



New Survey? No Problem.

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Your world is changing!

November 28th means change

2017 NOVEMBER						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
			8	9	10	11
5	6	7				
			15	16	17	18
12	13	14				
			22	23	24	25
19	20	21				
			29	30		
26	27	28				



Phase 2 Regulations come into effect



F Tags are Renumbered and Remapped



Updated Interpretive guidance for Surveyors



And... your survey process is changing in a big way.



Long Term Care Survey Process

The Hybrid Survey

Why is our survey changing?



- 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 identified different quality of care/quality of life issues.
- CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.
- Frankly, it's expensive to run two survey processes!

Best aspects of each survey



Person Centered and Comprehensive

- Computerized, Standardized Process
- Covers the whole regulation
- Emphasis on Person-Centered Care
- Structured Investigation process



Shorter with more Surveyor Autonomy

- Grants surveyors the ability to investigate if they see an issue
- Pre-selects residents for investigation based on MDS data
- Typically takes less time



LTCSP Offsite Preparation

Offsite Preparation



- Team Coordinator (TC) will review:
 - CASPER 3 report to see if there is a pattern of repeat deficiencies
 - Results of last Standard survey
 - Any complaints since your last survey, including active complaints
 - FRIs (Facility Reported Incidences- federal only)
 - Variances/waivers
- Team Coordinator will print necessary documents, including:
 - Matrices with instructions
 - Entrance Conference worksheet

Review of Offsite information



- Facility Rate Report
 - Surveyors will review this report to get a sense of how many residents and which MDS indicators are of potential concern at the facility.
- Offsite Selected Residents
 - Review the list of offsite selected residents and their MDS indicators.
 - Review the list of **discharged residents who were selected for a closed record review** in the following categories: unexpected death, hospitalization and community discharge.

LTCSP Entrance Conference

When the Survey Team Enters...



TC conducts a brief Entrance Conference with the Administrator
The surveyor assigned the kitchen conducts a brief visit to the kitchen.
Everyone else goes immediately to their assigned areas.

Entrance Conference



Administrator and Team Coordinator (Lead Surveyor)

- While much of the information you cover during the Entrance Conference is the same, there have been some revisions from the information requested in both current processes. A few updates include:
 - Asking for a list of residents who smoke and smoking times, which will be used on the first day.
 - Asking for the number and location of medical storage rooms and carts.
 - Asking for updated instructions for the list of residents for the beneficiary notices review.
- For the New LTC Survey Process, you will complete a matrix—the care areas on the matrix are different from what is requested in the Traditional—with the goal of making the matrix as effective of a tool as possible.



**Your Entrance
Conference
Worksheet needs to
be completed
within four hours
of entrance.**

Entrance Conference Worksheet



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CENTERS FOR MEDICARE & MEDICAID SERVICES

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE

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

ENTRANCE CONFERENCE

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

Entrance Conference Worksheet



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: 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.

Entrance Conference Worksheet



INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE	
<input type="checkbox"/>	18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
<input type="checkbox"/>	19. Admission packet.
<input type="checkbox"/>	20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
<input type="checkbox"/>	21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/>	22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/>	23. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/>	24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

Entrance Conference Worksheet



<input type="checkbox"/> 25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
<input type="checkbox"/> 26. Influenza / Pneumococcal Immunization Policy & Procedures.
<input type="checkbox"/> 27. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/> 28. QAPI Plan.
<input type="checkbox"/> 29. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/> 30. Description of any experimental research occurring in the facility.
<input type="checkbox"/> 31. Facility assessment.
<input type="checkbox"/> 32. Nurse staffing waivers.
<input type="checkbox"/> 33. 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• Below ground level• No window to the outside• No direct access to an exit corridor

Entrance Conference Worksheet



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.			

Entrance Conference Worksheet



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	

Entrance Conference Worksheet



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:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

LTCSP Initial Pool Process

Offsite Selection



20%
of your census

On average, your offsite selected residents will be around 20% of your total census. This is the 70% of the initial pool that are 'MDS pre-selected.'

Sample Size Grid



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

Initial Pool of Residents

Each surveyor will include about eight residents in their initial pool. The initial pool will be comprised of:



Residents selected offsite



Vulnerable residents who are dependent on staff



New admissions in the last 30 days



Any active complaints or resident who has a significant concern



Screening: First Day of Survey

In addition to screening all residents, surveyors will complete observations, interviews, and limited record reviews for the residents in the initial pool. This entire process should take about 8-10 hours.

