OVERVIEW OF REGULATION REFORM

The regulation reform implements a number of pieces of legislation from the Affordable Care Act (ACA) and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, including the following:

- Quality Assurance and Performance Improvement (QAPI)
- Reporting suspicion of a crime
- Increased discharge planning requirements
- Staff training section

IMPLEMENTATION GRID

<table>
<thead>
<tr>
<th>Implementation Date</th>
<th>Type of Change</th>
<th>Details of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: November 28, 2016 (Implemented)</td>
<td>Nursing Home Requirements for Participation</td>
<td>New Regulatory Language was uploaded to the Automated Survey Processing Environment (AS彭) under current F Tags</td>
</tr>
<tr>
<td>Phase 2: November 28, 2017</td>
<td>F Tag numbering Interpretive Guidance (IG) Implement new survey process</td>
<td>New F Tags Updated IG Begin surveying with the new survey process</td>
</tr>
<tr>
<td>Phase 3: November 28, 2019</td>
<td>Requirements that need more time to implement</td>
<td>Requirements that need more time to implement</td>
</tr>
</tbody>
</table>
PHASE 2 OF LTC REGULATIONS

• Implement by November 28, 2017
• Providers must be in compliance with Phase 2 regulations
• All States will use new computer–based survey process for LTC surveys
• All training on new survey process needs to be completed before go live date

PHASE 2 OF LTC REGULATIONS (CONTINUED)

Phase 2 includes:
• Behavioral Health Services
• Quality Assurance and Performance Improvements (QAPI Plan Only)
• Infection Control and Antibiotic Stewardship
• Physical Environment – smoking policies

PHASE 2 OF LTC REGULATIONS, CONTINUED

Phase 2 includes, but is not limited to:
• Resident Rights and Facility Responsibilities – Required Contact Information
• Freedom from Abuse, Neglect, and Exploitation – 1150B Requirements of SS Act (reporting reasonable suspicion of a crime)
• Admission, Transfer, and Discharge Rights – Transfer/Discharge Documentation
Phase 2 includes, but is not limited to:

- Comprehensive Person-Centered Care Planning (Baseline Care Plan)
- Pharmacy Services – psychotropic medications (Drug regimen review and reporting – review of medical chart, definition of psychotropic medications)
- Dental Services – replacing dentures
- Administration – Facility Assessment – tied to sufficient and competent staff requirements

**F TAG RENUMBERING**

The image above is the F Tag Crosswalk currently under development. Will be available fall of 2017:

- The original regulatory grouping and the new associated grouping
- The original regulation number and the new associated regulation number
- The original F Tag and the associated new F Tag
NEW INTERPRETIVE GUIDANCE (IG)

• CMS is in the process of updating information for Appendices P and PP. Once the guidance is approved it will be available in the SOM.
• States should ensure surveyors use the most recent version of the regulation and IG
• CMS plans to release the Guidance in early summer 2017

WHY IS CMS CHANGING THE LTC SURVEY PROCESS?

• Two different survey processes existed to review for the Requirements of Participation (Traditional and QIS)
• Surveyors identified opportunities to improve the efficiency and effectiveness of both survey processes.
• The two processes appeared to identify slightly different quality of care/quality of life issues.
• CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.

GOALS OF NEW PROCESS

• Same survey for entire country
• Strengths from Traditional & QIS
  One strength of the Traditional process was that surveyors could ask residents questions as they would like, which was retained in the New LTC Survey Process to promote surveyor autonomy. Also – computer-based process & using pathways as investigative tools
• New innovative approaches
• Effective and efficient
• Resident-centered
• Balance between structure and surveyor autonomy
AUTOMATION

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Quality Indicator Survey (QIS)</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey team collects data and records the findings on paper.</td>
<td>Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software.</td>
<td>Each survey team member uses a tablet or laptop PC throughout the survey process to record findings that are synthesized and organized by new software.</td>
</tr>
<tr>
<td>The computer is only used to prepare the deficiencies recorded on the CMS-2567.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SAMPLE SELECTION

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample size determined by facility census.</td>
<td>The ASE-Q provides a randomly selected sample of residents for the following:</td>
<td>Sample size is determined by the facility census.</td>
</tr>
<tr>
<td>Residents are pre-selected based on QM/QI percentiles (total sample).</td>
<td>Admission sample is a review of up to 30 current or discharged resident records.</td>
<td>70% of the total sample is MDS pre-selected residents and 30% of the total sample is surveyor-selected residents. (Different from either process). Surveyors finalize the sample based on observations, interviews, and a limited record review.</td>
</tr>
<tr>
<td>Sample may be adjusted based on issues identified on tour.</td>
<td>Census sample includes up to 40 current residents for observation, interview, and record review.</td>
<td>Maximum sample size is 35 residents.</td>
</tr>
<tr>
<td>Maximum sample size is 30 residents.</td>
<td>With QIS 4.04, complaints can be included in census sample.</td>
<td></td>
</tr>
<tr>
<td>Includes complaints.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OFFSITE

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Casper 3 and 4 reports.</td>
<td>Review the Casper 3 report and current complaints.</td>
<td>Each team member independently reviews the Casper 3 report and other facility history information.</td>
</tr>
<tr>
<td>Survey team uses QM/QIs report offsite to identify preliminary sample of residents areas of concern.</td>
<td>Download the MDS data to PCs.</td>
<td>Review offsite selected residents and their indicators and the facility rates.</td>
</tr>
<tr>
<td></td>
<td>ASE-Q selects a random sample of residents for Stage 1 from residents with MDS assessments in past 180 days.</td>
<td></td>
</tr>
</tbody>
</table>
### INFORMATION NEEDED UPON ENTRANCE

