



# Regulations and the Survey Process

There are worksheets within these handouts. Please review. You may want to select the ones you want to print.

## Handouts – Table of Contents

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- 1.** Presentation Slides
- 2.** Entrance Conference Checklist
- 3.** Resident Interviews
- 4.** Abuse Critical Element Pathway
- 5.** Scope and Severity Grid



## Regulations and the Survey Process

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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
- All Planning Committee members, content reviewers, authors, and presenters have been evaluated for conflicts of interest, and there are not any to disclose.

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**Objectives**

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.

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**An Introduction to the Requirements of Participation**

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**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

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### 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

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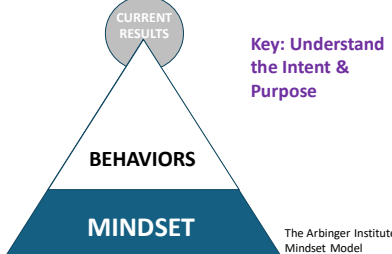
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### Mindset Model



**Key: Understand the Intent & Purpose**

The Arbinger Institute:  
Mindset Model

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### 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?

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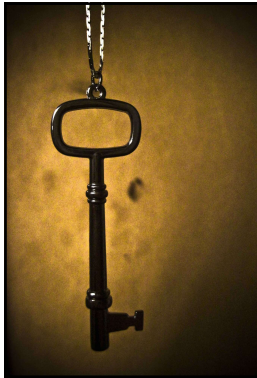
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**Emphasis on Staff Competency We Learn . . .**

- 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

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**Transfer Knowledge into Practice**



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

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

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

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	How will you know that they know?
<b>Knowledge</b>	You will know that they know when they can:
What information does staff need to know to attain the highest level of performance?	<b>Cite, Count, Define</b>
Do they know?	<b>Identify, Indicate</b>
<b>Information</b>	<b>List, Name, Recognize, Select</b>

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<b>Skill</b>
What skill is required to carry out the knowledge?
Can they do it?
<b>Proficiency</b>

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**

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

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

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Does One-Size-Fits-All Orientation Work?  
What Messages Do We Send with Orientation?

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# The Person-Centered Survey Process

Residents First!

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## Resources

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

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*New LTC Survey Process Overview  
7 Sections*

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Section I. Offsite Prep

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Section II. Facility Entrance

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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



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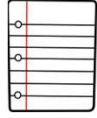
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## Resident Interviews

- 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



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### 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?

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### Surveyor Observations

- Cover all care areas and probes
- Conduct rounds
- Complete formal observations
- Investigate further or no issue



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### 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

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### 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)

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### Limited Record Review, continued

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

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### 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

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First Impression  
Drives It All

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



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Section IV. Sample Selection – Day 2

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### 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

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**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



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*Section V. Investigation – Day 2 and 3*

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**Investigations**

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



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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.

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Mandatory

1. Dining
2. Infection Prevention
3. Kitchen
4. Medication Administration
5. Resident Council

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**Mandatory**

- 6. QAA and QAPI
- 7. Beneficiary
- 8. Sufficient and Competent Staffing
- 9. Medication Storage

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**“When Indicated”**

- 10. Personal Funds
- 11. Abuse
- 12. Environment
- 13. Activities
- 14. ADL
- 15. Behavioral – Emotional
- 16. Catheter or UTI
- 17. Communication – Sensory
- 18. Dental

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**“When Indicated”**

- 19. Dialysis
- 20. General
- 21. Hospice and End of Life
- 22. Death
- 23. Nutrition
- 24. Pain Management
- 25. Physical Restraints

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“When Indicated”

- 26. Pressure Ulcers
- 27. Rehab and Restorative
- 28. Respiratory Care
- 29. Medication Storage
- 30. PASARR
- 31. Extended Survey
- 32. Hydration

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“When Indicated”

- 33. Tube Feeding
- 34. Positioning, Mobility, ROM
- 35. Hospitalization
- 36. Bladder and Bowel Incontinence
- 37. Accidents
- 38. Neglect
- 39. Resident Assessment
- 40. Discharge
- 41. Dementia care

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Abuse Critical Element  
Pathway  
IC

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How Would You Use The Abuse CE Pathway?

**DISCUSS**

Review the Pathway

Impressions

How would you use this in daily operations?