Facility Matrix and the Initial Pool



The facility should complete the matrix within four hours of entrance

- Once the matrix is received, each surveyor will **review the matrix** for residents in their assigned area to identify any substantial concern that should be followed up on.
- The initial pool should include, if available:
 - At least one resident who **Smokes**,
 - one resident who is receiving **Dialysis**,
 - one resident on **Hospice**,
 - one resident on a **Ventilator**,
 - and one resident who is on **Transmission-Based Precautions**

Resident Screening



Resident Interviews

- Surveyors will screen each of the initial pool residents to determine if they think the resident is interviewable.
- If the resident is interviewable, they will **complete a full interview for the resident**, which takes about 20 minutes.
 - For the interview, suggested questions are available; however, surveyors can ask the questions as they like, but all care areas will be addressed.
- The care areas cover quality of life, resident rights, and quality of care.



What does that look like?



Example: Choices

- Choices in the residents daily life
- Waking and bedtime choice
- Bath type and bath frequency choice
- Visitation choice
- Activity choice
- Food choice
- Medical choice, i.e. when they get medications and who their doctor is

Resident Screening



Family Interviews

- The representative interviews or family will be completed for non-interviewable residents.
- The individual should be familiar with the resident's care.
- The goal is to complete at least three interviews for the team on the first day to better inform their sampling decisions. They may call the representative/family member, especially if you have observational concerns.

Resident Screening



Resident Observations

- For the full observation, surveyors will address the probes listed in each care area.
- They will conduct rounds until they can answer questions for **all observation care areas**.
- They may complete formal observations for wounds or incontinence care if the situation presents itself or is necessary—for example, if a resident has not been assisted to the bathroom for a long period of time or is covered in bed.



What does that look like?



Example: Environment

- Walls, floors, ceilings drapes
- Bed linens visibly soiled
- Resident care equipment is unclean, in disrepair
- Water temperature
- Room should be homelike
- Lighting, sound, temperature levels
- Water stains

Resident Screening



Limited Record Review

- After observations and interviews are completed, surveyors will complete a limited record review for certain conditions:
 - Insulin,
 - Anticoagulants,
 - Advance Directives
- For any resident that was not interviewed, the surveyor will review the record for certain resident characteristics since they did not ask the resident about the area. For example, if a resident is not interviewable, you'll review the record for pressure ulcers, infections, and elopements.

Resident Screening



Areas of concern

- For any concern expressed by the resident, surveyors will ask additional questions until they can determine whether the concern can be ruled out or needs to be investigated further, which means they think there may be deficient practice.
- For example, if the resident says they had an issue with their roommate but the facility addressed the concern to their satisfaction, they would not need to investigate further;
- Conversely, they would want to investigate a concern if the resident says they have lost weight recently because of their loose dentures unaddressed by the facility.
- *Allowing surveyors to ask questions to determine if a concern warrants an investigation ensures their investigative time is spent on actual areas of concern.*

The main decision is:



Investigate Further



No Issue

LTCSP Sample Selection

Sample Selection



Surveyors will meet for an hour to select the sample

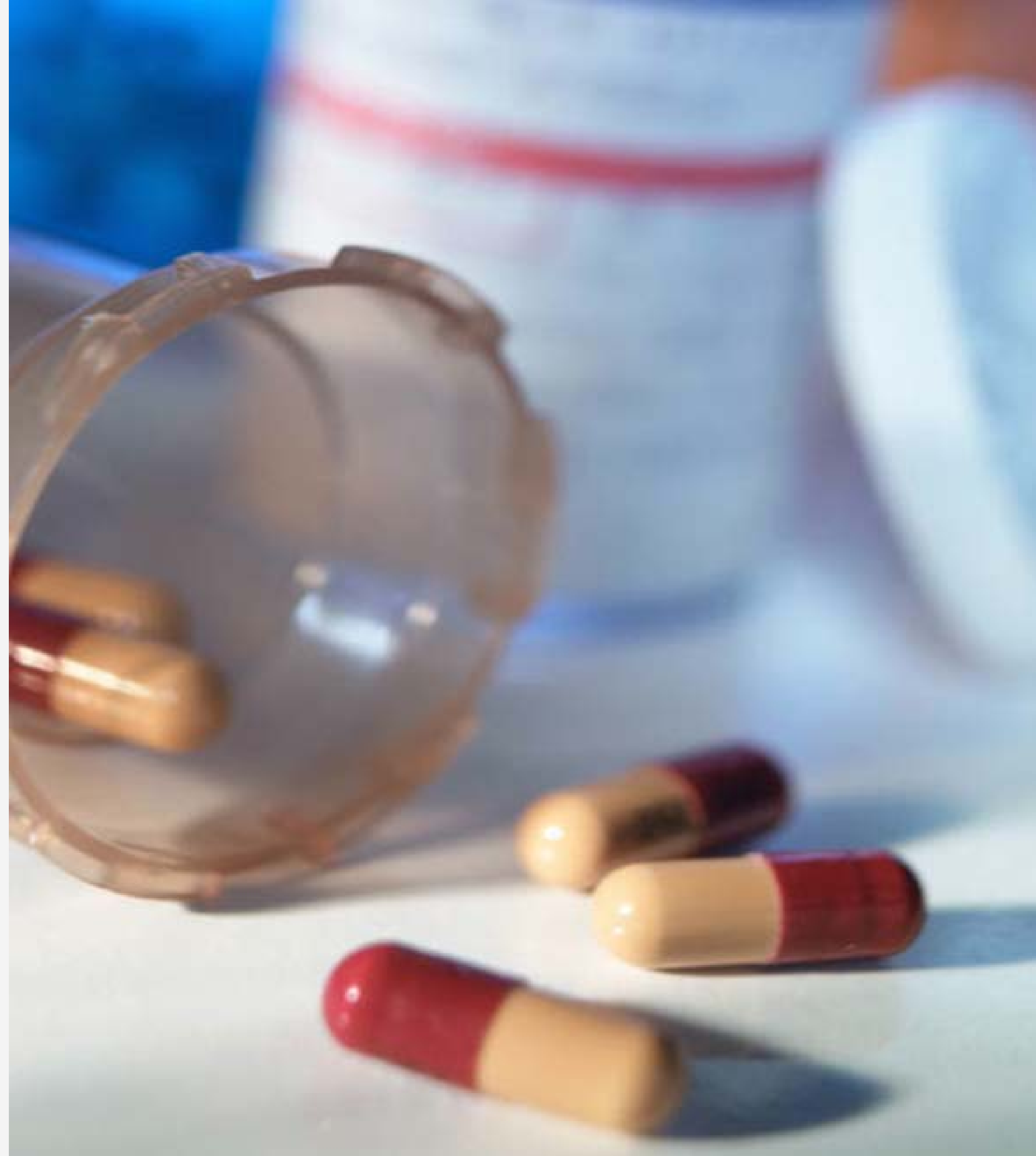
- The residents included in the sample will have an in-depth investigation completed for any area of concern marked for further investigation.
 - There may be some residents who had concerns from the initial pool who are not included in the sample. The surveyor team will ensure that their concerns will be covered by other sampled residents.
 - The sample will include only active residents. Closed records are not included in the total sample number.
- Include at least one resident for each of the following conditions/treatments: hospice, dialysis, ventilator, and transmission based precautions, if available, even if there were no potential concerns identified in the applicable area during the initial pool process.

Sample Selection



Unnecessary Medication Review

- The computer system will select five residents for a 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





LTCSP Investigation

Critical Element Pathways

Critical Elements



- A structured use of Guidance to determine if Critical Elements of Care are met:
 - Comprehensive Assessment
 - Comprehensive Person Centered Care Plan
 - Care Plan Implementation
 - Care Plan Revisions
 - Provision of Care and Services
 - Related requirements

CE Pathways



- Surveyors will use critical element (CE) pathways that were created for QIS to help guide their investigation.
- The pathways include guidance on the areas (e.g., MDS, physician's orders and care plan) that should be reviewed initially to help guide their observations and interviews.
- The pathways include observation, interview, and record review investigative probes for a number of care areas, including pressure ulcers and dialysis.
- All of the pathways are now updated to reflect the new rule changes.
- There are a number of care areas that do not have a pathway, such as dignity and personal property. If a care area does not have a pathway, you'll refer to the guidance and protocols in Appendix PP.

Investigations



Compliance and Severity

- Once surveyors have completed their investigation, they will make a compliance and severity decision for each CE listed for that care area.