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Roster Sample Matrix Form (CMS-802)</td>
<td>• Obtain census number and alphabetical resident census with room numbers and units</td>
<td>• Completed matrix for new admissions over the last 30 days</td>
</tr>
<tr>
<td></td>
<td>• List of new admissions over last 30 days</td>
<td>• Facility census number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Alphabetical list of residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• List of residents who smoke and designated smoking times</td>
</tr>
</tbody>
</table>

### INITIAL ENTRY TO FACILITY

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gather information about pre-selected residents and new concerns</td>
<td>• No sample selection</td>
<td>• No formal tour process</td>
</tr>
<tr>
<td>• Determine whether pre-selected residents are still appropriate</td>
<td>• Initial overview of facility, resident population and staff/resident interactions.</td>
<td>• Surveyors complete a full observation, interview all interviewable residents, and complete a limited record review for initial pool residents:</td>
</tr>
<tr>
<td>• 1 – 3 hours on average</td>
<td>• 30 – 45 minutes on average for initial overview</td>
<td>• Offsite selected residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• New admissions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vulnerable residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identified Concern that doesn’t fall into one of the above subgroups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 8 hours on average for interviews, observations, and screening</td>
</tr>
</tbody>
</table>

### SURVEY STRUCTURE

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resident sample is about 20% of facility census for resident observations, interviews, and record reviews</td>
<td>• Stage 1: Preliminary investigation of regulatory areas in the admission and census samples and mandatory facility tasks started</td>
<td>• Resident sample size is about 20% of facility census</td>
</tr>
<tr>
<td>• Phase I: Focused and comprehensive reviews based on QM/QI report and issues identified from offsite information and facility tour</td>
<td>• Stage 2: Completion of in-depth investigation of triggered care areas and/or facility tasks based on concerns identified during Stage 1</td>
<td>• Interview, observation and limited record review care areas are provided for the initial pool process; surveyors can ask the questions as they would like</td>
</tr>
<tr>
<td>• Phase II: Focused record reviews</td>
<td></td>
<td>• Surveyors meet to discuss and select sample, may have more concerns than can be added to the sample, may need to prioritize concerns</td>
</tr>
<tr>
<td>• Facility and environmental tasks completed during the survey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The new survey process took into account the strengths of both the Traditional and QIS processes and tried to balance consistency with surveyor autonomy.

For the new survey process, surveyors are completing thorough observations, interviews and a limited record review for the residents selected during the initial pool process.

Part of that review consists of covering a number of quality of life and care areas and during interviews the surveyor can ask the questions as they would like as long as they maintain the intent of the area.

### Survey Structure, Continued

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Investigations are then completed during the remainder of the survey for each sample resident using CE pathways</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility tasks and closed record reviews are completed during the survey</td>
</tr>
</tbody>
</table>

### Group Interviews

<table>
<thead>
<tr>
<th>Traditional</th>
<th>QIS</th>
<th>New Survey Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with Resident Group/Council</td>
<td>Interview with Resident Council President or Representative</td>
<td>Resident Council Meeting with <strong>active</strong> members</td>
</tr>
<tr>
<td>Includes Resident Council minutes review to identify concerns</td>
<td>Includes Resident Council minutes review to identify concerns</td>
<td>Includes Resident Council minutes review to identify concerns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Questions asked during the group are different now</td>
</tr>
</tbody>
</table>
NEW SURVEY PROCESS

- The new survey process builds on the best of both survey processes.
- Process is computer software-based
- Input from various stakeholders
- Survey process and software are in testing and development and validation

NEW SURVEY PROCESS

- CMS is currently working with their internal IT department and outside contractors to develop software for the new survey process.
- CMS is also working to gather input from various resources within the SA and RO to develop new reports from the survey tool that will inform State and RO review (similar to the Desk Audit Report (DAR), but simpler).

NEW SURVEY PROCESS (CONTINUED)

The new survey process is computer-based with three parts:
1. Initial pool process
2. Sample Selection
3. Investigation
TESTING AND VALIDATION

- Testing and validation is ongoing
- Diverse selection criteria
  - Small & large facilities
  - Urban & Rural facilities
  - Variations in 5-star ratings
  - Geographically diverse facilities
- Use of broad group of RO, SA, and contract surveyors to test process and software
- Equal use of QIS and traditional states
- Use of analytic teams

Once the process was developed, testing began using CU, CMS Central Office, HMS, ROs and State surveyors.
- To date, they have had eight ROs and 12 SAs test the survey. Accounting for all testers, they have tested the survey, thus far, in 16 States and 24 facilities.
- CMS plans to do more testing to test revisions that were made to the process so the material presented today may undergo minor changes.

To test the process, they wanted to ensure they had as much diversity as possible.
- During testing, they represented States from around the country, including both QIS and Traditional.
- They tested in facilities of various sizes with teams of various sizes. They tested in urban and rural facilities.
- They tested in facilities both with and without rehabilitation units and/or locked Alzheimer’s units.
- They tested in facilities with various ratings—both facilities with good and poor performance.
**TESTING AND VALIDATION**

- For some of the test surveys, an analytic team also reviewed facility quality issues to determine if those areas of concern were identified through the survey process.
- Following each round of testing, CU and CMS analyzed the data from each survey and reviewed surveyor feedback on the process.
- Based on the testing results and feedback, the process and materials were refined for the next round of testing.

