



Changes to the Survey Process: 2023

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Course Description

- The Centers for Medicare and Medicaid Services revised guidance into the Long-Term Care Survey, implemented new regulatory provisions, and strengthened guidance on the current procedures. Additionally, CMS updated survey documents, including the Critical Element Pathway (CEP), that assist in investigating areas of concern. The guidelines address multiple areas, including staffing levels, infection prevention, and control, culturally competent care, abuse, and resident rights. The session provides insight into these changes, updates from CMS, and strategies to engage the interdisciplinary team in survey preparation.



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Objectives

1. Identify three strategies for a successful survey.
2. Examine the changes in the Long-Term Care Survey Process
3. Review the survey tools provided by CMS.



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Revisions – 7 month

Revision History for LTC Survey Process Documents and Files		
This document will identify revisions made to documents and files that are related to the LTC Survey Process. The revisions will be grouped by effective date.		
Effective Date	Document/File Name	Description of Change
05/16/2023	Survey Resources	1. LTCSP Mapping Document-Streamlined – corrected the footnote date 2. LTCSP_UG_12.4.0_FINAL – corrected the footnote date
05/12/2023	Survey Resources	Updates due to the end of the PHE and memo QSO-23-13-ALL: 1. COVID-19 FIC Survey folder 2. LTC Survey Pathways folder (CMS 20054- Infection Prevention Control and Immunization, CMS-20140 Arbitration) 3. Entrance Conference Worksheet 4. List of Revised Flags 5. LTCSP Mapping Document-Streamlined 6. LTCSP Procedure Guide 7. LTCSP_UG_12.4.0_FINAL
02/17/2023	1. Survey Resources 2. Appendix PP	Updated: 1. FIC Folder (FIC Survey Protocol) 2. LTC Survey Pathways (CMS-20068 Urinary Catheter or UTI) 3. Appendix PP State Operations Manual 4. Chapter 7 State Operations Manual 5. Entrance Conference Worksheet 6. LTCSP Procedure Guide
10/26/2022	1. Survey Resources 2. Appendix PP	Updated: 1. LTC Survey Pathways (CMS 20054- Infection Prevention Control and Immunization) 2. LTCSP procedure guide 3. FIC Folder (CMS 20054 – Infection Prevention Control and Immunization, Attachment A, QSO-23-02) 4. Appendix PP
10/24/2022	1. CMS-802 2. LTCSP Initial Pool Care Areas 3. Initial Surveys 4. LTC Survey FAQs 5. F-Tag Crosswalk 6. New Long Term Care Survey Process – Slide Deck and Speaker Notes 7. Appendix PP 8. Survey Resources Folder	The documents below were updated to reflect revisions effective October 24, 2022. 1. CMS-802 2. LTCSP Initial Pool Care Areas – RI Care Areas and Probes, RO Care Areas and Probes, RR Care Areas and Probes 3. Initial Surveys 4. LTC Survey FAQs – Deleted 5. F-Tag Crosswalk – Deleted 6. New Long Term Care Survey Process – Slide Deck and Speaker Notes - Deleted 7. Appendix PP – official version released on October 21, 2022 8. Survey Resources Folder – Extensive changes have been made. Download the entire survey resource folder.



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May 2023 Updates

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Centers for Clinical Standards and Quality

- QSO-20-29-NH



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Focused Infection Control Survey

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Updates

Revised F Tag Grouping	Policy Updates Needed	Education & Competency Updates	Audit Tool Needed
Resident Rights			
▪ *F557 Respect, Dignity / Right to Have Personal Property			
▪ *F561 Self Determination			
▪ *F563 Right to Receive/Deny Visitors			
▪ F582 Medicare/Medicaid Coverage / Liability Notice			
▪ F584 Safe/Clean/Comfortable/Homelike Environment			
Abuse, Neglect, Exploitation			
▪ *F600 Free from Abuse and Neglect			
▪ *F604 Right to Be Free from Physical Restraints			
▪ *F607 Develop/Implement Abuse/Neglect, etc. Policies			
▪ *F609 Reporting of Alleged Violations			
Admission, Transfer, Discharge			
▪ *F622 Transfer and Discharge Requirements			
▪ *F623 Notice Requirements Before Transfer/Discharge			
▪ *F624 Preparation for Safe/Orderly Transfer/Discharge			
▪ *F626 Permitting Residents to Return to Facility			
Resident Assessments			
▪ F641 Accuracy of Assessments			
Comprehensive resident Centered Care Plans			
▪ *F656 Develop/Implement Comprehensive Care Plan			
▪ F658 Services Provided Meet Professional Standards			
▪ F659 Qualified Persons			
Quality of Life			
▪ *F675 Quality of Life			
▪ Activities			
Quality of Care			
▪ F686 Treatment/Services to Prevent/Heal Pressure Ulcers			
▪ *F687 Foot Care			
▪ *F689 Free of Accident Hazards / Supervision / Devices			
▪ *F690 Bowel/Bladder Incontinence, Catheter, UTI			
▪ *F694 Parenteral/IV Fluids			
▪ F695 Respiratory/Tracheostomy Care and Suctioning			
▪ *F697 Pain Management			
▪ *F699 Trauma Informed Care			
▪ *F700 Bed Rails			
Physician Services			
▪ F712 Physician Visits			
Nursing Services			
▪ *F725 Sufficient Nursing Staff			
▪ *F727 RN 8 Hrs /7 days/Week, Full Time DON			
▪ F729 Nurse Aide Registry Verification, Retraining			
▪ F732 Posted Nurse Staffing Information			

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Updates

Revised F Tag Grouping	Policy Updates Needed	Education & Competency Updates	Audit Tool Needed
Behavioral Health			
▪ *F740 Behavioral Health Services			
▪ *F741 Sufficient/Competent Staff – Behavioral Health Needs			
▪ F742 Treatment/Svc for Mental/Psychosocial Concerns			
▪ F743 No Pattern of Behavioral Difficulties Unless Unavoidable			
▪ F744 Treatment/Service for Dementia			
Pharmacy Services			
▪ *F755 Pharmacy Services, Procedures, Pharmacist			
▪ *F758 Free from Unnecessary Psychotropic Meds / PRN Use			
Food and Nutrition Services			
▪ *F812 Food Procurement, Store/Prepare/Serve – Sanitary			
Administration			
▪ *F847 Enter into Binding Arbitration Agreements			
▪ *F848 Select Arbitrator/Venue, Retention of Agreements			
▪ *F851 Payroll Based Journal			
Quality Assurance and Performance Improvement			
▪ *F865 QAPI Program/Plan, Disclosure / Good Faith Attempt			
▪ *F867 QAPI/QAA Improvement Activities			
▪ *F868 QAA Committee			
Infection Control			
▪ *F880 Infection Prevention & Control			
▪ *F881 Antibiotic Stewardship Program			
▪ *F882 Infection Preventionist Qualifications/Role			
▪ *F883 Influenza and Pneumococcal Immunizations			
Compliance and Ethics			
▪ *F895 Compliance and Ethics Program			
Physical Environment			
▪ *F919 Resident Call System			
Training Requirements			
▪ *F940 Training Requirements – General			
▪ *F941 Communication Training			
▪ *F942 Resident Rights Training			
▪ *F944 QAPI Training			
▪ *F945 Infection Control Training			
▪ *F946 Compliance and Ethics Training			
▪ *F947 Required In-Service Training for Nurse Aides			
▪ *F949 Behavioral Health Training			

