiration date, when applicable.
- Multi-dose vials to be used for more than one resident are kept in a centralized medication area and do not enter the immediate resident treatment area (e.g., resident room). If multi-dose vials enter the immediate resident treatment area they should be dedicated for single-resident use only.
- Multi-dose vials which have been opened or accessed (e.g., needle-punctured) should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.
- Multi-dose vials which have not been opened or accessed (e.g., needle-punctured) should be discarded according to the manufacturer's expiration date.
- Insulin pens containing multiple doses of insulin are meant for single-resident use only, and must never be used for more than one person, even when the needle is changed; insulin pens must be clearly labeled with the resident's name and other identifier(s) to verify that the correct pen is used on the correct resident; insulin pens should be stored in a sanitary manner to prevent cross-contamination.
- Disposal methods for controlled medications involve a secure and safe method to prevent diversion and/or accidental exposure.

Unit or area where the medication storage task was conducted: _____


1. Did the facility provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident? Yes No F755
2. Are all medications and biologicals stored and labeled properly (medication rooms, carts, boxes, refrigerators)? Yes No F755 and/or F761
3. Does the facility have a system to account for the receipt, usage, disposition, and reconciliation of all controlled medications? Yes No F755

Other Tags and Care Areas to consider: Misappropriation of Resident Property/Exploitation Related to Drug Diversion (F692), Infection Prevention and Control (F390)

44



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



Resident Assessment Critical Element Pathway

Use this pathway for the following: a) when MDS concerns are noted but you are not using a care area pathway (i.e., the care area did not require further investigation), or b) for concerns about the facility's MDS data completion or submission activities.

Record Review:

MDS Accuracy Concerns:

- o Does information in the MDS correspond with information obtained during observations and interviews with the resident, facility staff, and resident's family or representative;
- o Have appropriate health professionals assessed the resident? For example, has the resident's nutritional status been assessed by someone who is knowledgeable in nutrition and capable of assessing the resident.
- o Based on your total review of the resident, is each portion of the assessment accurate;
- o Is there any evidence that an individual willfully and knowingly coded MDS assessment information inaccurately or falsely;
- o Is the quarterly review of the resident's condition consistent with information in the progress notes, plan of care, and your resident observations and interviews; and
- o Based on the facility documentation, did the facility adhere to the guidelines for conducting a Resident Assessment (e.g., Significant Change in Status Assessment)?
(Note: Facility documentation is defined as information obtained from the facility that includes resident care and issues that are tracked such as an incident/accident report, clinical record, wound log, transfer log, and ANY other type of documentation that contains evidence of resident issues.)


Completion and Submission Concerns:

- o Compare the alphabetical list of residents provided by the facility against the resident listing in the software. Residents on the alpha list and not in the software should be new admissions (admitted in the last 30 days). If they are not new admissions, there may be MDS submission issues (and that's why they are not in the software listing);
- o Are the appropriate certifications in place, including the RN Coordinator's certification/signature of completion of an assessment or Correction Request and the certification of individual assessors of the accuracy and completion of portion(s) of the assessment or tracking record completed or corrected;
- o Was the assessment completed and submitted timely? If not, why not; and
- o What is the assessment type that wasn't completed or submitted timely?


Form CMS 20131 (5/2017)

Page 1

45



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



Resident Assessment Critical Element Pathway

Critical Element Decisions:

- 1) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths, and areas of decline accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
If No, cite F641
NA, assessments accurately reflected the resident's status.
- 2) Did the facility complete a comprehensive assessment, using the CMS-specified Resident Assessment Instrument (RAI) process, within the regulatory timeframes (i.e., within 14 days after admission and at least annually) for each resident?
If No, cite F636
NA, the annual assessment or admission assessment was completed timely.
- 3) Did the facility assess residents, using the CMS-specified quarterly review assessment, no less than once every three months, between comprehensive assessments?
If No, cite F638
NA, the quarterly assessment was completed timely.
- 4) Did the facility transmit the assessment within 14 days after completion?
If No, cite F640
NA, assessments were transmitted timely.
- 5) Did the facility ensure no one willfully and knowingly coded MDS assessment information inaccurately or falsely?
If No, cite F642
- 6) Did staff who completed portions of the MDS sign the assessment or tracking record certifying the accuracy and completion of the sections they completed, including the RN Coordinator's certification of completion of an MDS assessment or Correction Request?
If No, cite F642