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**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Section VI. Ongoing and Other Survey Activities

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**Facility Task Investigations**

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

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Section VII. Potential Citations

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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

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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

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**Managing The Survey Process**

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**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.

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**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

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### 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

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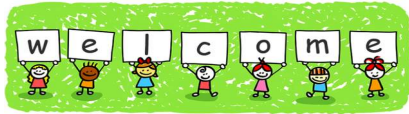
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### WELCOME OUR GUESTS

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

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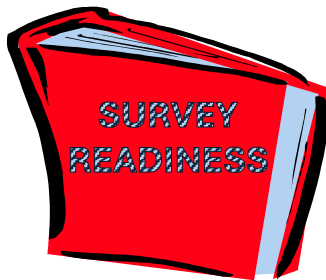
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Start Today



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**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).

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**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

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**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

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**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.

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**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..

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**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).

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**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.

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**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.

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**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”.

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**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;

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**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

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**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.

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**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

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**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

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**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.

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### 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

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### 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?

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### 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.

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### 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.

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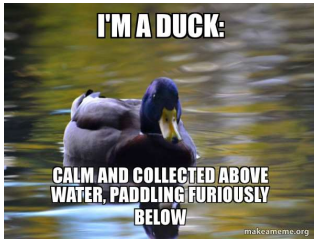
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### Remember, During Survey,



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### 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>

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### 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>
- 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>

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### Resources

- Long Term Care Survey Process (LTCSP) Procedure Guide. (2022). <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTCSP-Procedure-Guide.pdf>
- Survey Resources downloaded 10/24/22 from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>
- 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>

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## ENTRANCE CONFERENCE WORKSHEET

<b>INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE</b>
<input type="checkbox"/> 1. Census number
<input type="checkbox"/> 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/> 3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/> 4. A list of residents who smoke, designated smoking times, and locations.
<b>ENTRANCE CONFERENCE</b>
<input type="checkbox"/> 5. Conduct a brief Entrance Conference with the Administrator. Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.
<input type="checkbox"/> 6. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/> 7. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/> 8. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/> 9. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
<input type="checkbox"/> 10. Name of Resident Council President.
<input type="checkbox"/> 11. Provide the facility with a copy of the CASPER 3.
<input type="checkbox"/> 12. Does the facility offer arbitration agreements? If so, please provide a sample copy.
<input type="checkbox"/> 13. Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?
<input type="checkbox"/> 14. Name of the staff responsible for the binding arbitration agreements.
<b>INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE</b>
<input type="checkbox"/> 15. Schedule of mealtimes, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
<input type="checkbox"/> 16. Schedule of Medication Administration times.
<input type="checkbox"/> 17. Number and location of med storage rooms and med carts.
<input type="checkbox"/> 18. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/> 19. List of key personnel, location, and phone numbers including the Medical Director and contract staff (e.g., rehab services).
<input type="checkbox"/> 20. If the facility employs paid feeding assistants, provide the following information: <ul style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.</li> </ul>
<input type="checkbox"/> 21. 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.
<b>INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE</b>
<input type="checkbox"/> 22. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
<input type="checkbox"/> 23. Admission packet.
<input type="checkbox"/> 24. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.

**ENTRANCE CONFERENCE WORKSHEET**

<input type="checkbox"/> 25. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/> 26. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/> 27. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/> 28. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
<input type="checkbox"/> 29. Infection Prevention and Control Program Standards, Policies and Procedures, including: <ul style="list-style-type: none"> <li>• the surveillance plan;</li> <li>• Antibiotic Stewardship program; and</li> <li>• Influenza, Pneumococcal, and COVID-19 Immunization Policy &amp; Procedures.</li> </ul>
<input type="checkbox"/> 30. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/> 31. QAPI Plan.
<input type="checkbox"/> 32. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/> 33. Description of any experimental research occurring in the facility.
<input type="checkbox"/> 34. Facility assessment.
<input type="checkbox"/> 35. Nurse staffing waivers.
<input type="checkbox"/> 36. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"> <li>• Less than the required square footage</li> <li>• More than four residents</li> </ul>
<b>INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY</b>
<input type="checkbox"/> 37. 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.”
<input type="checkbox"/> 38. 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.
<input type="checkbox"/> 39. Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.
<b>INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE</b>
<input type="checkbox"/> 40. Completed Medicare/Medicaid Application (CMS-671).
<input type="checkbox"/> 41. Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.



