



Regulations and the Survey Process

Speaker

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Disclosures

- I have no financial relationships to disclose
 - I have no conflicts of interests to disclose
 - I will not promote any commercial products or services
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- All Planning Committee members, content reviewers, authors, and presenters have been evaluated for conflicts of interest, and there are not any to disclose.

Objective S

1. Understand the Survey process
 - a. Preparing for the survey by shifting emphasis on the WAY work is completed - more focus on the BEDSIDE
 - b. Reviewing the INTENT of the new regulations and understanding the redundancy of the regulations to make them more "user friendly"

2. Using Care Pathways: The new survey process allows providers to use the same tools as surveyors. Incorporating the Care Pathways into the QAPI process allows the IDT to understand where they have opportunities for improvement.



An Introduction to the Requirements of Participation

Themes of the Rule

Person-Centered Care

Facility-Based Responsibility

- Assessment/Staffing, Competency-Based Approach: Know Your Center, Know Your Residents, Know Your Staff

Quality of Care & Quality of Life

- New/changed evidence-based practice
- Care Planning
 - Resident goals
 - Resident as the locus of control

Changing Resident Population

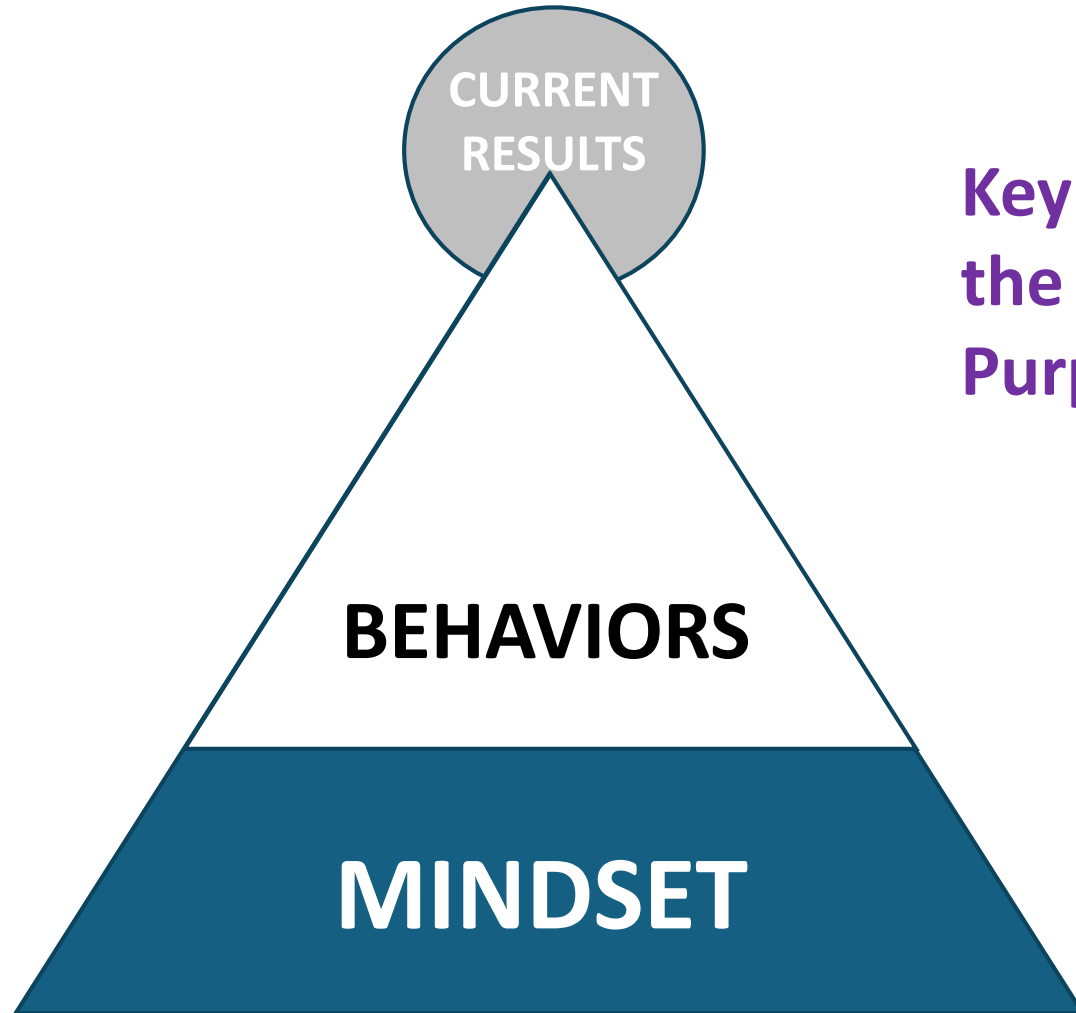
- Acuity
- Behavioral Health



Themes of the Rule

- **Focus on Systems Improvement/QAPI**
 - Prevention of adverse events
 - Medication Related
 - Resident Related
 - Infection Related
 - Transitions of care
- **Reflects dramatic cultural & technology changes over three decades**

Mindset Model



**Key: Understand
the Intent &
Purpose**

The Arbinger Institute:
Mindset Model

Understand the Purpose & Intent



Be mindful of purpose and intent



Do the Right Things for the Right Reasons



Do you know your residents?



Do you know your staff?



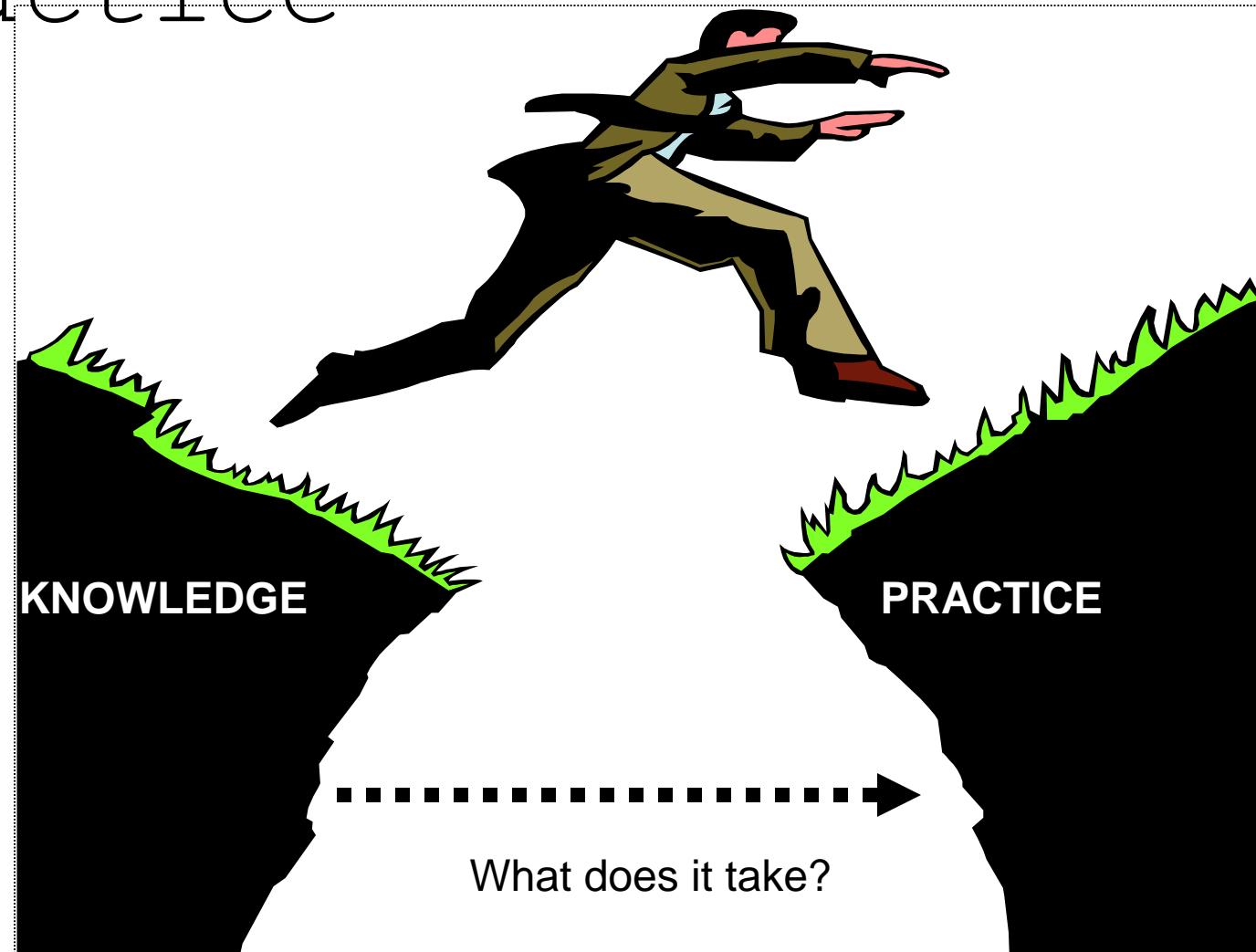
Do you know your partners?