**OVERVIEW**

- **Initial Pool Process**
  - Sample size based on census:
    - 70% offsite selected
    - 30% selected onsite by team:
      - Vulnerable
      - New Admission
      - Complaint
      - FRI (Facility Reported Incidents - federal only)
      - Identified concern

- **There are three main parts to the New LTC Survey Process:**
  - The initial pool process, sample selection, and investigation.
  - The sample size is based on the facility census. Generally, the sample size is about 20% of the facility census.
  - In some cases, the sample size is slightly higher than the numbers included in the Traditional sample size grid but lower than the sample size for QIS.
  - One example is the cap for facilities with a census at or above 175 residents. The cap for the Traditional is set at 30 and the cap for QIS is set at 40. The New LTC Survey Process has a cap of 35 residents for larger facilities.
OVERVIEW

• One of the most critical components to any survey is the sample.
• For the new survey process, 70% of the residents will be MDS pre-selected.
• The team will select 30% of the residents onsite, including vulnerable residents who are dependent on staff, new admissions within the last 30 days, complaints or facility-reported incidents or FRIs—which would cover any alleged violation involving mistreatment, neglect, abuse, injuries of unknown origin, and misappropriation of property—and any resident who has a significant concern but does not fall into any of the above sub-groups.

OVERVIEW

• The first day of the survey, or about eight hours, depending on when the team enters, is spent conducting observations, interviews, and a limited record review for the residents in the initial pool.

OVERVIEW, CONTINUED

• Select Sample
  ▪ Survey team selects sample
• Investigations
  ▪ All concerns for sample residents requiring further investigation
    o Closed records
    o Facility tasks
OVERVIEW, CONTINUED

• At the end of the first day or beginning of the second day, the survey team will identify the sample.
• Once the sample is selected, the remainder of the survey is spent investigating all concerns requiring further investigation for the residents in the sample.
• Facility tasks and closed-record investigations will also be conducted.

OFFSITE PREPARATION

• Team Coordinator (TC) completes offsite preparation
  ▪ Repeat deficiencies
  ▪ Results of last Standard survey
  ▪ Complaints, since the last survey and any active ones
  ▪ FRIs (Facility Reported Incidences- federal only)
  ▪ Variances/waivers
  ▪ Necessary documents are printed

OFFSITE PREPARATION, CONTINUED

• Unit and mandatory facility task assignments
  ▪ Dining
  ▪ Infection Control
  ▪ Skilled Nursing Facility Beneficiary Protection Notification Review
  ▪ Resident Council Meeting
OFFSITE PREPARATION, CONTINUED

• The TC makes unit assignments using last year’s floor plan and mandatory facility task assignments.
• For the New LTC Survey Process, the facility tasks are grouped into those tasks required to be investigated on every survey and those only investigated if a concern is identified onsite. There are nine mandatory facility tasks.

OFFSITE PREPARATION, CONTINUED

• Unit and facility task assignments, continued
  ▪ Kitchen
  ▪ Medication administration and storage
  ▪ Sufficient and competent nurse staffing
  ▪ QAA/QAPI
• No offsite preparation meeting. Once the TC completes the offsite preparation, each team member will independently review the information.

FACILITY ENTRANCE

• Team Coordinator (TC) conducts a brief Conference
  • Updated Entrance Conference Worksheet
  • Updated facility matrix
  • Brief visit to the kitchen
  • Surveyors go to assigned areas
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, which will be used later in the survey
- Asking for updated instructions for the list of residents for the beneficiary notices review.

For the New LTC Survey Process, surveyors will ask the facility to 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.
### Updated Facility Matrix

**Draft - May Change...**

1. Date of admission if admitted within last 30 days
2. Alzheimer/Dementia
3. I, DD, ID and No PASARR Level 2 Services
4. Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)
5. Facility Acquired Pressure Ulcers (any Stage)
6. Worsened Pressure Ulcer (any Stage)

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7. Excessive Weight Loss w/out Prescribed Weight Loss Program
8. Tube Feeding
9. Dehydration
10. Physical Restraints
11. Falls (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)
12. Indwelling Catheter
13. Dialysis: Peritoneal (P), Hemo (H), in facility (F) or outside (O)

---

14. Hospice
15. End of Life Care/Comfort Care/Palliative Care
16. Tracheostomy
17. Ventilator
18. Transmission-Based Precautions
19. Central venous line/Intravenous therapy
20. Infections (M, WI, P, TB, VH, UTI)
INITIAL POOL PROCESS

- Surveyor request names of new admissions
- Identify initial pool—about eight residents
  - Offsite selected
  - Vulnerable
  - New admissions
  - Complaints or FRIs (Facility Reported Incidences- federal only)
  - Identified concern

INITIAL POOL PROCESS

- Begins once the surveyor gets to their assigned area. They will ask the nurse for a list of new admissions within the last 30 days.
- Then they will go room to room without staff so they can identify residents to include in the initial pool.
- Remember, the offsite selected residents only account for 70% of the sample, and surveyors will identify the remaining 30% of the sample.

INITIAL POOL PROCESS

- It is not possible to complete an observation and interview for every resident in their assigned area; therefore, the goal is that each surveyor will include about eight residents in their initial pool although every resident in their assigned area should be observed/screened to determine if they should be in the initial pool.
- That is not a fixed requirement, which means a surveyor can include less or more than eight residents in their initial pool.
INITIAL POOL PROCESS

• A surveyor may have more than eight residents in their assigned area who qualify for inclusion in the initial pool;
• For example, a surveyor may be on a rehabilitation unit and have a high number of new admissions, or they may be on a locked Alzheimer’s unit and have a high number of vulnerable residents.
• If this is the case, the surveyor will prioritize residents based on a brief screening.