## ENTRANCE CONFERENCE WORKSHEET

### Beneficiary Notice - Residents Discharged Within the Last Six Months

Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expired, or were transferred to an acute care facility or another SNF during the sample date range).

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

## ENTRANCE CONFERENCE WORKSHEET ELECTRONIC HEALTH RECORD (EHR) INFORMATION

**Please provide the following information to the survey team before the end of the first day of survey.**

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Pressure ulcers	
2. Dialysis	
3. Infections	
4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	
16. COVID-19 test results	

**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: \_\_\_\_\_

**Initial Pool Process: Resident Interview**

Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"> <li>• Are you able to make choices about your daily life that are important to you?</li> <li>• I'd like to talk to you about your choices. Are you able to get up and go to bed when you want to?</li> <li>• How about bathing, are you able to choose a bath or shower? Do you choose how often you bathe?</li> <li>• How about food, does the facility honor your preferences or requests regarding meal times, food and fluid choices?</li> <li>• How about activities, are you able to choose when you go to activities?</li> <li>• How about meds, are you able to choose when you receive your medications?</li> <li>• Did you choose your doctor? Do you know their name and how to contact them?</li> <li>• Can you have visitors any time or are there restricted times?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Activities	<ul style="list-style-type: none"> <li>• Do you participate in activities here? If not, why?</li> <li>• Do the activities meet your interests? If not, what type of activities would you like the facility to offer?</li> <li>• Are activities offered on the weekends and evenings? If not, would you like to have activities on the weekends or in the evenings?</li> <li>• Do staff provide activities you can do on your own (cards, books, other)?</li> </ul> <p>If resident is in the facility for rehab or is a young resident who says they don't care to participate in the activities, determine:</p> <ul style="list-style-type: none"> <li>• If it is because the activities don't interest them. or</li> <li>• If they wouldn't participate in activities no matter what was offered. If they don't want to participate in activities (offered or not), then mark activities as No Issues.</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Dignity	<ul style="list-style-type: none"> <li>• Do staff treat you with respect and dignity?</li> <li>• Do you have any concerns about how staff treat you? If so, please describe.</li> <li>• Do you have any concerns about how staff treat other residents in the facility? If so, please describe.</li> <li>• Have you shared with staff any of your concerns about how you or other residents are treated? If so, what happened?</li> <li>• <i>Have staff searched you, your room, or your belongings without your permission? If so, what happened?</i></li> <li>• <i>Did they tell you the reason for the search?</i></li> </ul> <p>NOTE: If abuse is suspected, mark abuse as Further Investigation.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Abuse	<p>Describe any instances where staff:</p> <ul style="list-style-type: none"> <li>○ Made you feel afraid or humiliated/degraded</li> <li>○ Said mean things to you</li> <li>○ Hurt you (hit, slapped, shoved, handled you roughly)</li> <li>○ Made you feel uncomfortable (touched you inappropriately)</li> </ul> <ul style="list-style-type: none"> <li>• Have you seen or heard of any residents being treated in any of these ways?</li> <li>• Did you tell anyone about what happened (e.g., staff, family, or other residents)? What was their response?</li> </ul> <p>NOTE: If you receive an allegation of abuse, immediately report this to the facility administrator, or his/her designated representative if the administrator is not present.</p> <p>If the concern is dignity related, mark dignity as Further Investigation.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Resident-to-Resident Interaction	<ul style="list-style-type: none"> <li>• Have you had any confrontations with other residents? If so, please describe.</li> <li>• Have you reported this to anyone (e.g., staff, family, or other residents)? If so, what happened afterwards?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Privacy	<ul style="list-style-type: none"> <li>• If the resident has a roommate, ask: Do you feel like you can have a private conversation with your family or a visitor if your roommate is here?