Emphasis on Staff Competency We Learn . . .




- 10% of what we read
- 20% of what we hear
- 30% of what we see
- 50% of what we see and hear
- 70% of what we discuss
- 80% of what we experience
- 95% of what we teach others


Transfer Knowledge into Practice



		
<p>Knowledge</p>	<p>Skill</p>	<p>Behavior/Attitude</p>
<p>What information does staff need to know to attain the highest level of performance?</p>	<p>What skill is required to carry out the knowledge?</p>	<p>What behavior or attitude might prevent or keep staff from performing at the highest level?</p>
<p>Do they know?</p>	<p>Can they do it?</p>	<p>Are there <i>issues</i>?</p>
<p>Information</p>	<p>Proficiency</p>	<p>Conduct</p>

		
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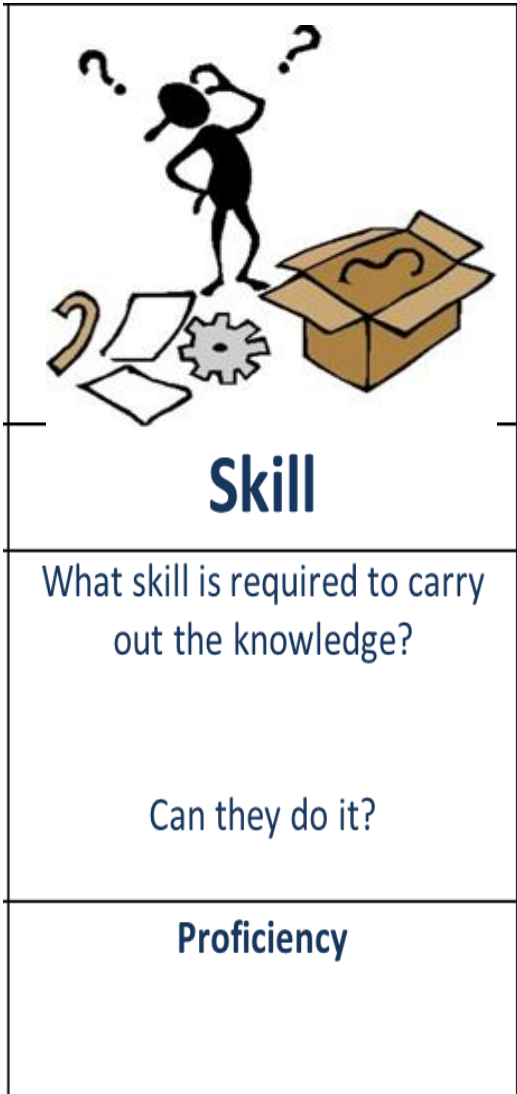
		
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<p>Information</p>	<p>Proficiency</p>	<p>Conduct</p>


Knowledge
What information does staff need to know to attain the highest level of performance? Do they know?
Information

How will you know that they know?

You will know that they know when they can:


Cite, Count, Define
Identify, Indicate
List, Name,
Recognize, Select



How will you know that they can?

You'll know they can do it when they can:

Demonstrate, calculate, complete, contrast, interpret, solve, use, measure, predict


<p>Behavior</p>
<p>What behavior might prevent or keep staff from performing at the highest level?</p> <p>What's the attitude?</p>
<p>Conduct</p>



I don't have enough time

She never listens anyway

I'm afraid I'll screw it up!