Example: Accidents

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Accidents Critical Element Pathway

Use this pathway for a resident who requires supervision and/or assistive devices to prevent accidents and to ensure the environment is free from accident hazards as is possible.

Review the Following in Advance to Guide Observations and Interviews:

- Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E - Behavior-Impact on others, Wandering, G - Functional Status, H - Bladder and Bowel, J - Health Conditions-Falls, Fractures, and Tobacco Use, N - Medications, O - Special Treatments, Procedures, and Programs-therapy services, restorative nursing program, and O2 use, and P - Restraints and Alarms.
- Physician's orders.
- Progress notes related to any incidents of smoking, injuries, altercations, elopements, or falls.
- If available, investigation report related to any incidents of smoking, injuries, altercations, elopements, or falls.
- Pertinent diagnoses.
- Care plan Interventions for the following:
 - Smoking;
 - Resident-to-Resident Altercations (also being reviewed under the Abuse pathway);
 - Falls;
 - Wandering and elopement; and/or
 - Safety/Entrapment (e.g., physical restraints, bed rails).

Observations for all areas:

- What type of supervision is provided to the resident and by whom?
- How are care-planned interventions implemented?

Wandering and Elopement Observations:

- Where is wandering behavior observed?
- What interventions are implemented to ensure the resident's safety?
- If the resident is exit seeking, what interventions are implemented to prevent elopements?

Smoking Observations:

- Is the resident smoking safely (observe as soon as possible):
 - Is the resident supervised if required;
 - Does the resident have oxygen on while smoking;
 - Does the resident have a smoking apron or other safety equipment if needed;
 - Does the resident have difficulty holding or lighting a cigarette;
 - Are there burned areas in the resident's clothing/body; and
 - Does the resident keep his/her cigarettes and lighter?

Example: Accidents

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Accidents Critical Element Pathway

Resident-to-Resident Altercation Observations:

- Did the resident have any altercations (e.g., verbal or physical) with any residents? If so, how did staff respond?
- How does staff supervise/respond to a resident with symptoms such as anger, yelling, exit seeking, rummaging/wandering behaviors, targeting behaviors, inappropriate contact/language, disrobing, pushing, shoving, and striking out?

Fall Observations:

- How does staff respond to the resident's requests for assistance (e.g., toileting)?
- What effective interventions are implemented to prevent falls? Examples may include:
 - Responding to the resident's requests timely;
 - Placing the resident in a low bed, or providing a fall mat;
 - Monitoring resident positioning to prevent sliding/falling;
 - Providing proper footwear to prevent slipping;
 - Providing PT/OT/restorative care; and/or
 - Assuring the resident's room is free from accident hazards (e.g., providing adequate lighting, assuring there are no trip hazards, providing assistive devices).
- Does the resident have a position change alarm in place:
 - What evidence is there that this device has been effective in preventing falls;
 - Is there evidence this device has had the effect of inhibiting or restricting the resident from free movement out of fear of the alarm going off (See Physical Restraints); and
 - Is there evidence that the alarm is used to replace staff supervision?

Entrapment/Safety Observations:

- If the resident requires assistance with transfers, does staff implement care-planned interventions for transfers? Does the equipment appear to be in good condition, maintained, and used according to manufacturer's instructions?
- If bed rails are used:
 - Are they applied safely; and
 - Are there areas in which the resident could become entrapped (i.e., large openings or gaps), or become injured, such as exposed metal, sharp, or damaged edges;
- For a resident with a physical restraint:
 - Does the resident attempt to release/remove the restraint, which could lead to an accident? If so, describe;
 - Who applied the restraint, how was it applied, and how was the resident positioned; and
 - How does the resident request staff assistance (e.g., access to the call light), how do staff respond to resident requests, and how often is monitoring provided?

Example: Accidents

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Accidents Critical Element Pathway

Nursing Aide Interviews:

- Are you familiar with the resident's care?
- How do you know what interventions or assistance is needed (e.g., for safe smoking, to prevent falls)?
- Has the resident had a fall/smoking injury/altercation/accident or elopement;
 - When did the accident(s) occur;
 - What were the circumstances around the accident (Ask about any concerns you have – e.g., whether an alarm sounded for a fall/elopement);
 - Did the resident sustain an injury (e.g., smoking, altercations, falls, or transfers); and
 - Was the nurse notified?
- What interventions were in place before the accident occurred?
- What interventions were implemented following each accident (e.g., after a fall)?
- Does the resident refuse? What do you do if the resident refuses?
- Ask about concerns based on your investigation.