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Updates – Overview

Resident Rights

*F557 Respect, Dignity / Right to Have Personal Property

*F561 Self Determination

*F563 Right to Receive/Deny Visitors

F582 Medicare/Medicaid Coverage / Liability Notice

F584 Safe/Clean/Comfortable/Homelike Environment

https://qsep.cms.gov/data/352/Resident_Rights.mp4

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Abuse, Neglect, Exploitation

***F600** Free from Abuse and Neglect

***F604** Right to Be Free from Physical Restraints

***F607** Develop/Implement Abuse/Neglect, etc. Policies

F608 was deleted (Split between 607 and 609)

***F609** Reporting of Alleged Violations

<https://qsep.cms.gov/data/352/Abuse.mp4>

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Updates - Overview

F 609

- Added Reporting of Suspected Crimes
 - Orientation
 - Identify
 - Law Enforcement
 - Covered individuals
 - Periodic drills
- Clarified guidance
 - Staff to resident
 - Resident to resident
 - Mental/verbal conflict
- Updates to Injury of Unknown Source



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Updates - Overview

- Abuse Template
- Neglect template
- Reporting Template

- **Abuse Template:** Based on [observations/interviews/record review], the facility failed to protect the resident's(s') right to be free from [Type(s) of abuse: mental abuse/verbal abuse/physical abuse/sexual abuse/deprivation of goods and services] by [Perpetrator type: staff/a resident/a visitor]....
- **Neglect Template:** Based on [observations/interviews/record review], the facility failed to protect the resident's(s') right to be free from neglect....

	42 CFR 483.12(b)(5) and Section 1150B of the Act	42 CFR 483.12(c)
What is to be reported	Any reasonable suspicion of a crime against a resident or an individual receiving care from the facility	1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property 2) The results of all investigations of alleged violations
Who is required to report	Any covered individual, which means the owner, operator, employee, manager, agent or contractor of the facility	The facility
To whom	State Survey Agency (SA) and one or more law enforcement entities for the political subdivision in which the facility is located (i.e., the full range of potential responders to elder abuse, neglect, and exploitation including police, sheriff, detectives, public safety officers, corrections personnel, prosecutors, medical examiners, investigators, and coroners)	The facility administrator and to other officials in accordance with State law, including to the SA and the adult protective services where state law provides for jurisdiction in long-term care facilities
When	Serious bodily injury- Immediately but not later than 2 hours* after forming the suspicion No serious bodily injury- not later than 24 hours*	All alleged violations- 1) Immediately but not later than 2 hours*- if the alleged violation involves abuse or results in serious bodily injury 2) Not later than 24 hours*- if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property, and does not result in serious bodily injury Results of all investigations of alleged violations- within 5 working days of the incident

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Updates - Overview

- Required to Report
- New Tables and Examples

Examples of Sexual Contact

NOTE: See also guidance at F600 related to Sexual Abuse and Capacity and Consent.

Required to Report	Not Required to Report (Unless it rises to the level of what's described in the first column)
<ul style="list-style-type: none"> • Unwanted touching of the breasts or perineal area • A resident who fondles or touches a person's sexual organs and the resident being touched indicates the touching is unwanted through verbal or non-verbal cues • Sexual activities where one resident indicates that the activity is unwanted through verbal or non-verbal cues • Sexual activity or fondling where one of the resident's capacity to consent to sexual activity is unknown • Sexual assault or battery (ex. rape, sodomy, coerced nudity) • Instances where the alleged victim is transferred to a hospital for examination and/or treatment of injuries resulting from possible sexual abuse 	<ul style="list-style-type: none"> • Consensual sexual contact between residents who have the capacity to consent to sexual activity • Affectionate contact such as hand holding or hugging or kissing a resident who indicates that he/she consents to the action through verbal or non-verbal cues • Sexual activity between residents in a relationship, married couples or partners, unless one of the residents indicates that the activity is unwanted through verbal or non-verbal cues.

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Updates - Overview

- Required to Report
- New Tables and Examples
- “Willful Action”

Section III. Reporting Suspicious Injuries of Unknown Source
“Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when ALL of the following criteria are met:

- The source of the injury was not observed by any person; and
- The source of the injury could not be explained by the resident; and
- The injury is suspicious because of:
 - a. The extent of the injury, or
 - b. The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma), or
 - c. The number of injuries observed at one particular point in time, or
 - d. The incidence of injuries over time.

Examples of Injuries of Unknown Source	
Required to Report	Not Required to Report (Unless it rises to the level of what's described in the first column)
<ul style="list-style-type: none"> • Unobserved/Unexplained fractures, sprains or dislocations 	<ul style="list-style-type: none"> • Bruising in an area where the resident has had recent medical tests/lab draws and there is no indication of abuse or neglect

Examples of Physical Alterations
 Resident-to-resident physical alterations that must be reported include, any willful action that results in physical injury, mental anguish, or pain. Examples include, but are not limited to, the following:

WILLFUL ACTION*

Willful actions include, but are not limited to, the following:

- Hitting
- Slapping
- Punching
- Choking
- Pinching
- Biting
- Kicking
- Throwing objects
- Grabbing
- Shoving

That results in

PHYSICAL INJURY

A physical injury resulting from the willful action including, but not limited to, the following:

- Death
- Injury requiring medical attention beyond first aid (such as a cut requiring suturing or an injury requiring transfer to a hospital for examination and/or treatment)
- Fracture(s), subdural hematoma, concussion
- Bruises
- Facial injury(ies), such as broken or missing teeth, facial fractures, black eye(s), bruising, bleeding or swelling of the mouth or cheeks

MENTAL ANGUISH*

Psychosocial outcomes resulting from the willful action including, but not limited to, the following:

- Fear of a person or place or of being left alone or of being in the dark, disturbed sleep, nightmares
- Changes in behavior, including aggressive or disruptive behavior toward a specific person
- Running away, withdrawal, isolating self, feelings of guilt and shame, depression, crying, talk of suicide or attempts

* There may be some situations in which the psychosocial outcome to the resident may be difficult to determine or incongruent with what would be expected. In these situations it is appropriate to consider how a reasonable person in the resident's circumstances would be impacted by the incident.

PAIN

Pain resulting from the willful action including, but not limited to, the following:

- Complaints of pain related to the altercation
- Onset of pain evidenced by nonverbal indicators, such as
 - Grimacing, crying, screaming
 - Grinding, clenching of the jaw
 - Resistance to being touched
 - Rubbing/guarding body part

NOTE:
 * Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.