It's not my job

I've got nothing to learn from her . . .

I learned this in nursing school

Does One-Size-Fits-All
Orientation Work?

What Messages Do We Send with
Orientation?



The Person-
Centered Survey
Process

Residents First!

Resources

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>
- Let's go there now ...
- Bookmark this page!



*New LTC Survey Process
Overview
7 Sections*



Section I. Offsite Prep



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*Section II. Facility
Entrance*

Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
 - Updated Entrance Conference Worksheet
 - Updated facility matrix
- Brief visit to the kitchen
- Surveyors go to assigned areas



Updated Facility Matrix/Roster CMS-802

	Resident Room Number
1	Date of Admission if Admitted within the Past 30 Days
2	Alzheimer's / Dementia
3	MID, ID or RC & No PASARR Level II
4	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (A.A), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)
5	Facility Acquired Pressure Ulcer(s) (any stage)
6	Worsened Pressure Ulcer(s) (any stage)
7	Excessive Weight Loss w/out Prescribed Weight Loss Program
8	Tube Feeding
9	Dehydration
10	Physical Restraints
11	Fall (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)
12	Indwelling Catheter
13	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or offsite (O)
14	Hospice
15	End of Life Care /Comfort Care/Palliative Care
16	Tracheostomy
17	Ventilator
18	Transmission-Based Precautions
19	Intravenous therapy
20	Infections (MWI, P, TB, VH, C, UTD)
21	



*Section III. Initial Pool
Process – Day One of the
Survey*

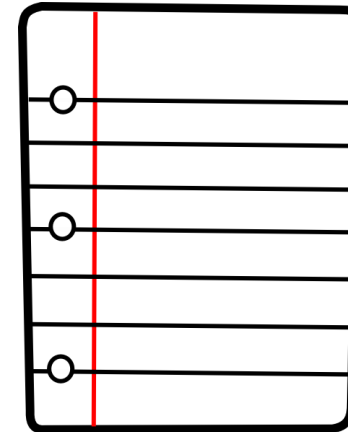
Initial Pool Process

- 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



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



**The
Surveyors
Will ...**

- LTCSP Resident Interview Care Areas and Probes
- First 20 minutes with the resident during first day of survey
- Surveyors will take 20 minutes to get to know the resident



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**Shouldn't We
Do The Same?**

Surveyor Observations

- Cover all care areas and probes
- Conduct rounds
- Complete formal observations
- 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

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

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



First
Impression
Drives It
All

What is Your Experience? Have
They Made Up Their Minds on
Day 1?





*Section IV. Sample
Selection – Day 2*

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 – 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





*Section V. Investigation –
Day 2 and 3*

Investigations

- Majority of time spent observing and interviewing with relevant review of record to complete investigation
- Use Appendix PP and critical elements (CE) pathways



CMS Gave Us A Gift ...



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Critical Element Pathways

- 41 CEP we can use for Quality Assurance Monitoring Tools - use all or part (hidden slides)
- 9 Mandatory
- Be a surveyor ...
- Advocate for the best quality of life and quality of care possible.

Abuse Critical
Element Pathway
IC



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How Would You Use The Abuse CE Pathway?

Review the
Pathway

Impressions

HOW WOULD
you use
this in
daily
operations?



*Section VI. Ongoing and
Other Survey Activities*

Facility Task Investigations

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



Section VII. Potential Citations

Potential Citations

- Team makes compliance determination.
 - Compliance decisions reviewed by team
 - Scope and severity (S/S): See Grid
- Conduct exit conference and relay potential areas of deficient practice



handout

Top Ten Citations – CY 2023

National	State
F884 – CDC NHSN Reporting	F884
F689 – Falls	F689
F880 – Infection Control	F684
F812 – Preparation and Storage of Food	F812
F684 – Quality of Care	F880
F656 – Development of Care Plan	F686
F761 – Labeling and Storage of Med	F677 – ADL Care
F609 – Abuse Reporting*	F656
F600 – Abuse*	F761
F584 – Environment	F550 – Resident Rights