Form CMS 20131 (5/2017)

Page 2

46

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

New F-Tags

Long-Term Care Rule | F-Tag: Job Aid



Federal Regulatory Groups for Long Term Care Facilities

* Substandard quality of care = one or more deficiencies with s/s levels of F, H, L, J, K, or L in Red

<p>483.10 Resident Rights</p> <p>483.12 Freedom from Abuse, Neglect, and Exploitation</p> <p>483.13 Admissions, Transfer, and Discharge</p> <p>483.20 Resident Assessments</p> <p>483.21 Comprehensive Resident Centered Care Plans</p>	<p>483.24 Quality of Life</p> <p>483.25 Quality of Care</p> <p>483.30 Physician Services</p> <p>483.35 Nursing Services</p>
<p>483.10 Resident Rights</p> <p>483.10 *Resident Rights/Exercise of Rights</p> <p>483.10 Rights Exercised by Representative</p> <p>483.10 Right to be Informed/Make Treatment Decisions</p> <p>483.10 Right to Participate in Planning Care</p> <p>483.10 Resident Self Admin Meds/Chronic Appropriate</p> <p>483.10 Right to Choose/Be Informed of Attending Physician</p> <p>483.10 Resident, Dignity/Right to have Personal Property</p> <p>483.10 *Reasonable Accommodations of Needs/Preferences</p> <p>483.10 *Choose the Method of Admission/Residence Change</p> <p>483.10 Right to Refuse Certain Transfers</p> <p>483.10 *Self Determination</p> <p>483.10 Immediate Access to Resident</p> <p>483.10 Right to Receive/Bring Visitors</p> <p>483.10 Inform of Visitation Rights/Equal Visitation Privileges</p> <p>483.10 *Resident/Terms/Group and Reasonable</p> <p>483.10 Right to Perform Facility Services or Refuse</p> <p>483.10 Protection/Management of Personal Funds</p> <p>483.10 Accounting and Records of Personal Funds</p> <p>483.10 Notice and Consentance of Personal Funds</p> <p>483.10 Surety Bond - Security of Personal Funds</p> <p>483.10 Limitations on Charges to Personal Funds</p> <p>483.10 Notice of Rights and Rules</p> <p>483.10 Right to Access/Purchase Copies of Records</p> <p>483.10 Required Notices and Contact Information</p> <p>483.10 Required Postings</p> <p>483.10 Right to Forms of Communication with Privacy</p> <p>483.10 Right to Survey Results/Advocate Agency Info</p> <p>483.10 Resident/Refuse/Discontinue Treatment/Reschedule Adv CI</p> <p>483.10 Posting/Notice of Medicare/Medicaid on Admission</p> <p>483.10 Notice of Changes (Insurance/Residence, etc.)</p> <p>483.10 Medical/Medicare Coverage/Liability Notice</p> <p>483.10 Personal Privacy/Confidentiality of Records</p> <p>483.10 *Safe/Class/Confidentiality/Resident's Employment</p> <p>483.10 Grievances</p> <p>483.10 Resident Contact with External Entities</p>	<p>483.12 Freedom from Abuse, Neglect, and Exploitation</p> <p>483.12 *Free from Abuse and Neglect</p> <p>483.12 *Free from Misrepresentation/Exploitation</p> <p>483.12 *Free from Involuntary Seclusion</p> <p>483.12 *Right to be Free from Physical Restraints</p> <p>483.12 *Right to be Free from Chemical Restraints</p> <p>483.12 *Must Employ/Threaten Staff with Adverse Actions</p> <p>483.12 *Develop/Implement Abuse/Neglect, etc. Policies</p> <p>483.12 *Resort to Reasonable Substitution of a Crime</p> <p>483.12 *Resorting of Abused Residents</p> <p>483.12 *Investigate/Prevent/Correct Abused Violations</p> <p>483.13 Admissions, Transfer, and Discharge</p> <p>483.13 Admissions Policy</p> <p>483.13 Equal Practices Regardless of Payment Source</p> <p>483.13 Transfer and Discharge Requirements</p> <p>483.13 Notice Requirements Before Transfer/Discharge</p> <p>483.13 Preparation for Safe/Orderly Transfer/Discharge</p> <p>483.13 Notice of Bed Hold Policy Before/Upon Transfer</p> <p>483.13 Permitting Residents to Return to Facility</p> <p>483.20 Resident Assessments</p> <p>483.20 Admission Physician Orders for Immediate Care</p> <p>483.20 Comprehensive Assessments & Timing</p> <p>483.20 Comprehensive Assess After Significant Change</p> <p>483.20 Quarterly Assessment At Least Every 3 Months</p> <p>483.20 Maintain 12 Months of Resident Assessments</p> <p>483.20 Incentive/Transmittal Resident Assessment</p> <p>483.20 Accuracy of Assessments</p> <p>483.20 Coordination/Certification of Assessment</p> <p>483.20 Coordination of PNASB and Assessments</p> <p>483.20 PNASB Screening for AD & D</p> <p>483.20 M/D/O Sign/Change Notification</p> <p>483.21 Comprehensive Resident Centered Care Plans</p> <p>483.21 Baseline Care Plan</p> <p>483.21 Develop/Implement Comprehensive Care Plan</p> <p>483.21 Care Plan Timing and Revision</p> <p>483.21 Services Provided Meet Professional Standards</p> <p>483.21 Qualified Persons</p> <p>483.21 Discharge Planning Process</p> <p>483.21 Discharge Summary</p> <p>483.24 Quality of Life</p> <p>483.24 *Quality of Life (QOL)/ Maintain Abilities</p> <p>483.24 *Activities of Daily Living (ADL)/ Maintain Abilities</p> <p>483.24 *ADL Care Provided for Demented Residents</p> <p>483.24 *Care/Pulmonary Rehabilitation (CPR)</p> <p>483.24 *Facilities Meet Interest/Needs of Each Resident</p> <p>483.24 *Qualifications of Activity Professional</p> <p>483.25 Quality of Care</p> <p>483.25 *Quality of Care</p> <p>483.25 *Treatment/Devices to Maintain Hearing/Vision</p> <p>483.25 *Treatment/Devices to Prevent/Reduce Pressure Ulcers</p> <p>483.25 *Food Care</p> <p>483.25 *Prevent/Reduce Incontinence, Catheter, UTI</p> <p>483.25 *Prevent/Reduce Incontinence, Catheter, UTI</p> <p>483.25 *Dietary/Fluidation Status Maintenance</p> <p>483.25 *Hydration/Fluidation Status Maintenance</p> <p>483.25 *Safe Feeding Management/Person Staff Skills</p> <p>483.25 *Parenteral/IV Fluids</p> <p>483.25 *Respiratory/Tracheostomy Care and Suctioning</p> <p>483.25 *Prostheses</p> <p>483.25 *Train Management</p> <p>483.25 *Urinary</p> <p>483.25 *Trauma Informed Care</p> <p>483.30 Physician Services</p> <p>483.30 Resident's Care Supervised by a Physician</p> <p>483.30 Physician Visits/Review Care/Notes/Order</p> <p>483.30 Physician Visits-Frequency/Time/Availability/Admits/NPI</p> <p>483.30 Physician for Emergency Care, Available 24 Hours</p> <p>483.30 Physician Delegation of Tasks to NPI</p> <p>483.30 Physician Delegation to Dietitian/Therapist</p> <p>483.35 Nursing Services</p> <p>483.35 Sufficient Nursing Staff</p> <p>483.35 Competent Nursing Staff</p> <p>483.35 8x8 Hour/24 Hour, Full Time DON</p> <p>483.35 Facility Write and Use of Nurse</p> <p>483.35 Nurse Aide Registry Verification, Retraining</p>