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How to Prepare

- Review and Revise Abuse, Neglect Exploitation P&P
- Element 8 - Coordination with QAPI
- Reporting updates
- Educate, Educate, Educate
- Update assessments to include
- Care Plan
- Postings
- CMS Training Resource



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Updates - Overview

Admission, Transfer, Discharge

*F622 Transfer and Discharge Requirements

*F623 Notice Requirements Before Transfer/Discharge

*F624 Preparation for Safe/Orderly Transfer/Discharge

*F626 Permitting Residents to Return to Facility

https://qsep.cms.gov/data/352/Admission_Transfer_Discharge.mp4

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Updates - Overview

- Person Centered
- Culturally Competent
- Trauma Informed

Comprehensive Resident Centered Care Plans

*F656 Develop/Implement Comprehensive Care Plan

F658 Services Provided Meet Professional Standards

F659 Qualified Persons

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Updates - Overview

*F675 Quality of Life

- Technical corrections to address grammar and update references;
- Removed language suggesting automatic citation of F675 at Immediate Jeopardy (IJ) level;
- **Added language** to direct surveyors to consider impact to resident(s) affected, and to refer to Appendix Q for any concerns which may rise to IJ.

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Updates - Overview

Quality of Care

F686 Treatment/Services to Prevent/Heal Pressure Ulcers

*F687 Foot Care

*F689 Free of Accident Hazards / Supervision / Devices

*F690 Bowel/Bladder Incontinence, Catheter, UTI

*F694 Parenteral/IV Fluids

F695 Respiratory/Tracheostomy Care and Suctioning

*F697 Pain Management

*F699 Trauma Informed Care

*F700 Bed Rails

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Updates - Overview

F686

(Treatment/Services to
Prevent/Heal Pressure
Ulcers)

F687

(Foot Care)

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Updates - Overview

F 689 – Accidents/Supervision

- New guidance on electronic cigarettes (e-cigs)
- Risks associated with e-cigs
- Oversight of devices
- Policy and Procedure expectations
- Resident Safety



https://qsep.cms.gov/data/352/Quality_of_Care_Quality_of_Life.mp4

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Updates - Overview



F 689 – Accidents/Supervision

- Substance Use Disorder (SUD)
- Care planning related to risk to satisfy an addiction
- Identifying and assessing risk
- Resident leaving the facility
- Elopement consideration

https://qsep.cms.gov/data/352/Quality_of_Care_Quality_of_Life.mp4

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Updates - Overview



F 689 – Accidents/Supervision

- Residents with history of substance abuse
- Assess risk
- Knowledge of signs and symptoms
- Prepared to address emergencies

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Updates - Overview

F697 – Pain Management

- Opioid Use updates
- Assessment process to include past addiction or opioid use disorder
- Medication-assisted treatment
- Side effects
- Prevention

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Updates - Overview

F 699 Trauma Informed Care

- New guidance
- Culturally competent
- Definitions
- Approaches for assessing
- Identification of triggers
- Interventions
- Care planning
- Facility Assessment

§483.25(m): The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.



<https://qsep.cms.gov/data/352/TraumaInformedCare.pdf>

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Updates - Overview

F700 - Bedrails

- Intended use
- New resource links
- Non-Compliance



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Updates - Overview

F 712 Physician Services/Visits

- Column 1 was divided into two columns and orders added to column three

Table 1: Authority for Non-Physician Practitioners to Perform Visits, Sign Orders and Sign Medicare Part A Certifications/Re-certifications when Permitted by the State

	Initial Comprehensive Visit	Admission Orders	Other Required Visits & Orders ^a	Other Medically Necessary Visits & Orders ^a	Certification/ Recertification:
SNFs					
PA, NP & CNS employed by the facility	May not perform	May not provide	May perform alternate visits <i>and sign</i>	May perform and sign	May not sign
PA, NP & CNS not a facility employee	May not perform	May not provide	May perform alternate visits <i>and sign</i>	May perform and sign	May sign <i>as permitted under State laws</i> .
NFs					
PA, NP, & CNS employed by the facility	May not perform	May not provide	May not perform <i>or sign</i>	May perform and sign	Not applicable
PA, NP, & CNS not a facility employee	May perform	May provide*	May perform <i>and sign</i>	May perform and sign	Not applicable

<https://qsep.cms.gov/data/352/PhysicianServices.pdf>

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Updates - Overview

Nursing Services

*F725 Sufficient Nursing Staff

*F727 RN 8 Hrs./7 days/Week, Full Time DON

F729 Nurse Aide Registry Verification, Retraining

F732 Posted Nurse Staffing Information

https://qsep.cms.gov/data/352/Nursing_Services.mp4

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Updates - Overview

Behavioral Health

*F740 Behavioral Health Services

*F741 Sufficient/Competent Staff – Behavioral Health Needs

F742 Treatment/Svc for Mental/Psychosocial Concerns

F743 No Pattern of Behavioral Difficulties Unless Unavoidable

F744 Treatment/Service for Dementia

https://qsep.cms.gov/data/352/Behavioral_Health.mp4

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Updates - Overview

F740 Behavioral Health Services

- PASARR Updates
- Behavioral contracts
- Information on schizophrenia and bipolar disorder
- New severity level examples
- Behavioral health care and services resources

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Updates - Overview

F741 Sufficient/Competent Staff – Behavioral Health Needs

- Updated Intent of the regulations
- Updated definitions
 - Mental disorder
 - Trauma
 - PTSD
 - Substance Use Disorder
- Facility Assessment
- Nonpharmacological interventions

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Updates - Overview

Pharmacy Services

- Small but significant changes
 - F755 Pharmacy Services
 - F757 Unnecessary Medications
 - F758 Unnecessary Psychotropic Medications and PRN Use
 - Potential misdiagnosing of residents with a condition for which antipsychotics are an approved use such as schizophrenia

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Updates - Overview

- **F812 Food Procurement, Store/Prepare/Serve - Sanitary**
- Culture change in dining practices
- Clarifies definitions
- Details on staff hair restraint and glove use

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Updates - Overview

Administration

*F847 Enter into Binding Arbitration Agreements

*F848 Select Arbitrator/Venue, Retention of Agreements

*F851 Payroll Based Journal

CMS Resources:

<https://qsep.cms.gov/data/352/Arbitration.mp4>

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Updates - Overview

Quality Assurance and Performance Improvement

*F865 QAPI Program/Plan, Disclosure / Good Faith Attempt

*F867 QAPI/QAA Improvement Activities

*F868 QAA Committee

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Updates - Overview

- **F865 QAPI Program/Plan, Disclosure/Good Faith Attempt**
- New requirements
- Definitions for governing body
- Details minimum program requirements
- Surveyor instructions
- Updates facility elements of non-compliance

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Updates - Overview

F867 QAPI/QAA Improvement Activities

- Updates definitions
- Role of feedback
- Outlines specific facility requirements on monitoring, data, systems, and more
- One PIP per year



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Updates - Overview

F 868 QAA Committee

- Infection Preventionist Role
- Surveillance
- Reporting



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Updates - Overview

Infection Control

*F880 Infection Prevention & Control

*F881 Antibiotic Stewardship Program

*F882 Infection Preventionist Qualifications/Role

*F883 Influenza and Pneumococcal Immunizations

https://qsep.cms.gov/data/352/Infection_Control.mp4

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Updates - Overview

F895 Compliance and Ethics Program

- Intent statement
- Definitions
- Additional requirements with 5 or more facilities
- Training requirements



https://qsep.cms.gov/data/352/Compliance_and_Ethics.mp4

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Updates - Overview

Training Requirements
*F940 Training Requirements – General
*F941 Communication Training
*F942 Resident Rights Training
*F944 QAPI Training
*F945 Infection Control Training
*F946 Compliance and Ethics Training
*F947 Required In-Service Training for Nurse Aides
*F949 Behavioral Health Training

https://qsep.cms.gov/data/352/Training_Requirements.mp4

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Updates - Overview

- F945 Infection Control Training
- F946 Compliance and Ethics Training
- F947 Required Inservice Training for Nurse Aides