Therapy and/or Restorative Manager Interviews (for falls, restraints):

- What therapy/restorative interventions were in place before the accident occurred?
- What therapy/restorative interventions were implemented following each accident?
- How did you identify that the interventions were suitable for this resident?
- Do you involve the resident or resident representative in decisions regarding interventions? If so, how?
- Does the resident refuse? What do you do if the resident refuses?
- What did you do if the resident fell while going to the restroom?
- Ask about concerns based on your investigation.

Nurse Interviews:

- Are you familiar with the resident's care?
- What are the resident's risk factors for having an accident (e.g., safe smoking, safe side rail use)? How often are they assessed and where is it documented? How do you know what interventions or assistance is needed (e.g., for safe smoking, to prevent falls)?
- Has the resident had a fall/smoking injury/altercation/accident or elopement;
 - When did the accident(s) occur;
 - What was the resident trying to do;
 - What were the circumstances around the accident? What caused the accident;
 - Did the resident sustain an injury;
 - Who was notified of the accident and when were they notified;
 - What interventions were in place before the accident occurred; and
 - What interventions were implemented following each accident (e.g., after a fall)?
- How did you identify that the interventions were suitable for this resident?
- Do you involve the resident or resident representative in decisions regarding interventions? If so, how?
- Does the resident refuse? What do you do if the resident refuses?
- How do you monitor staff to ensure they are implementing care-planned interventions?
- Ask about concerns based on your investigation.

Social Services Interview:

- How were you involved in the development of the resident's behavior management plan to address resident altercations, falls, smoking injury, or elopement?
- Ask about concerns based on your investigation.

Example: Accidents

Critical Element Decisions:

- 1) Based on observation, interviews, and record review, did the facility ensure the resident's environment is free from accident hazards and each resident receives adequate supervision to prevent accidents?
If No, cite F689
- 2) Based on observations, interviews, and record review, did the facility assess each resident for risk of entrapment and only use bed rails after trying other alternatives and explaining the risks and benefits to the resident or the resident's representative?
If No, cite F700
NA, bed rails were not investigated.

- 3) Based on observations, interviews, and record review, did the facility appropriately install and inspect the bed rails, use compatible bed mattresses, bed rails and frames, and identify any risks of entrapment?
If No, cite F909
NA, bed rails were not investigated.
- 4) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan the care within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident or resident representative receive and understand the baseline care plan?
If No, cite F655
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.
- 5) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?
If No, cite F636
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

- 6) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining

- 7) 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
- 8) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
If No, cite F656
NA, the comprehensive assessment was not completed.
- 9) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?
If No, cite F657
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Notification of Change F580, Restraints (CA), Abuse (CA), Right to be Informed F552, Choices (CA), Environment Task, Admission Orders F635, Professional Standards F658, General Pathway (CA), ADLs (CA), Behavioral-Emotional Status (CA), Physician Supervision F710, Unnecessary Medications (CA), Sufficient and Competent Staffing (Task), Physical Environment F906, F907, F909 thru F918, F920, F922, F925, Dementia Care (CA), Rehab and Restorative (CA), QAA/QAPI (Task).



LTCSP Facility Task Investigations

Facility Task Investigations



These can be completed at any time, and utilize defined pathways

- Kitchen Observation
- Dining Observation
- Infection Control
- SNF Beneficiary Protection Notification Review
- Medication Administration
- Medication Storage
- Resident Council Meeting
- Sufficient and Competent Nurse Staffing Review
- Environment

Kitchen/ Food Service Observation



- Initial brief tour of kitchen is complete upon arrival at the facility.
- Focus is on practices that might indicate potential for food borne illness.
- Food storage, storage temperatures, food preparation and service, dinnerware sanitation and storage, equipment safe and clean, refuse and pest control.

Dining Observation



- Surveyors are required to observe the first scheduled full meal.
 - They will cover all dining locations and room trays.
 - If there are more dining areas than surveyors, they will prioritize the dining areas with the most dependent residents.
 - They will observe enough of the dining experience to adequately identify concerns. If it is feasible, they'll observe the meal for the initial pool residents who have weight loss.
- **If concerns are identified**, a subsequent meal will be observed after the sample is selected.
 - If this is the case, they will utilize the Dining CE pathway and Guidance

Infection Control



Throughout survey, all surveyors will observe for breaks in infection control

- Review of five residents for influenza and pneumococcal vaccinations
- The assigned surveyor will also complete a review of the infection prevention and control and antibiotic stewardship program.