RESIDENT INTERVIEWS

• Screen every resident
• Suggested questions—but not a specific surveyor script
• Must cover all care areas
• Includes Rights, QOL, QOC
• Investigate further or no issue

RESIDENT INTERVIEWS

• Surveyors will complete a full observation, interview, and limited record review for each resident included in the initial pool.
• The observation, interview, and limited record review include a wide range of care areas.
RESIDENT INTERVIEWS

• Surveyors will screen each of their initial pool residents to determine if the resident is interviewable.
• If the resident is interviewable, surveyors will complete a full interview for the resident, which takes about 20 minutes.

RESIDENT INTERVIEWS

• For the interview, suggested questions are available; however, surveyors can ask the questions as they like, such as open-ended or closed or broad or narrow, but all care areas should be addressed.
• This is an example of balancing structure by requiring surveyors to cover the same care areas while allowing for surveyor autonomy by letting surveyors ask the questions as they like as long as they maintain the intent of the regulatory area.

RESIDENT INTERVIEWS

• The care areas cover:
  ✓ quality of life,
  ✓ resident rights, and
  ✓ quality of care.
RESIDENT INTERVIEWS

• 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, there would not be a need to investigate further;

RESIDENT INTERVIEWS

• However, surveyors 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.

SURVEYOR OBSERVATIONS

• Cover all care areas and probes
• Conduct rounds
• May complete formal observations for wounds or incontinence care of 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.
• Investigate further or no issue
RESIDENT REPRESENTATIVE/FAMILY INTERVIEWS

• Non-interviewable residents
• Familiar with the resident’s care
• Complete at least three during initial pool process or early enough to follow up on concerns
• Sampled residents if possible
• Investigate further or no issue

The goal is to complete at least three interviews for the team on the first day to better inform their sampling decisions.
• Surveyors may call the representative/family member, especially if they have observational concerns.

If surveyors are unable to complete three representative/family interviews during the initial pool process, they have until the end of the survey to complete them; however, the team should complete the interviews early enough in the survey to have enough time to follow up on any concerns.
LIMITED RECORD REVIEW

- Conduct limited record review after interviews and observations are completed prior to sample selection.
- All initial pool residents: advance directives and confirm specific information
- If interview not conducted: review certain care areas in record
- Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer’s or dementia, and PASARR (Pre-Admission Screening and Resident Review)

LIMITED RECORD REVIEW, CONTINUED

- New admissions – broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue

LIMITED RECORD REVIEW, CONTINUED

- The goal for the New LTC Survey Process is to have surveyors out on the floor most of the first day completing critical observations and interviews and only using the record for the situations in the previous slides.
- The initial pool process takes about 8 hours.
DINING – FIRST FULL MEAL

• Dining – observe first full meal
  • Cover all dining rooms and room trays
  • Observe enough to adequately identify concerns
  • If feasible, observe initial pool residents with weight loss
  • If concerns identified, observe another meal

TEAM MEETINGS

• Brief meeting at the end of each day
  ▪ Workload
  ▪ Coverage
  ▪ Concern
  ▪ Synchronize/share data (if needed)

SAMPLE SELECTION

• Select sample
• Prioritize using sampling considerations:
  ▪ Replace discharged residents selected offsite with those selected onsite
  ▪ Can replace residents selected offsite with rationale
  ▪ Harm, SQC if suspected, IJ if identified
  ▪ Abuse Concern
  ▪ Transmission based precautions
  ▪ All MDS indicator areas if not already included
SAMPLE SELECTION

• Once the initial pool process is finished, surveyors will meet as a team for about an hour to select the sample.
• The team will be selecting the sample based on facility census.
• The system will help the team identify a subset of residents that should be included in the sample such as any resident who had an abuse concern.

SAMPLE SELECTION

• For example, if the facility census is 61, the sample size would be 15 residents.
• Let's say there are three surveyors on this survey and each surveyor included eight residents in their initial pool—this means the initial pool has 24 residents, so this meeting will decide which of those 24 residents will fill the 15 sample spots.

SAMPLE SELECTION

• The software will also assist the survey team in ensuring that care area concerns are represented.
• The sample size includes only active residents, and the closed records are in addition to the sample size.
SAMPLE SELECTION – UNNECESSARY MEDICATION REVIEW

• System selects five residents for full medication review
• Based on observation, interview, record review, and MDS
• Broad range of high-risk medications and adverse consequences
• Residents may or may not be in sample

SAMPLE SELECTION – UNNECESSARY MEDICATION REVIEW

• The selection process considers all psychotropic medications, insulin, anticoagulants, opioids, diuretics and antibiotics, as well as some adverse consequences, including falls, weight loss, and sedation.
• There are exclusions; for example, a resident would be excluded if they had a diagnosis of Huntington’s or Schizophrenia and was receiving an antipsychotic.

SAMPLE SELECTION – UNNECESSARY MEDICATION REVIEW

• The residents selected for the full medication review will include insulin, an anticoagulant, and an antipsychotic with Alzheimer’s or dementia, if available.
INVESTIGATION

• Once the sample is selected and assignments are made, the remainder of the survey is spent investigating all concerns that required further investigation for sampled residents.
• In addition, surveyors will be conducting facility task assignments and a few closed record reviews.