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6/2/2023

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Updates - Overview

F949 Behavioral Health Training

- Develop, implement and maintain
- Competencies and skills
- Person centered care
- Communication
- Environment and Engagement
- Promotes well-being
- Individual needs
- Dementia



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6/2/2023

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Components of the Survey

- Scheduling
- Off site prep
- Entrance conference
- Initial pool selection
- Finalize sample
- Conduct investigations for sampled residents
- Closed record reviews
- Mandatory survey tasks
- QAA/QAPI
- Potential citations
- Exit conference
- Supervisor review
- 2567 published
- Plan of correction response
- Re-visit or desk audit

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p_ltcfpdf

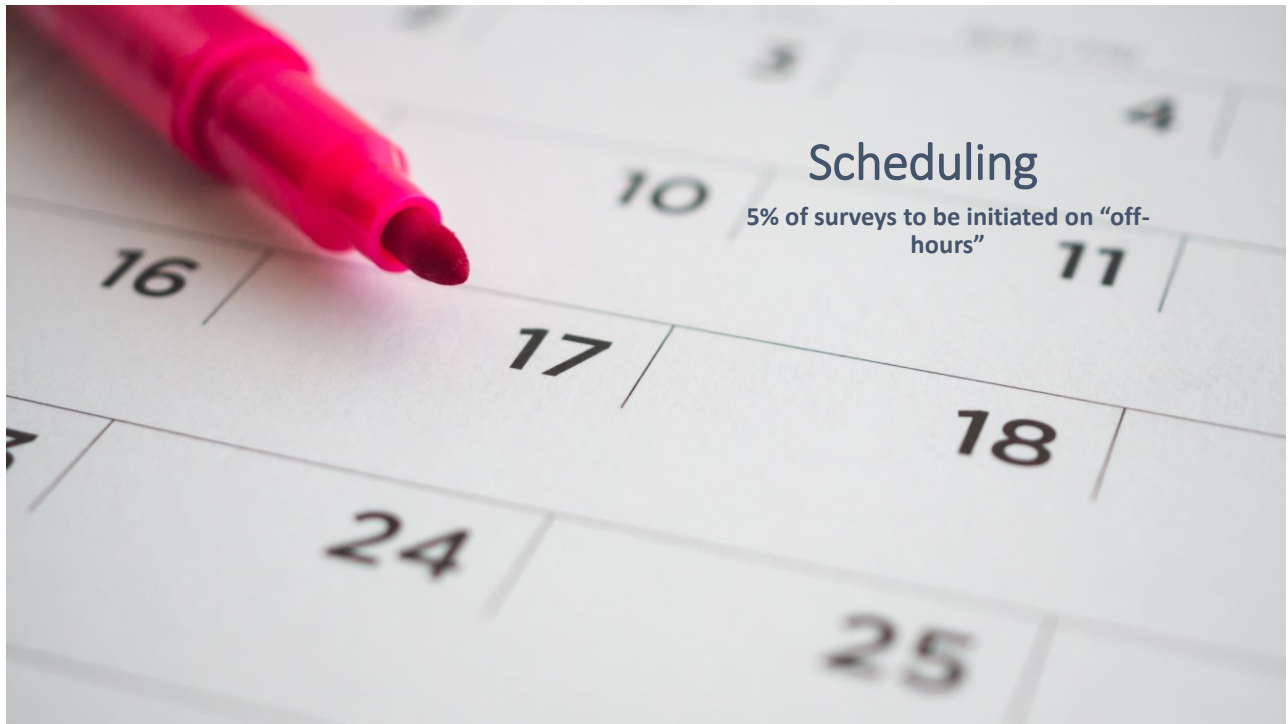


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Survey

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Federal Regulatory Groups for Long Term Care
***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**
**** Tag to be cited by Federal Surveyors Only**

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	Admission, Transfer, and Discharge	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F622	Transfer and Discharge Requirements	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F623	Notice Requirements Before Transfer/Discharge	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response	F624	Preparation for Safe/Orderly Transfer/Discharge	F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse	F625	Notice of Bed Hold Policy Before/Upon Transfer	F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds	F626	Permitting Residents to Return to Facility	F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	483.20	Resident Assessments	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident Assessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	483.30	Physician Services
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F642	Coordination/Certification of Assessment	F711	Physician Visits- Review Care/Notes/Order
F577	Right to Survey Results/Advocate Agency Info	F644	Coordination of PASARR and Assessments	F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F578	Request/Refuse/Discontinue Treatment; Formulate Adv Di	F645	PASARR Screening for MD & ID	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admission	F646	MD/ID Significant Change Notification	F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Decline/Room, Etc.)	483.21	Comprehensive Resident Centered Care Plan	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Liability Notice	F655	Baseline Care Plan	483.35	Nursing Services
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Timing and Revision	F726	Competent Nursing Staff
F585	Grievances	F658	Services Provided Meet Professional Standards	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities	F659	Qualified Persons	F728	Facility Hiring and Use of Nurse
		F660	Discharge Planning Process	F729	Nurse Aide Registry Verification, Retraining
		F661	Discharge Summary	F730	Nurse Aide Perform Review – 12hr/Year In-service
				F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
				F732	Posted Nurse Staffing Information

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Federal Regulatory Groups for Long Term Care
***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**
**** Tag to be cited by Federal Surveyors Only**