</li> <li>• Does staff provide you privacy when they are helping you to bathe or dress, or providing treatments?</li> <li>• Do you have privacy when on the telephone?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Accommodation of Needs (physical)	<ul style="list-style-type: none"> <li>• Is your room set up so you can easily get around the room, get to and from the bathroom, use the sink?</li> <li>• Do you have any concerns with your roommate's personal items taking over your space?</li> <li>• <i>Have there been any recent issues with the call light working? What did the facility do when the call light wasn't working? Can you reach it?</i></li> <li>• Are the <i>call lights</i> located in the resident's room (<i>in bed or other sleeping accommodations</i>), toilet and bathing facilities?</li> <li>• <i>If you have been on the floor near your bed, toilet, or bath, were you able to reach the emergency call light?</i></li> <li>• Do you have enough light in your room to do what you want or need to do?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Mood/Behavior	<p><i>Only ask for residents who have a diagnosis of PTSD or a history of trauma:</i></p> <ul style="list-style-type: none"> <li>• <i>Do you have any concerns regarding the way the facility addresses your history of trauma?</i></li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Personal Funds	<ul style="list-style-type: none"> <li>• Does the facility hold your money for you? <ul style="list-style-type: none"> <li>○ Can you get your money when you need it, including weekends?</li> <li>○ Do you get a quarterly statement from the facility?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Personal Property	<ul style="list-style-type: none"> <li>• Have you had any missing personal items? <ul style="list-style-type: none"> <li>○ How long has it been missing?</li> <li>○ What do you think happened?</li> <li>○ Did you tell anyone about the missing item(s)?</li> <li>○ What happened after you told staff about the missing item?</li> </ul> </li> <li>• Did the facility ask you to sign a piece of paper indicating they are not responsible for your lost personal items?</li> <li>• If the room is not personalized, ask: Were you encouraged to bring in any personal items?</li> </ul> <p>NOTE: If the resident has not informed staff about the property loss, inform the resident that you will provide the information to the administrator and/or DON so that they may follow up with the resident. Follow up with the facility staff prior to the end of the survey to evaluate the action taken regarding the resident's concerns.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Sufficient Staffing	<ul style="list-style-type: none"> <li>• Do you get the help and care you need without waiting a long time? If not, what happened when you had to wait a long time?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>• How long would you say it takes staff to come when you use your call light?</li> <li>• How long does it take staff to come when you use your call light to go to the bathroom?</li> <li>• Does this happen often?</li> <li>• Is there a specific time of day or night this happens?</li> </ul>	
Participation in Care Planning	<ul style="list-style-type: none"> <li>• Does the staff include you in decisions about your medicine, therapy, or other treatments?</li> <li>• Are you or a person of your choice invited to participate in setting goals and planning your care?</li> <li>• Can you share with me how the meeting went?</li> <li>• Do you receive care according to the plan you developed with the staff to achieve your goals?</li> </ul> <p>Only ask for new admissions:</p> <ul style="list-style-type: none"> <li>• Did you receive a written summary of your initial care plan after you were admitted? If so, did the staff explain your care plan to you?</li> <li>• Did you understand it?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Community Discharge	<p>For new admissions and long-stay residents who want to return to the community:</p> <ul style="list-style-type: none"> <li>• Do your goals for care include discharge to the community? If so, has the facility included you or the person of your choice in the discharge planning?</li> <li>• Do you need referrals to agencies in the community to assist with living arrangements or care after discharge?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Environment	<ul style="list-style-type: none"> <li>• How is the noise level in your room?</li> <li>• How is the temperature in your room and in the building?</li> <li>• Do you feel your room and the building are clean and comfortable? If not, please describe.</li> <li>• Is there anything else in the building that affects your comfort?