SNF Beneficiary Protection Notification Review



- If your facility is Medicaid only, they will not conduct this task.
- During the Entrance Conference, surveyors will ask for a list of residents who have been discharged from all Medicare Part A services.
- You will identify whether the resident went home or stayed in the facility.
 - The Surveyor will randomly select three residents from the list.
 - The new pathway that was developed includes a worksheet that will be given to the facility to complete for the selected residents, which clearly outlines which notices were given to each resident.
 - *Keep a copy of the appropriate liability and beneficiary appeal rights notices, such as the SNFABN, Denial Notice, and/or the Notice of Medicare Provider Non-coverage on file;*
 - *File a claim when requested by the beneficiary; and*
 - *May not charge the resident for Medicare covered Part A services while a decision is pending.*

Medication Administration



- If possible, this will be conducted by a surveyor who is a nurse or pharmacist.
- Observation of different routes, units, and shifts
- Observation of 25 medication opportunities, including whether the administered med is expired.
- If the opportunity presents itself, surveyor will observe medications for a sampled resident whose medication regimen is being reviewed.
- Otherwise, surveyor will observe medications for any resident to whom the nurse is ready to administer meds. If a controlled substance is administered, they will reconcile the count of the medication and ensure the medications passed aren't expired.

Medication Storage



- The surveyor who observes the medication administration will likely also complete the medication storage task.
- Surveyor will review half of the medication storage rooms, covering different units
- Surveyor will also review half of the medication carts on units where the storage rooms were not observed.
- If there are no concerns with the med storage rooms or carts, the review is complete.
- If there are concerns, they will expand and review more medication carts and medication storage rooms.

Resident Council Meeting



- The Resident Council interview is a group interview with active members of the Resident Council.
 - They will coordinate the meeting through the president.
 - Will try to limit it to no more than 12 residents to facilitate communication
- The interview will occur early enough in the survey to afford surveyors enough time to investigate any concerns.
- Review of grievance policy, and check that you have maintained results of grievances for at least three years
- Discussion of issues in minutes of most recent meeting
 - Will review the last three months of minutes
- Questions regarding Resident Council formation, Grievances, Abuse questions, Staffing questions, Rights and Rules

Sufficient and Competent Nurse Staffing Review



- This task is required to be investigated on every survey since surveyors are always considering whether staffing issues can be linked to resident complaints, or quality of life (QOL) and care (QOC) concerns.
- In addition, Phase 2 of the new rule puts a lot of emphasis not only on sufficient numbers of staff, but also the competence of staff.
- WATCH THIS- this will tie directly to the Facility Assessment and will lead to piggyback tags!

Quality Assurance and Performance Improvement (QAPI)



- This facility task should take place at the **end of the survey**.
- Prior to interviewing the facility staff about the QAA program, surveyor will **review** the Facility Rates for MDS Indicators, prior survey history, FRIs, and complaints to remind themselves of present concerns and repeat deficiencies.
 - During team meetings, they will also keep a running list of concerns the facility should be aware of (e.g., harm or IJ, pattern or widespread issues, or concerns identified by two or more surveyors).
- Will ensure that you are meeting quarterly and that your QAPI team consists of at least five team members:
 - Administrator
 - Medical Director or Designee
 - DON
 - Two others... in 2019, one of these two needs to be your infection prevention officer
- Review the **QAPI plan**.



W h a t n o w ?

What can you expect?



- While the LTCSP incorporates aspects of the Quality Indicator Survey and the Traditional Survey, the content is very closely matched to that of QIS.
 - When states were being rolled out on the QIS survey, consistently, they saw:
 - *Increase in deficiencies, especially those related to person centered care*
 - *Person centered care areas are not typically heavily surveyed in traditional states- they will feel new*
- New (and MORE) F Tags
- New regulatory areas
 - QAPI, Facility Assessment, Antibiotic Stewardship, Person Centered Care Planning

So, what should you do?