483.40 Behavioral Health	F811 Feeding Asst - Training/Supervision/Resident	483.90 Physical Environment
F740 Behavioral Health Services	F812 Food Procurement, Store/Prepare/Serve - Sanitary	F906 Emergency Electrical Power System
F741 Sufficient/Competent Staff-Behav Health Needs	F813 Personal Food Policy	F907 Space and Equipment
F742 *Treatment/Svc for Mental/Psychosocial Concerns	F814 Dispose Garbage & Refuse Properly	F908 Essential Equipment, Safe Operating Condition
F743 *No Pattern of Behavioral Difficulties Unless Unavoidable	483.65 Specialized Rehabilitative Services	F909 Resident Bed
F744 *Treatment /Service for Dementia	F825 Provide/Obtain Specialized Rehab Services	F910 Resident Room
F745 *Provision of Medically Related Social Services	F826 Rehab Services- Physician Order/Qualified Person	F911 Bedroom Number of Residents
483.45 Pharmacy Services	483.70 Administration	F912 Bedrooms Measure at Least 80 Square Ft/Resident
F755 Pharmacy Svcs/Procedures/Pharmacist/ Records	F835 Administration	F913 Bedrooms Have Direct Access to Exit Corridor
F756 Drug Regimen Review, Report Irregular, Act On	F836 License/Comply w/Fed/State/Local Law/Prof Std	F914 Bedrooms Assure Full Visual Privacy
F757 *Drug Regimen is Free From Unnecessary Drugs	F837 Governing Body	F915 Resident Room Window
F758 *Free from Unnec Psychotropic Meds/PRN Use	F838 Facility Assessment	F916 Resident Room Floor Above Grade
F759 *Free of Medication Error Rate sof 5% or More	F839 Staff Qualifications	F917 Resident Room Bed/Furniture/Closet
F760 *Residents Are Free of Significant Med Errors	F840 Use of Outside Resources	F918 Bedrooms Equipped/Near Lavatory/Toilet
F761 Label/Store Drugs & Biologicals	F841 Responsibilities of Medical Director	F919 Resident Call System
483.50 Laboratory, Radiology, and Other Diagnostic Services	F842 Resident Records - Identifiable Information	F920 Requirements for Dining and Activity Rooms
F770 Laboratory Services	F843 Transfer Agreement	F921 Safe/Functional/Sanitary/ Comfortable Environment
F771 Blood Blank and Transfusion Services	F844 Disclosure of Ownership Requirements	F922 Procedures to Ensure Water Availability
F772 Lab Services Not Provided On-Site	F845 Facility closure-Administrator	F923 Ventilation
F773 Lab Svcs Physician Order/Notify of Results	F846 Facility closure	F924 Corridors Have Firmly Secured Handrails
F774 Assist with Transport Arrangements to Lab Svcs	F847 Enter into Binding Arbitration Agreements	F925 Maintains Effective Pest Control Program
F775 Lab Reports in Record-Lab Name/Address	F848 Select Arbitrator/Venue, Retention of Agreements	F926 Smoking Policies
F776 Radiology/Other Diagnostic Services	F849 Hospice Services	483.95 Training Requirements
F777 Radiology/Diag. Svcs Ordered/Notify Results	F850 Facility closure	F940 Training Requirements - General
F778 Assist with Transport Arrangements to Radiology	F851 Payroll Based Journal	F941 Communication Training
F779 X-Ray/Diagnostic Report in Record-Sign/Dated	483.75 Quality Assurance and Performance Improvement	F942 Resident's Rights Training
483.55 Dental Services	F865 QAPI Program/Plan, Disclosure/Good Faith Attempt	F943 Abuse, Neglect, and Exploitation Training
F790 Routine/Emergency Dental Services in SNFs	F867 QAPI/QAA Improvement Activities	F944 QAPI Training
F791 Routine/Emergency Dental Services in NFs	F868 QAA Committee	F945 Infection Control Training
483.60 Food and Nutrition Services	483.80 Infection Control	F946 Compliance and Ethics Training
F800 Provided Diet Meets Needs of Each Resident	F880 Infection Prevention & Control	F947 Required In-Service Training for Nurse Aides
F801 Qualified Dietary Staff	F881 Antibiotic Stewardship Program	F948 Training for Feeding Assistants
F802 Sufficient Dietary Support Personnel	F882 Infection Preventionist Qualifications/Role	F949 Behavioral Health Training
F803 Menus Meet Res Needs/Prep in Advance/Followed	F883 *Influenza and Pneumococcal Immunizations	
F804 Nutritive Value/Appear, Palatable/Prefer Temp	F884 **Reporting – National Health Safety Network	
F805 Food in Form to Meet Individual Needs	F885 Reporting – Residents, Representatives & Families	
F806 Resident Allergies, Preferences and Substitutes	F886 COVID-19 Testing-Residents & Staff	
F807 Drinks Avail to Meet Needs/P references/ Hydration	F887 COVID-19 Immunization	
F808 Therapeutic Diet Prescribed by Physician	F888 COVID-19 Vaccination of Facility Staff	
F809 Frequency of Meals/Snacks at Bedtime	483.85 Compliance and Ethics Program	
F810 Assistive Devices - Eating Equipment/Utensils	F895 Compliance and Ethics Program	



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Off-site Prep

- Review for repeated deficiencies
- Review Facility Reported Incidents (FRI) since last survey
- Identify areas that need investigation
- Contact the Ombudsman
- Review County COVID-19 positivity rate
- Assign mandatory tasks
- Review MDS Indicator report
- Select potential residents
- Team members review this information

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p_ltcpdf

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Entrance

- Team Leader will ask for:
 - CMS 802 Matrix
 - Be aware of the definitions for inclusion on the Matrix (CMS 802)
 - Use clinical software and update resident info
- List of admissions in last 30 days
- Resident listing – provide one list by name and one by location
- Provide facility policy for COVID-19 unit
- Provide today's census, information about specialty units or programs
- One surveyor will go immediately to the kitchen
- Other surveyors to assigned areas

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p



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Entrance Conference Worksheet

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.
<input type="checkbox"/>	5. A list of residents who are confirmed or suspected cases of COVID-19.
<input type="checkbox"/>	6. Name of facility staff responsible for Infection Prevention and Control Program.
<input type="checkbox"/>	7. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.
<input type="checkbox"/>	8. Conduct a brief Entrance Conference with the Administrator. <i>Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.</i>
<input type="checkbox"/>	9. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/>	10. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/>	11. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	12. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
<input type="checkbox"/>	13. Name of Resident Council President.
<input type="checkbox"/>	14. Provide the facility with a copy of the CASPER 3.
<input type="checkbox"/>	15. <i>Does the facility offer arbitration agreements? If so, please provide a sample copy.</i>
<input type="checkbox"/>	16. <i>Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?</i>
<input type="checkbox"/>	17. <i>Name of the staff responsible for the binding arbitration agreements.</i>
<input type="checkbox"/>	18. Schedule of mealtimes, 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"/>	19. Schedule of Medication Administration times.
<input type="checkbox"/>	20. Number and location of med storage rooms and med carts.
<input type="checkbox"/>	21. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/>	22. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility. <i>Include staff responsible for water management. Include the Medical Director.</i>
<input type="checkbox"/>	23. If the facility employs paid feeding assistants, provide the following information: <ol style="list-style-type: none"> 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; A list 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; A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.



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Entrance Conference Worksheet

ENTRANCE CONFERENCE WORKSHEET	
<input type="checkbox"/>	24. The facility's mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates.
<input type="checkbox"/>	25. Documentation related to COVID-19 testing, which may include the facility's testing plan, logs of the level of community transmission (after 09-10-2021), testing schedules, list of staff who have confirmed or suspected cases of COVID-19 over the last 4 weeks, and if there were testing issues, contact with state and local health departments.
<input type="checkbox"/>	26. <i>Name of the facility's infection preventionist (IP). Documentation of the IP's primary professional training and evidence of completion of specialized training in infection prevention and control.</i>
<input type="checkbox"/>	27. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
<input type="checkbox"/>	28. Admission packet.
<input type="checkbox"/>	29. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
<input type="checkbox"/>	30. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/>	31. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/>	32. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/>	33. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice provider).
<input type="checkbox"/>	34. Infection Prevention and Control Program Standards, Policies and Procedures, to include the Surveillance Plan, Procedures to address resident and staff who refuse COVID-19 testing or are unable to be tested, and Antibiotic Stewardship Program.
<input type="checkbox"/>	35. Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.
<input type="checkbox"/>	36. List of residents and their COVID-19 vaccination status.
<input type="checkbox"/>	37. COVID-19 Healthcare Staff Vaccination Policies and Procedures (if applicable for a full review of F888).
<input type="checkbox"/>	38. COVID-19 Staff Vaccination Matrix. Note: Facilities may complete the COVID-19 Vaccination Matrix for Staff or provide a list containing the same information as required in the staff matrix (if applicable for a full review of F888).
<input type="checkbox"/>	39. List of contract companies that will provide services to the facility/residents during the survey period. Identify the name of the contract company; whether the company provides direct care of non-direct care; how often services are provided (e.g., daily, weekly); the approximate number of contract staff provided by the company; and information on how the facility ensures contractor staff are compliant with the vaccination requirement. (if applicable for a full review of F888).
<input type="checkbox"/>	40. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/>	41. QAPI Plan.
<input type="checkbox"/>	42. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/>	43. Description of any experimental research occurring in the facility.
<input type="checkbox"/>	44. Facility assessment.