</li> <li>• Are the water temperatures too hot or too cold when you wash your hands or take a bath or shower?</li> <li>• Is your bed clean and comfortable?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Food	<ul style="list-style-type: none"> <li>• Does the food taste good and look good?</li> <li>• Are the hot foods served hot and the cold foods served cold?</li> <li>• Does the facility accommodate your food preferences (e.g., cultural, ethnic, or religious), allergies, or sensitivities?</li> <li>• Are you provided a substitution if you don't like what is served?</li> <li>• Do you receive snacks when you request them?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>Are they the type of snacks you like to receive?</li> </ul>	
Dental	<ul style="list-style-type: none"> <li>Do you have any problems with your teeth, gums, or dentures? If so, describe.</li> <li>Have you lost or damaged your dentures? Did you tell staff? Did the staff tell you what they are doing about your dentures?</li> <li>Do you have difficulty chewing food? If so, how is the staff addressing this?</li> <li>Does the staff provide you with oral hygiene products you need (e.g. toothbrush, toothpaste, mouthwash, denture tabs/cup/paste)?</li> <li>Does the staff help you brush your teeth? If so, how often does staff assist you with oral care?</li> <li>Does the facility help with appointments to the dentist?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Nutrition	<ul style="list-style-type: none"> <li>Are you on a special diet (which includes an altered consistency)? If so, what is it and how long have you received this diet?</li> <li>Do you need assistance with eating or dining?</li> <li>Do you have difficulty swallowing food?</li> <li>Have you gained weight?</li> <li>Have you lost weight?</li> <li>What are staff doing to address your weight loss?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Hydration	<ul style="list-style-type: none"> <li>Does the staff provide you with water or other beverages throughout the day, evening, and night time?</li> <li>Do you need assistance to drink the fluids? If so, how often do staff provide you with the fluids?</li> <li>Have you been dehydrated?</li> <li>Have you received any IV fluids?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Tube Feeding	<p>If you observe that a resident is tube fed, ask:</p> <ul style="list-style-type: none"> <li>Why do you receive a tube feeding?</li> <li>How much do you get?</li> <li>Do you feel like you have lost/gained weight?</li> <li>Have you had any issues with it?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Vision and Hearing	<ul style="list-style-type: none"> <li>• Do you have any problems with your vision or hearing?               <ul style="list-style-type: none"> <li>○ Do you wear glasses or use hearing aids?</li> <li>○ Are your glasses and/or hearing aids in good repair? If not, what are the facility staff doing to help you with this problem?</li> <li>○ Do you need glasses or a hearing aid?</li> <li>○ Have you lost your glasses or hearing aids at the facility?</li> <li>○ What did the facility do if you lost them?</li> <li>○ Does the facility help you make appointments and help with arranging transportation?</li> <li>○ If resident has either/both - how are they working for you?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
ADLs	<ul style="list-style-type: none"> <li>• Do you get the help you need to get out of bed or to walk?</li> <li>• Do you get the help you need when you need to use the bathroom?</li> <li>• Do you get the help you need to clean your teeth or get dressed?</li> <li>• Do you get the help you need during meals?</li> <li>• If not, please describe.</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
ADL Decline	<ul style="list-style-type: none"> <li>• Has your ability to dress yourself or to take a bath changed? If so, please describe.</li> <li>• Has your ability to get to the bathroom or use the bathroom changed? If so please, describe.</li> <li>• Do you need more help now to clean your teeth or eat meals?</li> <li>• Do you need more help with getting out of bed or walking now?</li> <li>• Has this been happening for a long time? About how long?</li> <li>• What are staff doing to stop you from getting worse or to help you improve in these areas?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Catheter	<p>Only ask for a resident who has a urinary catheter:</p> <ul style="list-style-type: none"> <li>• Do you know why you have the catheter?</li> <li>• How long have you had it?</li> <li>• Have you had any problems with your catheter?</li> <li>• Have you had any problems such as infections or pain related to the catheter?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>



## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Insulin	<p>Only ask for residents receiving insulin:</p> <ul style="list-style-type: none"> <li>• Do you get insulin?</li> <li>• Have you had any problems with your blood sugars such as feeling dizzy or light headed? If so, when did they occur and how did staff respond?</li> <li>• Any other issues?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
<i>Anticoagulant</i>	<p>Only ask for residents receiving an anticoagulant:</p> <ul style="list-style-type: none"> <li>• Do you get a blood thinner like Coumadin?</li> <li>• Have you had any bleeding or bruising?</li> <li>• Have you talked to staff about this?</li> <li>• Any other issues?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Respiratory Infection	<ul style="list-style-type: none"> <li>• Do you have easy access to a sink with soap to wash your hands?</li> <li>• Do staff assist you with washing your hands, if needed?</li> <li>• Have you had a fever lately?</li> <li>• Have you had a respiratory infection recently? <ul style="list-style-type: none"> <li>○ Tell me about the infection?</li> <li>○ Are you currently having any symptoms?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> <li>• Do you have easy access to a sink with soap to wash your hands?</li> <li>• Do staff assist you with washing your hands, if needed?</li> <li>• Have you had a UTI recently? <ul style="list-style-type: none"> <li>○ Tell me about the infection?</li> <li>○ Are you currently having any symptoms?</li> <li>○ How was it treated?</li> <li>○ Are you still being treated?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Infections (not UTI, Pressure Ulcer, or Respiratory)	<ul style="list-style-type: none"> <li>• Have you had any other infections recently (e.g., surgical infection, eye infection, blood infection, or illness with nausea and vomiting)? <ul style="list-style-type: none"> <li>○ Tell me about the infection?</li> <li>○ Are you currently having any symptoms?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
<i>Antibiotic Use</i>	<p><i>For residents who have an infection, ask the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Did you take an antibiotic or other medication?</i></li> <li>• <i>Are you still taking the medication?</i></li> <li>• <i>How long have you been taking the antibiotic?</i></li> <li>• <i>Do you know how long you are supposed to take the antibiotic?</i></li> <li>• <i>Have you had any problems while taking the antibiotic? If so, have you talked to staff about it?</i></li> </ul>	<p><i>No Issue/NA</i></p> <p><i>Further Investigation</i></p>
Transmission-Based Precautions	<p>If a resident is on transmission-based precautions, ask the following questions:</p>	<p>No Issue</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>• Are staff and visitors wearing gowns, gloves, and/or masks when entering your room? If not, please describe what has been occurring.</li> <li>• Are there any restrictions on where you can and can't go in the facility?</li> <li>• Do you know the reason for these restrictions?</li> <li>• Have staff explained why you are on precautions and how long you will be on the precautions?</li> <li>• Are there any restrictions for visitors coming into your room?</li> <li>• Have you had any changes in your mood since being placed on precautions, and if so, please describe?</li> </ul>	NA
Hospitalizations	<ul style="list-style-type: none"> <li>• Have you gone to the hospital or emergency room for treatment recently?               <ul style="list-style-type: none"> <li>○ When did you go and why?</li> <li>○ Were you able to go back to your same room?</li> <li>○ Were you told whether the facility would hold your bed?</li> <li>○ How often are you admitted to the hospital?</li> </ul> </li> </ul>	No Issues/NA Further Investigation MDS Discrepancy
Falls	<ul style="list-style-type: none"> <li>• Have you fallen recently? If so, when did you fall and what happened?               <ul style="list-style-type: none"> <li>○ How many times?</li> <li>○ Did you get any injuries from the fall(s)?</li> <li>○ What has the facility done to prevent you from falling?</li> </ul> </li> </ul>	No Issues/NA Further Investigation MDS Discrepancy
Pain	<ul style="list-style-type: none"> <li>• Do you have any pain or discomfort?               <ul style="list-style-type: none"> <li>○ Where is your pain?</li> <li>○ How often do you have pain?</li> <li>○ What does the facility do to manage your pain (e.g. hot or cold packs, pain medications)?</li> <li>○ Were you involved in the management of your pain?</li> <li>○ Is your pain relieved?</li> <li>○ For opioid use: What did the facility try before starting that medication?</li> <li>○ Does the pain prevent you from attending activities or doing other things you would like to do?</li> <li>○ Do you receive pain medications when needed such as before therapy or treatment?</li> <li>○ Do you receive pain medications in a timely manner when requested?</li> <li>○ Do you have any side effects (e.g., constipation or dizziness) related to your pain medications and are they addressed?</li> </ul> </li> </ul>	No Issues/NA Further Investigation MDS Discrepancy