Managing The Survey Process

Prepare Your Staff All Year Round

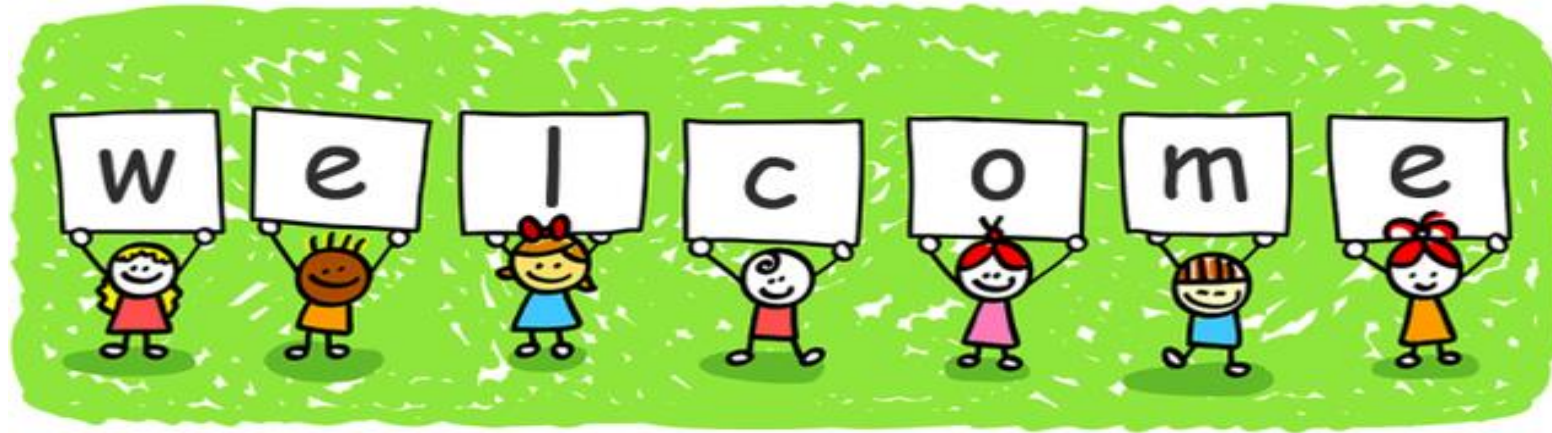
- Mock Interviews
 - It is ok to say, "I don't remember - and I will find out."
 - It is ok to refer them to someone else. Do not give documents or records to the surveyor. Call supervisor or DON.
 - Train to answer only the question.
 - Make sure they know that leadership is there for them. At any time they feel uncomfortable, they can excuse themselves for "nature calls" and get you.
- Mock Surveys - play surveyor. Use the CEP as QA observation tools. Get them accustomed to being watched.

Paperless Process

- Email to Surveyor Requesting
 - Upload it to their portal
 - Prepare staff to be bombarded
 - Use a document managing software / function
 - Have high speed scanner
- Response Time - 1 hour