RESIDENT INVESTIGATION - GENERAL GUIDELINES

• Conduct investigations for all concerns that warrant further investigation for sampled residents
• Continuous observations, if required
• Interview representative, if appropriate, when concerns are identified

RESIDENT INVESTIGATION - GENERAL GUIDELINES

• Just like in both current processes, staff are expected to assess and provide appropriate care for residents from the day of admission.
• If concerns are identified with areas such as pressure ulcers and incontinence, surveyors will complete continuous observations to adequately determine whether appropriate care and services are provided in accordance with the care plan.
RESIDENT INVESTIGATION - GENERAL GUIDELINES

• Similar to what surveyors do now, they will want to observe and interview staff to determine if they consistently implement the care plan over time and across various shifts.
• They will note and follow up on any deviations from the care plan as well as potential negative outcomes.

RESIDENT INVESTIGATION - GENERAL GUIDELINES

• The surveyor’s investigation will include a review of the facility assessment to ensure the facility determines what resources are needed to care for residents competently each day and during emergencies.

INVESTIGATIONS

• Majority of time spent observing and interviewing with relevant review of record to complete investigation
• Use Appendix PP and critical elements (CE) pathways
The pathways include guidance on the areas (e.g., MDS, physician’s orders and care plan) that should be reviewed initially to help guide the surveyor’s 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 being 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.

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

The CEs are critical components of care—they cover provision of care and services, as well as the facility assessment and care planning.
CLOSED RECORD REVIEWS

• Complete timely during the investigation portion of survey
• Unexpected death, hospitalization, and community discharge last 90 days
• System selected or discharged resident
• Use Appendix PP and CE pathways

FACILITY TASK INVESTIGATIONS

• Complete any time during investigation
• Use facility task pathways
• CE compliance decision

DINING – SUBSEQUENT MEAL, IF NEEDED

• Second meal observed if concerns noted
• Use Appendix PP and CE Pathway for Dining
• Dining task is completed outside any resident specific investigation into nutrition and/or weight loss
INFECTION CONTROL

• Throughout survey, all surveyors should observe for infection control
• Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations (still complete a review for 5 residents)
• Assigned surveyor reviews infection prevention and control, and antibiotic stewardship program.
• In addition, during the initial pool process and sample selection, the team must select a resident, if in the facility, who is on transmission-based precautions.

SNF BENEFICIARY PROTECTION
NOTIFICATION REVIEW

• A new pathway has been developed
• List of residents (home and in-facility)
• Randomly select three residents
• Facility completes new worksheet
• Review worksheet and notices

SNF BENEFICIARY PROTECTION
NOTIFICATION REVIEW

• During the Entrance Conference, surveyors will ask for a list of residents who have been discharged from all Medicare Part A services.
• The facility will identify whether the resident went home or stayed in the facility.
• Surveyors will randomly select three residents from the list.
**SNF BENEFICIARY PROTECTION NOTIFICATION REVIEW**

- 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.
- Surveyors will review the completed worksheets and notices with the provider if issues are identified.

**KITCHEN OBSERVATION**

- In addition to the brief kitchen observation upon entrance, conduct full kitchen investigation
- Follow Appendix PP and Facility Task Pathway to complete kitchen investigation

**KITCHEN OBSERVATION**

- Surveyors will conduct observations focused on practices that might indicate potential for foodborne illness.
- Additional observations are made throughout the survey process in order to gather all information needed on food preparation, storage and distribution to prevent foodborne illness to the residents.
Medication Administration
- Recommend nurse or pharmacist
- Include sample residents, if opportunity presents itself
- Reconcile controlled medications if observed during medication administration
- Observe different routes, units, and shifts
- Observe 25 medication opportunities

Some changes...
- If the opportunity presents itself, surveyors will observe medications for a sampled resident whose medication regimen is being reviewed.
- Otherwise, they 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
- Observe half of medication storage rooms and half of medication carts
- If issues, expand medication room/cart
RESIDENT COUNCIL MEETING

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Refer to updated Pathway

RESIDENT COUNCIL MEETING

- The questions that are asked of the residents are different from the Traditional or QIS.
- The interview is focused on specific areas related to the functioning of the council and a few resident specific areas, such as abuse and sufficient staffing.
- In addition, surveyors can ask the group about any identified concerns from the survey.

SUFFICIENT AND COMPETENT NURSE STAFFING REVIEW

- Is a mandatory task, refer to revised Facility Task Pathway
- Sufficient and competent staff
- Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns
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.

ENVIRONMENT

• Investigate specific concerns
• Eliminate redundancy with LSC
  ▪ Disaster and Emergency Preparedness
  ▪ O2 storage
  ▪ Generator

• If concerns are identified with the environment, surveyors will investigate just the relevant concerns that caused the task to trigger.
• In an effort to increase efficiency, CMS has identified areas that are duplicative with life safety (LSC).
• For the New LTC Survey Process, surveyors will not have to investigate disaster and emergency preparedness, oxygen storage, or the generators.
**POTENTIAL CITATIONS**

- Team makes compliance determination. (Meeting takes approximately an hour on average.)
  - Compliance decisions reviewed by team
  - Scope and severity (S/S)
  - Conduct exit conference and relay potential areas of deficient practice

**AVAILABLE TRAINING FOR PROVIDERS AND THE PUBLIC**

- National Calls and Q&As – Summer/Fall 2017
- Access to Surveyor Training Materials (RO/SA management webinar)
- Videos on Highlights of the Interpretive Guidance
- Training Tools access to Survey Forms and CE Pathways

**§483.15 ADMISSION, TRANSFER, AND DISCHARGE RIGHTS**

- Transfer or discharge to be documented in medical record, including specific information which should be exchanged with receiving provider or facility when a resident is transferred.