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Binding Arbitration

ENTRANCE CONFERENCE WORKSHEET	
<input type="checkbox"/>	46. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"> • Less than the required square footage • More than four residents
INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY	
<input type="checkbox"/>	47. 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 5 which is titled "Electronic Health Record Information."
<input type="checkbox"/>	48. <i>Provide a list of residents who entered into a binding arbitration agreement on or after 9/16/2019.</i>
<input type="checkbox"/>	49. <i>Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.</i>
INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE	
<input type="checkbox"/>	50. Completed Medicare/Medicaid Application (CMS-671).
<input type="checkbox"/>	51. Completed Census and Condition Information (CMS-672).
<input type="checkbox"/>	52. Please complete the attached form on page 4 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".



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Off site preparation

Offsite Preparation Worksheet

Survey Date: _____ Previous Recertification Survey Date: _____ Offsite Review Date: _____
 Facility Name: _____ EventID: _____
 Administrator Name: _____
 Team (List Coordinator First): _____

☐ Review the CASPER 3 report to determine whether the facility has any patterns of repeat deficiencies.

☐ Results from the last Standard survey.

☐ Review complaints since the last Standard survey.

☐ Review facility reported incidents (FRI) since the last Standard survey.

☐ Review the CASPER FRI Staffing Data Report for identified concerns regarding staffing. Note any nurse staffing waiver for onsite review.

☐ List active Complaints and FRI that will be investigated during this survey. Document the following: the complaint/FRI details; whether a complaint/FRI resident is also offsite selected; and link from the ACTS allegation to the LTCSP (i.e., initial pool, facility task, directly to investigation, closed record). Assign a surveyor.

☐ Was abuse cited on the prior standard survey or have there been any abuse allegations or citations for complaints?

☐ Note any federal waivers/variances for onsite review.

☐ Note any active enforcement cases (resident issues/dates/reason) that shouldn't be investigated.

Ombudsman Name: _____ Ombudsman Contact date: _____
 Ombudsman's Phone Number: _____
 Ombudsman Area(s) of Concern: _____

☐ Mandatory facility task assignments:

1) Dining Observation	_____
2) Infection Control and Immunizations	_____
3) Kitchen/Food Service Observation	_____
4) Beneficiary Notification Review	_____
5) Medication Administration	_____
6) Med Storage and Labeling	_____
7) QA/P/QA-I	_____
8) Resident Council	_____
9) Sufficient and Competent Nurse Staffing	_____

☐ Team unit assignments: _____

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Effective October
26th, 2022

<https://www.cms.gov/files/zip/survey-resources-staff-vaccine-documents-04072022.zip>

Facility Census	Recommended # of Surveyors	Max # Complaint/ FRI Residents in IP and Sample	Initial Pool Size (approximate)	Samp Size
1-8	2	5	All residents	All residents
9 - 15	2	5	All residents	8
16 -19	2	5	16	8
20 - 48	2	5	16	12
49 - 52	3	6	24	13
53 - 56	3	6	24	14
57 - 61	3	7	24	15
62 - 65	3	7	24	16
66 - 69	3	7	24	17
70 - 90	3	8	24	18
91 - 95	3	8	24	19
96 - 100	4	9	32	20
101 - 105	4	9	32	21
106 - 110	4	9	32	22
111 - 115	4	10	32	23
116 - 123	4	10	32	24
124 - 128	4	10	32	25
129 - 133	4	10	32	26
134 - 138	4	11	32	27
139 - 143	4	11	32	28
144 - 148	4	11	32	29
149 - 153	4	12	32	30
154 - 158	4	12	32	31
159 - 164	4	13	32	32
165 - 169	4	13	33	33
170 - 174	4	13	34	34

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LTCSP Facility Entrance- Surveyor Duties

- Medical Director
- Facility Assessment
- Binding Arbitration
- Kitchen Review
- Resident Roster



LTCSP- Initial Pool

Each surveyor will be assigned 8 residents

- Screen the selected offsite residents-Direct room to room observation
- Include an residents that have a complaint

On-site Selection

- Include any newly admitted resident or vulnerable resident with concerns
- Vulnerable residents

Selection strategies

Focused Infection Control Survey

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. An alphabetical list of all residents and room numbers (note any resident out of the facility).
<input type="checkbox"/>	3. A list of <i>current</i> residents who are confirmed or suspected cases of COVID-19.
<input type="checkbox"/>	4. Name of facility staff responsible for Infection Prevention and Control Program.
<input type="checkbox"/>	5. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.
ENTRANCE CONFERENCE	
<input type="checkbox"/>	6. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	7. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	8. A copy of an updated facility floor plan, if changes have been made, including observation and COVID-19 units.
<input type="checkbox"/>	9. Complete the COVID-19 Staff Vaccination Matrix or provide a list containing the same information as soon as possible (<i>only applicable if there are complaints/concerns specific to the staff vaccination requirement, F888</i>).
<input type="checkbox"/>	10. Provide a list of contract companies that will provide services to the facility/residents <i>during the survey period</i> . Identify the name of the contract company; whether the company provides direct care or non-direct care; how often services are provided (e.g., daily, weekly); and the approximate number of contract staff provided by the company. Provide information on how the facility ensures that their contractor staff are compliant with the vaccination requirement (<i>only applicable if there are complaints/concerns specific to the staff vaccination requirement, F888</i>).
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE*	
<input type="checkbox"/>	11. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/>	12. List of key personnel location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility.
<input type="checkbox"/>	13. Provide each surveyor with access to all resident electronic health records (EHRs) – do not exclude any information that should be a part of the resident's medical record. Provide instructions on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 3 which is titled "Electronic Health Record Information."
<input type="checkbox"/>	14. Facility Policies and Procedures: <ul style="list-style-type: none"> • Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan • Procedures to address residents and staff who refuse testing or are unable to be tested • Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies • Influenza, Pneumococcal, and COVID-19 Vaccination Policy & Procedures • COVID-19 Healthcare Staff Vaccination Policies and Procedures (<i>only applicable if there are complaints/concerns specific to the staff vaccination requirements, F888</i>).



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Focused Infection Control Survey

<input type="checkbox"/>	15. The facility's mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 cases in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain COVID-19 updates.
<input type="checkbox"/>	16. Documentation related to COVID-19 testing, which may include the facility's testing plan, logs of the level of community transmission (after 09-10-2021), testing schedules, list of staff who have confirmed or suspected cases of COVID-19 over the last 4 weeks, and, if there were testing issues, contact with state and local health departments.
<input type="checkbox"/>	17. A list of residents and their COVID-19 vaccination status.