Paperless Process

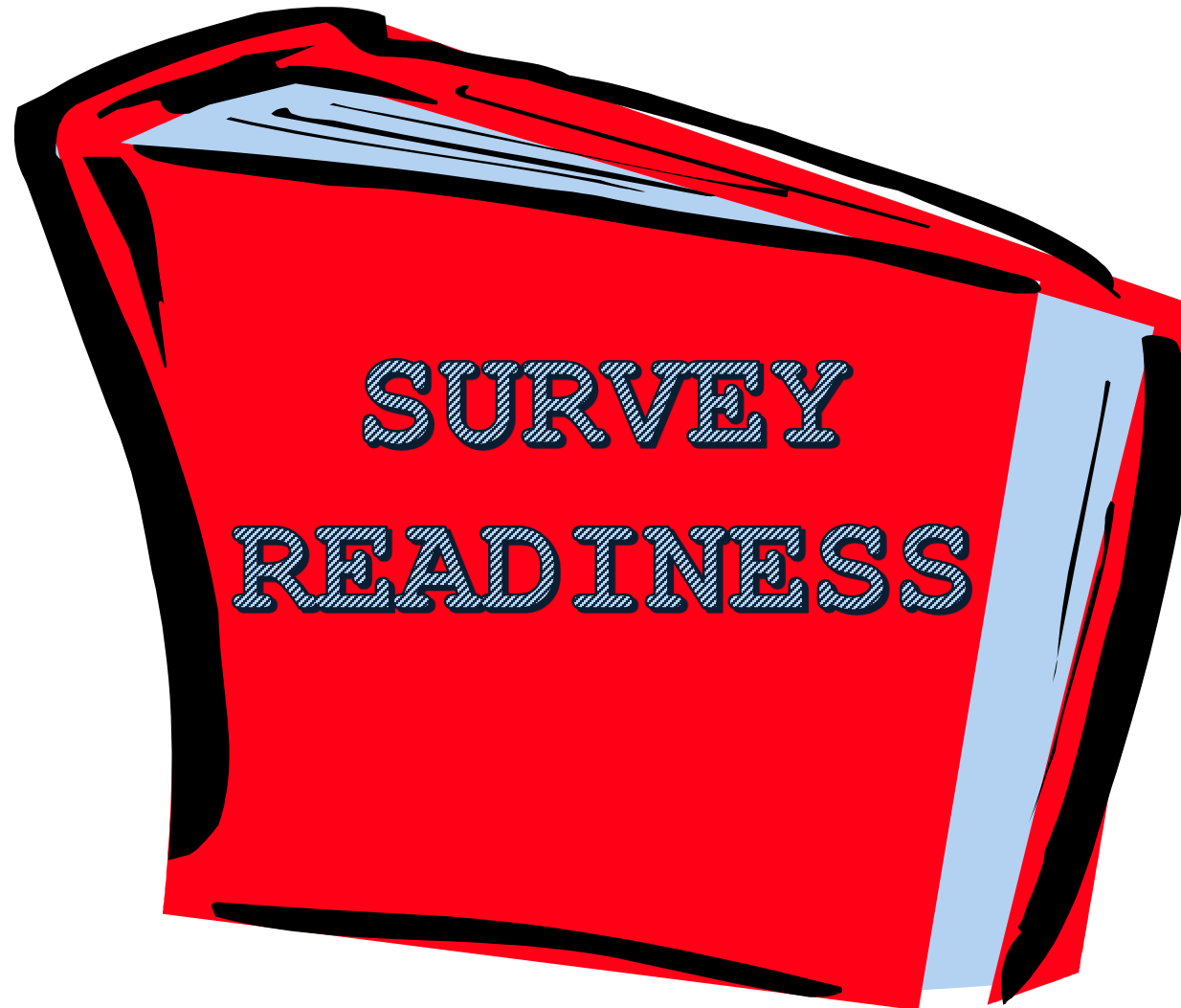
- Do NOT be the person receiving all the requests
- Who? One person whenever possible - less confusion, less duplication
 - Knows your EHR best
 - Can find the most recent version of Policies and Procedures
 - Understands what the surveyors need - and only what they need
 - Detail oriented - list of what time provided
 - Highly organized
 - Not afraid to clear documents with you
 - Can be relieved of other duties during survey



WELCOME OUR GUESTS

- You Set The Tone!
- Establish "Ground Rules"
 - Work Space
 - Telephone Procedure
 - Contacts - one for each surveyor based on areas of focus
 - Meals

Start Today



READINESS NOTEBOOK – Section 1

Upon Entrance

- Census number
- Complete matrix for new admissions in the last 30 days who are still residing in the facility.
- An alphabetical list of all residents (note any resident out of the facility).
- A list of residents who smoke, designated smoking times, and locations.
- Information regarding full time DON coverage (verbal confirmation is acceptable).
- Information about the facility's emergency water source (verbal confirmation is acceptable).