F201 (Transfer & Discharge) - Surveyor Focus

- Requires additional documentation: If facility has transferred or discharged resident while an appeal is pending, because keeping the resident in the facility endangers the health or safety of the residents, or others in the facility. Medical records documentation should indicate what danger is posed if the facility does not transfer or discharge the resident.
483.15 ADMISSION, TRANSFER, AND 
DISCHARGE RIGHTS
❖ Requires facility to send a copy of 
transfer or discharge notice to the 
ombudsman.

§483.15 Admission, Transfer, and 
Discharge Rights
Notice of Transfer or Discharge and Ombudsman Notification
❖ Facility-initiated transfer or discharge, must notify the resident and the 
resident’s representative(s) of the transfer or discharge and the reasons for 
the move in writing and in a language and manner they understand.
❖ Must send a copy of the notice of transfer or discharge to the representative 
of the Office of the State Long-Term Care (LTC) Ombudsman.
❖ Notice to the Office of the State LTC Ombudsman must occur before or as 
close as possible to the actual time of a facility-initiated transfer or 
discharge.
❖ The medical record must contain evidence that the notice was sent to the 
Ombudsman.

§483.15 Admission, Transfer, and 
Discharge Rights
Notice of Transfer or Discharge and Ombudsman Notification
❖ Notice to the Office of the State LTC Ombudsman must occur 
at the same time the notice of discharge is provided to the 
resident and resident representative, even though, at the time 
of initial emergency transfer, sending a copy of the transfer 
notice to the ombudsman only needed to occur as soon as 
practicable as described below.
✓ Emergency Transfers - Copies of notices for emergency 
transfers must also still be sent to the ombudsman, but 
they may be sent when practicable, such as in a list of 
residents on a monthly basis.
§483.15 Admission, Transfer, and Discharge Rights

Notice of Transfer or Discharge and Ombudsman Notification
❖ A resident-initiated transfer or discharge means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave the facility. Must be well-documented in medical record.
❖ For resident-initiated transfers or discharges, sending a copy of the notice to the ombudsman is not required because the notice requirement does not apply to resident-initiated transfers or discharges.

§483.15 ADMISSION, TRANSFER, AND DISCHARGE RIGHTS

F206 (Permitting resident to return) - Surveyor focus
❖ If facility decides a resident cannot return to facility, the facility would then discharge resident. Can only discharge a resident for the reasons listed at 483.15, paragraph (c). Documentation should reflect reason for discharge. Documentation regarding basis for discharge should also be in the notice to the resident/representative. If a resident is transferred and the facility can not/will not, the individual is considered a discharge, and the facility has to meet all discharge requirements that are implemented in Phase 1.

CMS: REASONS TO DISCHARGE A RESIDENT

1. The facility cannot meet the resident’s needs
2. The resident no longer requires such services
3. The resident poses a danger to others
4. The resident has failed to pay
5. The facility is closing
New definitions for “abuse” and “sexual abuse.”
- Abuse: It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.
- Willful: as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
- Sexual abuse - non-consensual sexual contact of any type with a resident.

Alleged violations must be reported immediately. Maximum time frames are outlined in the regs, but it is “expected that reports would occur more quickly to protect residents. No later than two hours if the allegation involves abuse that results in serious, bodily injury; and no later than 24 hours if the allegation involves abuse that does not result in serious bodily injury.”

Immediate reporting also includes to the State Adult Protective Services agency, if it has jurisdiction in SNF/NFs.

Based off the resident assessment, the facility must ensure:
- A resident who displays or is diagnosed with a mental/physiological disorder receive appropriate care.
- A resident whose assessment did NOT reveal a mental/psychological disorder does not display decreased social interaction or increased withdrawn, angry or depressive behaviors unless the resident’s clinical conditions demonstrates that this is unavoidable.
Based off the resident assessment, the facility much ensure:
❖ The facility must provide medically related social services “to attain or maintain the highest practicable mental and psychological well-being of each resident.”

MEDICALLY-RELATED SOCIAL SERVICES
• Making arrangements for obtaining needed adaptive equipment, clothing, and personal items.
• Maintaining contact with family (with resident’s permission) to report on changes in health, current goals, discharge planning, and encouragement to participate in care planning.

MEDICALLY-RELATED SOCIAL SERVICES
• Assisting staff to inform residents and those they designate about the resident’s health status and health care choices and their ramifications.
• Making referrals and obtaining services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation).
**MEDICALLY-RELATED SOCIAL SERVICES**

- Providing or arranging provision of needed counseling services.
- Through assessment & care planning, identifying and seeking ways to support residents’ individual needs & preferences, customary routines, and choices.

**MEDICALLY-RELATED SOCIAL SERVICES**

- Assisting residents with financial and legal matters (e.g., applying for pensions, referrals to lawyers, referrals to funeral homes for preplanning arrangements).
- Discharge planning services (helping to place a resident on a waiting list for community congregate living, arranging intake for home care services for residents returning home, assisting with transfer arrangements to other facilities).