And...

Federal Regulatory Groups for Long Term Care Facilities

* Substandard quality of care = one or more deficiencies with s/s levels of F, H, L, I, K, or L in Red

7730 Nurse Aide Perform Review - 12hr/Year In-service	7806 Resident Abuse, Preference and Submitter	483.85 (PHASE-3) Compliance and Ethics Program
7731 Waiver Licensed Nurses 24hr/Day and RN Coverage	7807 Drinks Awill to Meet Needs/Preferences/ Hydration	483.85 (PHASE-3) Compliance and Ethics Program
7732 Prone Restraint Staffing Information	7808 Therapeutic Diet Prescribed in Physician	
483.43 Behavioral Health Services	7809 Frequency of Meals/Snacks at Bedtime	
7740 Behavioral Health Services	7810 Assistive Devices - Lifting Equipment/Devices	483.90 Physical Environment
7741 Sufficient/Consistent Staff Address Health Needs	7811 Facility Aids - Obstacles/Obstruction/Resident	7904 Emergency Electrical Power System
7742 "Treatment/Doc for Mental/Behavioral Concerns"	7812 Food Procurement, Storage/Preserve - Sanitary	7907 Space and Equipment
7743 "No Pattern of Behavioral Difficulties Unless Unavoidable"	7813 Personal Food Policy	7908 Essential Equipment, Safe Operating Condition
7744 "Treatment/Service for Dementia"	7814 Discard Garbage & Refuse Properly	7909 Resident Aids
7745 "Provision of Medically Related Social Services"	483.55 Specialized Rehabilitative Services	7910 Resident Room
483.45 Pharmacy Services	7825 Provide/Obtain Specialized Rehab Services	7911 Bedroom Number of Residents
7755 Pharmacy Services/Procedures/Pharmacy/Records	7826 Rehab Services- Physician Order/Qualified Person	7912 Bedroom Measure at Least 80 Square Ft/Resident
7756 Drug Regimen Review Report Template, Act On	483.70 Administration	7913 Bedrooms Have Direct Access to 1st Corridor
7757 "Drug Regimen is Free From Unnecessary Drugs"	7828 Administration	7914 Bedrooms Assume Full Visual Priority
7758 "Free from Unnecessary/Ineffective Medication Use"	7829 License/Comply w/ Fed/State/Local Law/Prof Std	7915 Resident Room Window
7759 "Free of Medication Error Rates of 5% or More"	7837 Governing Body	7916 Resident Room Floor Above Grade
7760 "Residents Are Free of Significant Med Errors"	7828 Facility Assessment	7917 Resident Room Bed/Pillows/Closet
7761 Label/Store Drugs & Biologicals	7839 Staff Qualifications	7918 Bedrooms Equipped/Rear Lavatory/Toilet
483.50 Laboratory, Radiology, and Other Diagnostic Se	7840 Use of Outside Resources	7919 Resident Call System
7770 Laboratory Services	7841 Responsibilities of Medical Director	7920 Requirements for Dining and Activity Rooms
7771 Blood Bank and Transfusion Services	7842 Resident Records - Identifiable Information	7921 Safe/Functional/Sanitary/Comfortable Environment
7772 Lab Services Not Provided On-Site	7843 Transfer Agreement	7922 Procedures to Ensure Water Availability
7773 Lab Test Precision Order/Result of Results	7844 Disclosure of Ownership Requirements	7923 Ventilation
7774 Assist with Transport Arrangements to Lab Sets	7845 Facility Security	7924 Corridors Have Firms Secured Handrails
7775 Lab Reports in Resident Lab/Room/Address	7846 Hospice Services	7925 Medication Effective Pest Control Program
7776 Radiology/Other Diagnostic Services	7850 "Qualification of Social Worker +120 Beds"	7926 Smoking Policies
7777 Radiology/Doc, Test Order/Result/Results	7917 Payroll Record Journal	483.95 Training Requirements
7778 Assist with Transport Arrangements to Radiology	483.75 Quality Assurance and Performance Improvement	7940 PHASE-3 Training Requirements - General
7779 X-Ray/Chemistry Report in Record-Scan/Date	7860 QAP Process/Plan, Disclosure/Good Faith Attempt	7941 PHASE-3 Communication Training
483.55 Dental Services	7864 PHASE-3 QAP/QAA Data Collection and Monitoring	7942 PHASE-3 Resident's Rights Training
7790 Routine/Emergency Dental Services in SNF	7867 QAP/QAA Improvement Activities	7943 Abuse, Neglect, and Exploitation Training
7791 Routine/Emergency Dental Services in N/A	7868 QAA Committee	7944 PHASE-3 QAP Training
483.60 Food and Nutrition Services	483.80 Infection Control	7945 PHASE-3 Infection Control Training
7800 Provided Diet Meets Needs of Each Resident	7882 Infection Prevention & Control	7946 PHASE-3 Compliance and Ethics Training
7801 Qualified Dietary Staff	7883 Antisepsis Handwashing Program	7947 Required Service Training for Nurse Aides
7802 Sufficient Dietary Support Personnel	7884 PHASE-3 Infection Prevention/Qualifications/Role	7948 Training for Feedline Assistants
7803 Menu Meet Res Needs/Prep in Advance/Followed	7885 "Abuse and Prevention of Harassment"	7949 PHASE-3 Behavioral Health Training
7804 Nutrition Value/Appropr , Available/Prefer Time		
7805 Food in Form to Meet Individual Needs		