Utilize the resources that are publicly available:



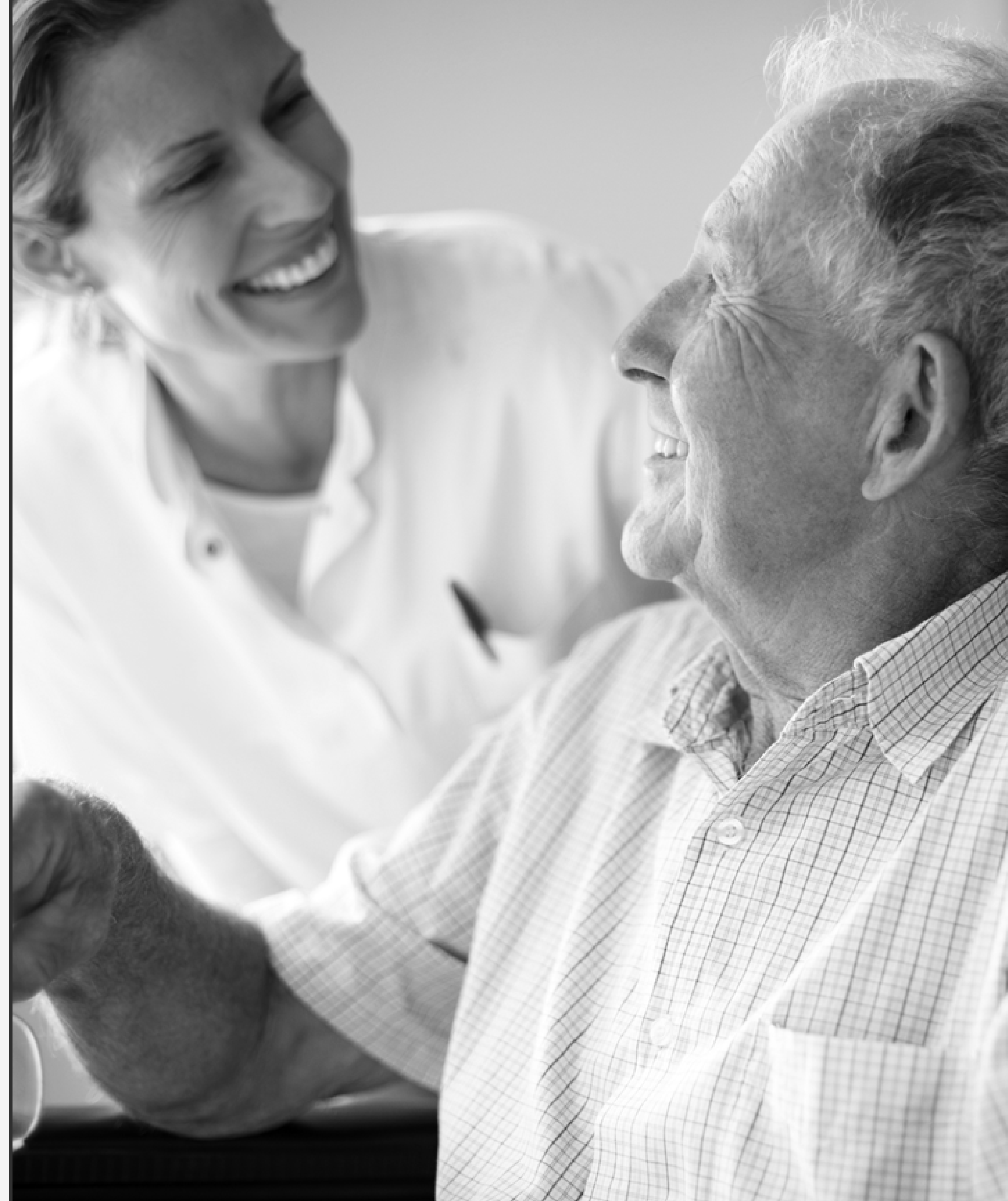
Resident Interviews, Family Interviews, and Resident Observations



CE Pathways



Make sure your Phase 2 'Homework Assignments' are complete



Contact



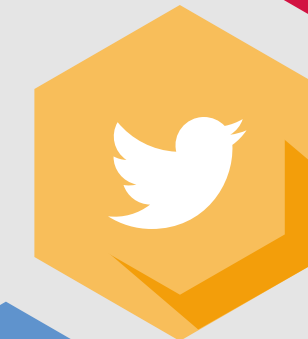
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