**MEDICALLY-RELATED SOCIAL SERVICES**

- Building relationships between residents and staff & teaching staff how to understand & support residents’ individual needs.
- Promoting actions by staff that maintain or enhance each resident’s dignity in full recognition of each resident’s individuality.
### MEDICALLY-RELATED SOCIAL SERVICES

- Assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions.
- Finding options that most meet the physical & emotional needs of each resident.

### MEDICALLY-RELATED SOCIAL SERVICES

- Providing alternatives to drug therapy or restraints by understanding and communicating to staff why residents act as they do, what they are attempting to communicate, and what needs the staff must meet.
- Meeting the needs of residents who are grieving.

### SOCIAL SERVICE NEEDS

- Lack of an effective family/support system
- Behavioral symptoms
- Combativeness/striking out, hitting other residents or staff
- Presence of a chronic disabling medical or psychological condition
SOCIAL SERVICE NEEDS

• Depression
• Chronic or acute pain
• Difficulty with personal interaction & socialization skills
• Presence of legal or financial problems
• Abuse of alcohol or other drugs
• Inability to cope with loss of function

SOCIAL SERVICE NEEDS

• Need for emotional support
• Changes in family relationships, living arrangements, and/or resident’s condition or functioning
• A physical or chemical restraint

FACTORS WITH A POTENTIALLY NEGATIVE EFFECT

• Dental/denture care
• Podiatric care
• Eye care
• Hearing services
• Equipment for mobility or assistive eating devices
• Need for home-like environment, control, dignity, and privacy
§ 483.40 BEHAVIORAL HEALTH SERVICES
❖ Comprehensive assessment and medically related social services.
❖ New requirement (incorporates highest practicable well-being, specialized rehabilitation, and medical social services).
❖ Addition of new section focusing on requirement to provide necessary behavioral health care and services to residents, in accordance with their comprehensive assessment and plan of care.
❖ Addition of “gerontology” to the list of possible human services fields from which a bachelor degree could provide the minimum educational requirement for a social worker.

§ 483.21 COMPREHENSIVE PERSON-CENTERED CARE PLANNING SUMMARY
New Section - Phase 2 effective 11/28/17
❖ Baseline Care Plan: requires development of a baseline care plan for each resident, within 48 hours of their admission, which includes the instruction needed to provide effective and person-centered care that meets professional standards of quality care.
✓ Includes initial goals, physician orders, medications, dietary orders, therapy orders, social services, and PASARR recommendations

§ 483.21 COMPREHENSIVE PERSON-CENTERED CARE PLANNING
❖ Baseline Care Plan:
✓ Requires facilities to provide resident/representative with summary of baseline CP in a form and manner the resident can easily understand. Summary to include initial goals, medications, treatments, and diet.
§483.45 PHARMACY SERVICES

❖ Pharmacist must review a resident’s medical chart during each monthly drug regimen review.
❖ Revision of existing requirements regarding “antipsychotic” drugs to refer to “psychotropic” drugs
❖ Define “psychotropic drug” as any drug that affects brain activities associated with mental processes and behavior
❖ Requiring several provisions intended to reduce or eliminate the need for psychotropic drugs, if not clinically contraindicated, to safeguard the resident’s health

§483.45 PHARMACY SERVICES

F428 (Medication Regimen Review) - Surveyor focus
❖ Requires new process for medication regimen review (MRR) and requires facilities to develop and maintain policies and procedures to address all aspects of the MRR.
❖ The pharmacist must now report MRR irregularities to the Medical Director, as well as the attending physician, and the Director of Nursing.

§483.45 PHARMACY SERVICES

F428 (Medication Regimen Review) - Surveyor focus
❖ “Irregularities” are defined as medications that meet the criteria for unnecessary medications.
❖ The pharmacist provides a written report regarding the irregularities to the attending physician, Medical Director and DON. The attending physician must document that he/she reviewed the identified irregularity and action taken to address the irregularity, or the reason for not changing the medication related to the identified irregularity.
§483.55 DENTAL SERVICES
SUMMARY

❖ Facility may not charge a resident for the loss or damage to dentures when the loss of damage is the responsibility of the facility.
❖ If resident requests assistance in scheduling a dental appointment, the facility would be required to provide it. Facilities are already required to provide assistance when it is needed. This adds “if requested.”
❖ Adds a requirement to arrange for transportation to and from dental services.

§483.55 DENTAL SERVICES
SUMMARY

❖ Requires facilities to make a dental referral within 3 days from the time the loss or damage to dentures is identified unless the facility can document extenuating circumstances that resulted in a delay beyond 3 days. Compliance with this requirement will be required as of 11/28/17.
❖ Adds a requirement that facilities assist residents to apply for reimbursement of dental service as in incurred medical expense under the state plan as appropriate.

§483.55 DENTAL SERVICES
SUMMARY

❖ Facilities will be required to have a policy identifying those instances when the loss or damage of dentures is the facility's responsibility. Compliance with this addition is required by 11/28/17.
❖ Facilities must document what they did to ensure that the resident could eat and drink adequately while awaiting dental services.
§483.70 ADMINISTRATION
FACILITY ASSESSMENT

❖ Must document what resources are necessary to care for its residents competently during day-to-day operations and in emergencies.
❖ Must be updated annually; but this is a minimum standard - it can be updated whenever there is a change or facility plans any changes that require a substantial modification of any part of the assessment.