How Do I Prepare?



- Gather the troops - involve everyone!
- Locate and share your resources
- Check CMS websites for posting of new/revised information
- Attend any/all educational offerings
- Chunk approach
- Prepare a survey-ready kit/box/notebook
- Use QAPI as it was intended - make QAPI *relevant* in your facility's culture

Anything Else?

- Be a visible leader
- Mock surveys
- Use the CE Pathways on a regular basis to audit your staff/facility
- Ensure your staff can address questions re:
 - Emergency preparedness plan
 - Complaints and grievances
 - Resident rights
 - Infection control & prevention procedures
 - QAPI
- Monitor your facility's Five-Star rating; monitor Nursing Home Compare

Long-Term Care Survey Process (LTCSP) Procedure Guide

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTCSP-Procedure-Guide.pdf>

- 42 pages
- Posted September 29, 2017
- Review this document!

Below is the required sample size and the recommended number of surveyors for each survey.

Facility Census	# of Residents in Sample	% of Residents	Recommended # of Surveyors
1-8	All residents	100%	2
9 - 19	8	42% - 89%	2
20 - 48	12	25% - 60%	2
49 - 52	13	25% - 37%	3
53 - 56	14	25% - 26%	3
57 - 61	15	25% - 26%	3
62 - 65	16	25% - 26%	3
66 - 69	17	25% - 26%	3
70 - 90	18	20% - 26%	3
91 - 95	19	20% - 21%	3
96 - 100	20	20% - 21%	4
101 - 105	21	20% - 21%	4
106 - 110	22	20% - 21%	4
111 - 115	23	20% - 21%	4
116 - 123	24	20% - 21%	4
124 - 128	25	20%	4
129 - 133	26	20%	4
134 - 138	27	20%	4
139 - 143	28	20%	4
144 - 148	29	20%	4
149 - 153	30	20%	4
154 - 158	31	20%	4
159 - 164	32	20%	4
165 - 169	33	20%	4
170 - 174	34	20%	4
≥175	35	20% or less	5

Resources

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Survey-and-Cert-Memo-Revision-SOM-Appendix-PP-Phase-2.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Entrance-Conference-Provider-Matrix.zip>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip>
- <https://surveyortraining.cms.hhs.gov/index.aspx>
- https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSLTCsME_VID
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip>

53

More Resources

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/List-of-Revised-FTags.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/F-Tag-Crosswalk.xlsx>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/New-Long-term-Care-Survey-Process%20%93Slide-Deck-and-Speaker-Notes.pptx>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/Adverse-Drug-Event-Trigger-Tool.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

Submit all questions about the new survey process to NH Survey Development mailbox:
NHSurveyDevelopment@cms.hhs.gov

54

BRIGGS
Healthcare®

SIMPLELTC™



Questions

55

BRIGGS
Healthcare®

SIMPLELTC™

Today's Speaker

Mary Madison is a registered nurse with over 44 years of experience in the healthcare field, with 40 years in the long-term care industry. Mary has held positions of Director of Nursing in a 330-bed SNF, DON in two 60-bed SNFs, Reviewer with Telligen (Iowa QIO), Director of Continuing Education, Manager of Clinical Software Support, Clinical Software Implementer and Clinical Educator. Mary has conducted numerous MDS training and other LTC educational sessions across the country in the past 2+ decades. She joined Briggs Healthcare® as their LTC/Senior Care Clinical Consultant in July 2014.

Contact Info:
Madison.Mary@BriggsCorp.com
 515.453.8874
www.BriggsHealthcare.com



56

Webinar recording and slides/handouts
available later today at:

simpleltc.com/newsurvey