READINESS NOTEBOOK – Section 1

Upon Entrance

☐ Floor Plan of Facility

- a. Identify all rooms including COVID-19 observation and COVID-19 units.
- b. Locate key facility personnel
- c. Locate dining areas and note **meal serving times**
- d. Note where survey results posted
- e. Note where menus are posted
- f. Locate Nursing units, stations and note **med pass times**
- g. Locate special care units and / or residents
- h. Storage areas including outlying buildings

READINESS NOTEBOOK - Section 1

Upon Entrance

- Name of the Resident Council President - room and best time to reach
- Copy of Arbitration Agreement
- Name of staff responsible for arbitration agreements

READINESS NOTEBOOK – Section 2:

Within One Hour

- The actual working schedules for all staff, separated by departments, for the survey time period.
- 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) 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;
 - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.

READINESS NOTEBOOK - Section 2: Within One Hour

- ❑ 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..

READINESS NOTEBOOK – Section 3:

Within Four Hours

- Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
- Admission packet.
- Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
- List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
- Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
- Does the facility have an onsite separately certified ESRD unit?
- Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

READINESS NOTEBOOK – Section 3: Within Four Hours

- Infection Prevention and Control Program Standards, Policies and Procedures, including:
 - The surveillance plan;
 - Antibiotic Stewardship program; and
 - Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.
- QAA committee information (name of contact, names of members and frequency of meetings).
- QAPI Plan.
- Abuse Prohibition Policy and Procedures.
- Description of any experimental research occurring in the facility.
- Facility assessment.

READINESS NOTEBOOK – Section 3: By End of First Day

- 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."
- Provide a list of residents, who are currently residing in the facility, that have entered into a binding arbitration agreement on or after 9/16/2019.
- Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.

READINESS NOTEBOOK - Section 4: Within 24 Hours

- Completed Medicare/Medicaid Application (CMS-671).
- Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

READINESS NOTEBOOK - Section

Additional Information

1. Current CLIA waiver, if not in LARA file
2. Registration as a Producing Facility of Medical Waste License;
3. Copy of current surety bond. (Trust Fund)
4. Copy of Smoking Policy, List of residents who smoke, and their Smoking Assessment form
5. List of residents in facility during previous flu season (10/1-3/31). Include a copy of the facility's Vaccination Policy/Procedure and any authorization forms.
6. A copy of the Trust Fund Policy/Procedures and all forms for completing transactions and giving authorizations;

Notebook Prep

1. Every Monday and Friday
2. READ and update info - do not just pull
3. Teach staff proper use
4. Have staff copy with "cheat sheet" additions

Survey Buddies

- Surveyors will be assigned to specific tasks - kitchen, QA, Abuse, Infection Control, etc.
- Provide them with a list of key personnel and their area of expertise
- Once you know which surveyor will do which tasks, have your key person introduce themselves to that surveyor. Be their buddy. Check in frequently to see how they are doing.

IMMEDIATELY ...

- Have specific persons assigned to check med carts and med rooms for expired and unlabeled meds ...
- Assign someone else to do rounds to check that oxygen tubing is dated and call lights in reach

Leaders Visible and Accessible

- Do Rounds Every Couple of Hours
- Check with staff - how are they feeling?
- Let staff know that you are available if they feel uncomfortable.
- Talk to residents and families

Staff Check-in

- Answer questions they may have during the survey.
- Reassure staff about the process
- Learn information such as what surveyors may have observed and questions they may have asked. If it emerges that a staff member may have answered a question incorrectly, speak to staff in a calm manner and work to correct the situation promptly.

Assign leaders to walking rounds

- Hygiene needs (e.g., clean nails, hair combed) are met,
- Fluids are within reach,
- Call lights are within reach,
- Assistive devices are functional and in place,
- Resident rooms are neat and clean, and
- Resident refrigerators are clean - temp logs in place
- Shower rooms and med rooms

Check in with survey team leader frequently

- Do not be a pest
- Make sure they are getting responses to email requests for documents timely
- Do they need anything else?
- Are there issues you can help with?