*The timelines for requested information in the table are based on normal circumstances. Surveyors should be flexible on the time to receive information based on the conditions in the facility. For example, do not require paperwork within an hour if it interrupts critical activities that are occurring to prevent the transmission of COVID-19.



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FIC Survey with Staff Vaccination

ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team within one hour of Entrance.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or -	
1. Infections	
2. Hospitalization	
3. Change of condition	
4. Medications	
5. Diagnoses	
6. COVID-19 test results	
7. Immunization data	



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National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=15125		Total Number of Surveys=33988
F0884	Reporting - National Health Safety Network	6,933	19.3%	20.4%
F0689	Free of Accident Hazards/Supervision/Devices	1,826	10.0%	5.4%
F0880	Infection Prevention & Control	1,729	9.5%	5.1%
F0684	Quality of Care	1,407	7.9%	4.1%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	1,347	8.3%	4.0%
F0656	Develop/Implement Comprehensive Care Plan	1,104	6.5%	3.2%
F0677	ADL Care Provided for Dependent Residents	1,045	5.7%	3.1%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	891	5.1%	2.6%
F0761	Label/Store Drugs and Biologicals	890	5.4%	2.6%
F0609	Reporting of Alleged Violations	819	4.7%	2.4%



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Oklahoma F tag frequency 2023

Citation Frequency Report				
State	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Tag #				
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Oklahoma Active Providers=293	Total Number of Surveys=445	
F0884	Reporting - National Health Safety Network	164	18.4%	36.9%
F0880	Infection Prevention & Control	33	8.5%	7.4%
F0684	Quality of Care	32	9.2%	7.2%
F0677	ADL Care Provided for Dependent Residents	27	6.8%	6.1%
F0689	Free of Accident Hazards/Supervision/Devices	23	6.8%	5.2%
F0657	Care Plan Timing and Revision	22	6.1%	4.9%
F0755	Pharmacy Svcs/Procedures/Pharmacist/Records	22	5.8%	4.9%
F0656	Develop/Implement Comprehensive Care Plan	19	5.8%	4.3%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	19	5.5%	4.3%
F0584	Safe/Clean/Comfortable/Homelike Environment	15	3.8%	3.4%



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Update: Resident Observation Resident Interview

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Resident Interviews

- **Choices**
- Activities
- Dignity
- Abuse
- Resident to Resident Interaction
- Privacy
- Accommodation of need
- Personal funds
- Personal property
- **Sufficient staffing**
- **Participation in care planning**
- **Community discharge**
- Environment
- Food
- Dental
- Nutrition
- Hydration
- Tube feeding
- Vision and Hearing
- ADL Decline
- Catheter
- Insulin or blood thinners
- Infections
- Hospitalizations
- Falls
- Pain
- Pressure Ulcers
- Skin conditions
- Limited ROM
- Rehab
- Dialysis
- Incontinence
- Constipation/Diarrhea
- Smoking
- Hospice

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p_ltcfpdf



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Care Area	Probes	Response Options
Accommodation of Needs (physical)	<ul style="list-style-type: none"> Is your room set up so you can easily get around the room, get to and from the bathroom, use the sink? Do you have any concerns with your roommate's personal items taking over your space? <i>Have there been any recent issues with the call light working? What did the facility do when the call light wasn't working? Can you reach it?</i> Are the <i>call lights</i> located in the resident's room (<i>in bed or other sleeping accommodations</i>), toilet and bathing facilities? <i>If you have been on the floor near your bed, toilet, or bath, were you able to reach the emergency call light?</i> Do you have enough light in your room to do what you want or need to do? 	No Issues/NA Further Investigation
Mood/Behavior	<i>Only ask for residents who have a diagnosis of PTSD or a history of trauma:</i> <ul style="list-style-type: none"> <i>Do you have any concerns regarding the way the facility addresses your history of trauma?</i> 	No Issues/NA Further Investigation MDS Discrepancy



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<i>Antibiotic Use</i>	<p>For residents who have an infection, ask the following:</p> <ul style="list-style-type: none"> • Did you take an antibiotic or other medication? • Are you still taking the medication? • How long have you been taking the antibiotic? • Do you know how long you are supposed to take the antibiotic? • Have you had any problems while taking the antibiotic? If so, have you talked to staff about it? 	<p>No Issue/NA</p> <p>Further Investigation</p>
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	helps with your bowel problems? If not, why not?	
Smoking	<p>Only ask if the resident smokes/<i>vapes which includes tobacco cigarettes, electronic cigarettes/vapor pens</i>:</p> <ul style="list-style-type: none"> • Are you able to smoke/<i>vape</i> when you want? If not, what are the smoking times? • Who keeps your cigarettes (<i>tobacco or e-cig/vapor pen</i>) and lighter? • Do you use oxygen? If so, have you smoked/<i>vaped</i> in the facility while using your oxygen? • Where do you put your ashes and cigarette butts? • Does staff supervise you when you smoke/<i>vape</i>? • Do you use devices to help keep you safe while you smoke (e.g., a smoking apron)? • Have you had any accidents or burns while smoking/<i>vaping</i>? 	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p>



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Resident Observations

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Activities • Dignity • Abuse • Privacy • Accommodation of Needs • Communication • Mood/Behavior • Restraints • Accident Hazards | <ul style="list-style-type: none"> • Wandering • Call light • Environment • Dental • Nutrition • Edema • Hydration • Tube feeding • Vision/Hearing • Catheter | <ul style="list-style-type: none"> Psych med side effects Infections Oxygen Positioning Falls Pain Pressure Ulcers Skin Conditions Limited ROM Hospice Vent/trach Incontinence Smoking |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p_ltcfpdf



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Dignity and Accommodation of Needs

	<ul style="list-style-type: none"> • Staff did the following: <ul style="list-style-type: none"> ○ Used a label for resident (e.g., “feeder” or “honey”) ○ Posted confidential clinical/personal care instructions in viewable areas ○ Dressed resident in institutional fashion (e.g., hospital type gown during day) ○ Labeled clothes with resident’s name visible ○ <i>Searched the resident, the room, and/or their personal belongings without the resident or resident representative’s permission or explaining the reason for the search.</i> • Any other identified dignity concerns? 	
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Dignity and Accommodation of Needs

Call <i>device</i> in reach, call system functioning	<ul style="list-style-type: none"> Is the call <i>device</i> within reach if the resident is capable of using it <i>while in bed or using other sleeping accommodations in the room</i>? Is the call system functioning in the resident's room, toilet, and bathing areas? <i>Are the resident emergency call devices accessible to the resident at each toilet, bath or shower, and can the resident reach it if they are lying on the floor, in those specific areas?</i> 	No Issues/NA Further Investigation
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F 686 Skin Conditions- Resident Observation

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> Are pressure relieving devices observed (e.g., heel protectors, w/c cushion, padding between bony prominences)? If so, are they used correctly? Is the resident in the same position for long periods of time when in the w/c or bed (resident is not repositioned in chair at least every hour and in bed at least every two hours)? <i>If visible, does the resident's pressure ulcer dressing have drainage (document color/amount/type/odor)?</i> <i>If visible, is there redness or swelling?</i> <i>Does the resident show signs of pain or discomfort?</i> 	