Must include:
❖ Resident population, number and facility capacity;
❖ Care required considering the diseases, conditions, physical and cognitive difficulties, overall acuity;
❖ Staff competencies necessary for the level and types of care needed;
❖ the physical environment, equipment, services necessary to care for residents;

❖ Any ethnic, cultural, religious factors that could potentially affect care including activities, food/nutrition.
❖ Facilities’ resources, including
✓ buildings;
✓ physical structures, vehicles;
✓ medical and non-medical equipment;
✓ services provided such as PT, pharmacy, specific rehab therapies.
§483.70 ADMINISTRATION
FACILITY ASSESSMENT

Must include:
❖ All personnel, including managers, staff (employees and contracted), volunteers, and education/training and competencies related to care.
❖ Contracts/agreements to 3rd parties to provide services/equipment during operations or emergencies.
❖ HIT resources for managing care and electronically sharing info with other organizations.

Example Outline:
❖ General overview of facility
   We currently have 250 active beds, with the licensed capacity for 286 (we have 36 beds on lay-away). All beds are Medicare certified. We have 8 resident care units with population capacity of 27 – 36 depending on type and location of unit. We have 70 double rooms and 110 private rooms. Each unit has a dining area and additional lounge spaces for visiting and therapeutic activity programming. We have several amenities for residents and families including a large chapel/auditorium, lobby, coffee shop, gift shop and thrift store. We provide outdoor spaces in an enclosed courtyard and front patio area.

Example Outline:
❖ Average Daily Census:
   Previous Quarter April-June 2017 – 228.1 residents per day
   June 2017 – 225.8
§483.70 ADMINISTRATION FACILITY ASSESSMENT

Example Outline:
❖ Staffing Ratios:
  TCU units – Licensed staff: 1:8 and CNA’s: 1:8
  Long Term Care Units – Licensed Staff: 1: per unit / unit sizes of 27, 28, 29, 35 or 36
  Long Term Care Units also have 1 TMA
  Long Term Care Units CNA’s: 1:9

Example Outline:
❖ Types of Care Provided:
  Ten most common diagnoses include:
  1. TKA – Total Knee Arthroplasty
  2. THA – Total Hip Arthroplasty
  3. ORIF – Other orthopedic surgeries
  4. CVA
  5. Pneumonia
  6. Respiratory Failure
  7. Weakness/Failure to Thrive
  8. ESRD (Including Chronic Kidney Disease)
  9. Amputation/Skin Grafts
  10. Dementia

Example Outline:
❖ Specialized Care & Services/Units (See Attached Documents):
  ✓ Operation Statement for Transitional Care Units (1 East and 1 Main)
  ✓ Operational Statement for Dementia Care Unit (4 Main)
  ✓ Operational Statement for Low-Care Unit (3 Main)
Example Specific Unit Statement of Operations:
(Please review handouts of these documents.)
❖ Dementia Care Units
❖ Transitional Care Units
❖ Low Care Units

Personnel (Example):
❖ Organizational Chart
❖ Leadership Staff
❖ Employee List (available upon request)
❖ Volunteer List (available upon request)
❖ Orientation Requirements/Checklists
❖ Job Descriptions
❖ Staff Plan for Nursing Department

Facilities will develop, implement, and maintain effective comprehensive, data-driven QAPI program that focuses on systems of care, outcomes of care, and quality of life.
§483.75 QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT

F520 (Quality Assessment) - Survey Focus
❖ Contains clarifying language regarding committee members.
❖ Facility must report to their governing body or designated persons regarding its activities.
❖ QA & A Committee must meet at least quarterly.

§483.80 INFECTION CONTROL

F441 (Infection Control) - Survey Focus
❖ Developed and implemented an infection control program:
  ✓ When and to whom to report infections.
  ✓ What types of transmission-based precautions will be used and when to use them.
  ✓ Infection control incidents and the facility’s corrective actions.

F441 - Survey Focus
❖ Appropriate use of standard precautions including:
  ✓ hand hygiene
  ✓ respiratory and cough etiquette
  ✓ use personal protective equipment
  ✓ safe injection practices
  ✓ safe handling of potentially contaminated equipment or surfaces are used and implemented
❖ The IPCP policies and procedures are reviewed and updated annually.
Example Competency Program:
❖ All staff are trained with post-tests upon hire and annually for:
✓ Infection Control & TB Precautions
✓ Blood Borne Pathogens/Hazardous Substances
❖ Random infection control audits are done by the Infection Control Nurse and/or Quality Rounds to include:
✓ Handwashing and Glove use
✓ Universal Precautions (audits attached)

Example Competency Program:
❖ Wound Nurse conducts audits on a regular basis for:
✓ Dressing change Clean technique (audit attached)
❖ All departments received a Transmission Based Infection List for residents with precautions on a regular basis.
❖ All rooms in which precautions must be followed have appropriate signage, and supply carts to ensure proper infection control protocols are followed.

Example Competency Program:
❖ Licensed staff also have annual skills checks for:
✓ Catheter Care (Male/Female)
✓ Trach Care
✓ Tube Feedings
❖ These skills checks audits ensure on-going proper technique and appropriate infection control practices.
SMOKING POLICIES

- Smoking status of resident should be noted upon admission.
- Smoking agreement upon admission for smokers – informs residents of approved smoking areas, smoking hours, supervised smoking conditions, and storage of smoking materials.
- Address safety issues for someone who uses oxygen.

SMOKING POLICIES

- Smoking materials kept at nursing station on any dementia unit.
- Smoking materials kept at nursing station if resident is assessed to be unsafe.
- Smoking activity included on resident’s comprehensive care plan.
- Outline actions that will be taken if a resident does not adhere to smoking agreement.
- Designate where smoking will be allowed, as well as times.

CONTACT INFORMATION

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