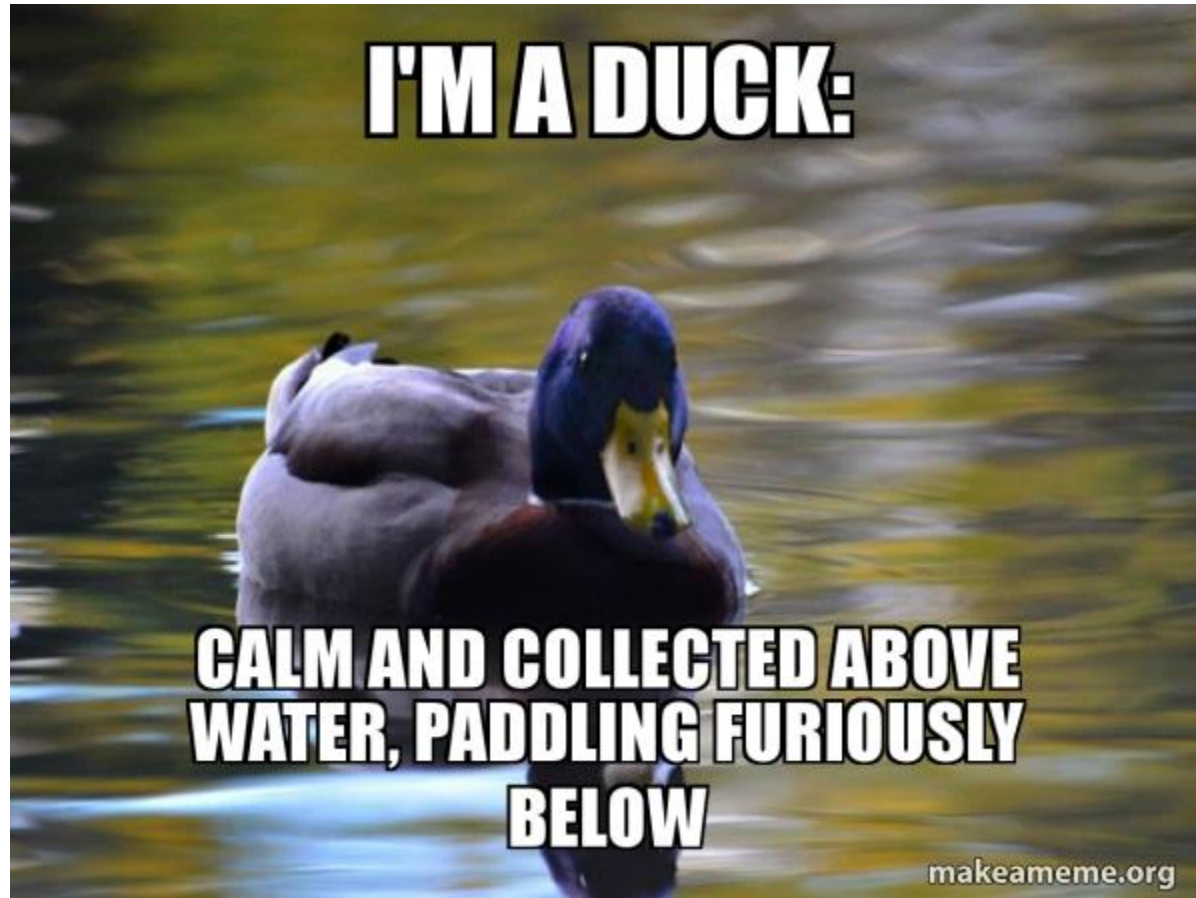
End of Day Meeting with Nursing Leadership

- Once surveyors have left the facility for the day, review with the team any information from this exit meeting.
 - What occurred during the day, - what documents sent to surveyors
 - Issues that were addressed, and
 - Issues that still need correction.
 - Check to see if there are any outstanding documents that still need to be provided to surveyors.

Each Day ...

- Arrive early. Beat the surveyors
- Be proactive and arrive each morning before the surveyors.
- Conduct rounds to ensure residents are cared for and the facility presents well. Reassure staff all is well
- Confirm that no new issues arose since leaving the facility the previous evening.

Remember, During Survey,



Take the Same Training As the Surveyors

- Long Term Care Regulatory and Interpretive Guidance and Psychosocial Severity Guide Updates – June 2022 – Training Menu downloaded 2/7/2023 from <https://qsep.cms.gov/pubs/CourseMenu.aspx>

Resources

- Long Term Care Survey Process (LTCSP) Procedure Guide. (2019).
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTCSP-Procedure-Guide.pdf>
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- Survey Resources downloaded 10/24/22 from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>
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