F 689- Accidents and Injuries

prompted or scheduled voiding) appropriately, if known.		
Smoking	<p>For residents who smoke/<i>vape which includes tobacco cigarettes, electronic cigarettes/vapor pen:</i></p> <ul style="list-style-type: none"> • Is the resident smoking/<i>vaping</i> in an appropriate place? • Is the resident smoking/<i>vaping</i> safely? • Are safety precautions used (e.g., no oxygen, smoking apron, supervision if unsafe, or access to safe or appropriate ashtrays)? • Are smoking/<i>vaping</i> materials safely stored? • Are there burn marks on the resident's clothing, furnishings or wheelchair? 	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p>
Other Concerns	<ul style="list-style-type: none"> • Are there any other concerns observed for this resident? 	<p>No Issues/NA</p> <p>Further Investigation</p>



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Long Term Care Survey Process

(LTCSP) Procedural Guide

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Initial Pool

- Facility Self-reported Incidents*
- Pressure Ulcers
- Dialysis
- Infections
- Weight loss
- Falls
- ADL decline
- Low Risk B&B
- Hospitalization
- Elopement
- Change of Condition
- Insulin
- Anticoagulant
- Antipsychotic with Alzheimer's or dementia
- PASARR
- Advance Directives
- High risk meds
- Diagnoses
- Hospice

* # Depends upon census

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p_ltcfpdf



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Mandatory Survey Tasks

- Beneficiary Notice
- Dining
- Infection Prevention and Control
- Kitchen
- Med Administration
- Drug Storage
- Resident Council
- Abuse
- Sufficient and Competent Staffing



https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p_ltcfpdf



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Possible Tasks related to Concerns

- Personal Funds
- Environment
- Resident Assessment
- Binding Arbitration Agreement



Resident and Topic Investigations

- Uses survey pathways
- Correspond to F tags



One Thing Leads to Another



Keys to Survey Investigation

- Was the issue identified by the facility?
- Were risk factors identified and assessed?
- Were interventions put in place to decrease or eliminate the risks?
- Was the care plan reviewed for effectiveness?
- Was the resident reassessed if there was a change in condition, function, cognition, mood?
- Was there an interdisciplinary approach?
- Was the resident and/or representative involved in the development and updating of the care plan?

Was all of this activity documented?

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p_ltcfpdf

Infection Prevention

- Ongoing observations throughout the survey process
- Review of policies and procedures
- COVID-19 testing
- Antibiotic stewardship
- Vaccination programs
- Transmission based precautions
- Verification of NHSN

<https://www.cms.gov/files/zip/survey-resources-staff-vaccine-documents-04072022.zip>

INFECTION

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QAPI

- Interview of the staff on QAA Program
- MDS indicators
- Prior survey
- Facility reported incidents
- QAPI plan
- High risk areas



Long Term Care Survey Preparation

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		CASPER Report			Page 1 of 1
		MDS 3.0 Facility Characteristics Report			
Facility ID:	[REDACTED]	Report Period: 05/01/2021 - 10/31/2021			
CCN:	[REDACTED]	Comparison Group: 03/01/2021 - 08/31/2021			
Facility Name:	[REDACTED]	Report Run Date: 11/11/2021			
City/State:	[REDACTED]	Data Calculation Date: 11/08/2021			
		Report Version Number: 1.01			
		Facility		Comparison Group	
		Num	Denom	Observed Percent	State Average
Gender					National Average
Male	30	57	52.6%	39.7%	40.1%
Female	27	57	47.4%	60.3%	59.9%
Age					
<25 years old	0	57	0.0%	0.0%	0.3%
25-54 years old	15	57	26.3%	3.9%	5.5%
55-64 years old	14	57	24.6%	9.3%	11.8%
65-74 years old	16	57	28.1%	19.1%	22.8%
75-84 years old	8	57	14.0%	27.8%	28.2%
85+ years old	4	57	7.0%	39.8%	31.3%
Diagnostic Characteristics					
Psychiatric diagnosis	38	56	67.9%	53.5%	58.9%
Intellectual or Developmental Disability	0	33	0.0%	0.9%	1.5%
Hospice	2	57	3.5%	9.5%	6.6%
Prognosis					
Life expectancy of less than 6 months	2	57	3.5%	10.0%	6.1%

https://qtso.cms.gov/system/files/qtso/cspr_sec1_1_mds_prvdr_2.pdf



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MATRIX FOR PROVIDERS

Resident Name	Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer's / Dementia	MD, ID or RC & No PASARR Level II	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)	Pressure Ulcer(s) (highest stage I, II, III, IV, U, S), Facility Acquired (FA)	Worsened Pressure Ulcer(s) (any stage)	Excessive Weight Loss Without Prescribed Weight Loss Program	Tube Feeding: Enteral (E) or Parenteral (P)	Dehydration	Physical Restraints	Fall (F), Fall with Injury (FI), or Fall w/major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or offsite (O)	Hospice	End of Life Care / Comfort Care / Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Intravenous therapy	Infections (M, WI, P, TB, VH, C, UTI, SEP, SCA, GI, COVID, O - describe)	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

PASARR Level II

Respiratory meds

Transmission-based Precautions

All infections

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/som107ap_p_ltcfpdf



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Survey Preparation Schedule

Survey Book Required Information		
Information/Document	Update Schedule	Person Responsible for Updating
Census	Daily	
Matrix for new admissions in the last 30 days who are still residing in the facility. (CMS- 802)	Weekly during survey window. First day of survey ASAP.	
Alphabetical list of all residents	Daily	
A list of residents who smoke, designated smoking times, and locations	Weekly and PRN	
Full Time DON	Monthly and PRN	
Facility's emergency water source	Monthly and PRN	
Sign announcing the survey template and list of recommended high-visibility areas where signs are to be posted.	PRN	
Updated facility floor plan – designate locations of dining rooms and med storage rooms. (ESRD unit if applicable.)	Monthly and PRN	



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Survey Preparation Guide

Survey Book Required Information		
Information/Document	Update Schedule	Person Responsible for Updating
How surveyors can access the EHRs outside of the conference room.	Monthly and PRN By end of the first day of survey.	
Medicare/Medicaid application (CMS-671). Note: Staffing information no longer required as of 6/1/2018.	Within 24 hours of Entrance Conference.	
Census and Condition Information (CMS-672).	Weekly during survey window. Within 24 hours of Entrance Conference.	
Beneficiary Notice – Residents Discharged Within last Six Months	Monthly Within 24 hours of Entrance Conference.	



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- You can sample these residents and review in your Risk Review meetings.
- Look at the determinants of compliance
 - a. Identified
 - b. Assessed
 - c. Care Planned
 - d. Implemented
 - e. Re-evaluated as needed



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Facility Assessment



Reference List

- Centers for Medicare and Medicaid Services. (2023). Long term care survey process procedural guide. [LTCSP Procedure Guide .pdf](#)
- Centers for Medicare and Medicaid Services. (2023). Nursing homes. [Nursing Homes | CMS](#)
- Centers for Medicare and Medicaid Services. (2023) State operations manual appendix PP-guidance to surveyors for long term care facilities. [Appendix PP State Operations Manual.pdf](#)

Any Questions?



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Thank you



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