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Pressure Ulcers	<ul style="list-style-type: none"> <li>• Do you have any sores, open areas, or pressure ulcers?               <ul style="list-style-type: none"> <li>○ Where is your pressure ulcer?</li> <li>○ When did you get it?</li> <li>○ How did you get it?</li> <li>○ Are staff here treating it?</li> <li>○ How often do they reposition you?</li> <li>○ Do you know if it is getting better?</li> </ul> </li> <li>• <i>Do you have easy access to a sink with soap to wash your hands?</i></li> <li>• <i>Do staff wash their hands before they do treatments for your pressure ulcer?</i></li> <li>• <i>Is your pressure ulcer infected?</i> <ul style="list-style-type: none"> <li>○ <i>How long has it been infected?</i></li> <li>○ <i>Do you know if they changed the treatment and if it is getting better?</i></li> </ul> </li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Skin Conditions (non-pressure related)	<ul style="list-style-type: none"> <li>• Do you have any bruises, burns, or other issues with your skin?               <ul style="list-style-type: none"> <li>○ Do you know how you got it?</li> <li>○ Are staff aware?</li> <li>○ What are they doing to prevent it from happening again?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation
Limited ROM	<ul style="list-style-type: none"> <li>• Do you have any limitations in your joints like your hands or knees?               <ul style="list-style-type: none"> <li>○ What are staff doing to help with your limited range of motion?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Rehab	If on a rehab unit or the resident has expressed concerns (e.g., contractures) that should be addressed by rehab, ask: <ul style="list-style-type: none"> <li>• Are you getting therapy? Tell me about it.</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Dialysis	<p>Only ask if the resident is on dialysis:</p> <ul style="list-style-type: none"> <li>• What type of dialysis do you receive (hemodialysis or peritoneal dialysis)?</li> </ul> <p>For peritoneal or hemodialysis (HHD):</p> <ul style="list-style-type: none"> <li>• Where and how often do you receive dialysis?</li> <li>• Who administers the dialysis in the facility (e.g., family or staff)?</li> <li>• Where is your access site located?</li> <li>• How often is your access site monitored by facility staff?</li> <li>• Have you had any problems with infections?</li> <li>• For a resident receiving HHD: Have you had any problems with bleeding at the access site?</li> <li>• For a resident receiving HHD: Which arm do staff use for taking your B/P?</li> <li>• Have you had any problems before, during or after dialysis? If so, can you describe what occurred and how staff responded?</li> <li>• How often and when are you weighed and your vital signs taken?</li> <li>• Any issue with your meals and medications on days you receive hemodialysis?</li> <li>• Are you on a fluid restriction or dietary restrictions?</li> <li>• How are you doing with that?</li> <li>• Do you think there is good communication between the dialysis center and the facility?</li> </ul> <p>For offsite hemodialysis:</p> <ul style="list-style-type: none"> <li>• What are the transport arrangements?</li> <li>• Have you had any concerns going from dialysis and back to the facility?</li> </ul>	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p> <p>MDS Discrepancy</p>
B&B incontinence	<ul style="list-style-type: none"> <li>• Are you incontinent? <ul style="list-style-type: none"> <li>○ When did you become incontinent?</li> <li>○ Do you know why you are incontinent?</li> <li>○ What is the facility doing to try and help you become more continent?</li> </ul> </li> <li>• Do you use incontinence briefs? If so, have you ever been instructed to urinate in your briefs and the staff will change you later?</li> <li>• Are you on a program (e.g., scheduled toileting) to help you maintain your level of continence? How is it going? Are there things they could be doing that might help?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Constipation/ Diarrhea	<ul style="list-style-type: none"> <li>• Are you having any problems with your bowels, including concerns with colostomy?</li> <li>• Constipation (longer than 3 days)?</li> <li>• Diarrhea?               <ul style="list-style-type: none"> <li>○ How long have you had the problems with your bowels?</li> <li>○ Are you on a bowel management program? If so, please describe.</li> <li>○ Do you feel that the bowel management program helps with your bowel problems? If not, why not?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Smoking	<p>Only ask if the resident smokes/<i>vapes which includes tobacco cigarettes, electronic cigarettes/vapor pens</i>:</p> <ul style="list-style-type: none"> <li>• Are you able to smoke/<i>vape</i> when you want? If not, what are the smoking times?</li> <li>• Who keeps your cigarettes (<i>tobacco or e-cig/vapor pen</i>) and lighter?</li> <li>• Do you use oxygen? If so, have you smoked/<i>vaped</i> in the facility while using your oxygen?</li> <li>• Where do you put your ashes and cigarette butts?</li> <li>• Does staff supervise you when you smoke/<i>vape</i>?</li> <li>• Do you use devices to help keep you safe while you smoke (e.g., a smoking apron)?</li> <li>• Have you had any accidents or burns while smoking/<i>vaping</i>?</li> </ul>	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p>
Hospice	<p>Only ask if the resident is receiving hospice services:</p> <ul style="list-style-type: none"> <li>• How long have you received hospice services?</li> <li>• How often does hospice staff come in to see you or provide care?</li> <li>• What type of care or services do they provide?</li> <li>• Are you involved in care planning decisions with the hospice and the facility?</li> <li>• Did the facility provide you with the name of the person who coordinates care with the hospice?</li> <li>• Has this person been in contact with you?</li> <li>• Do you have any concerns with hospice services?</li> <li>• Do you know who to talk to at the facility concerning your hospice care?</li> </ul>	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p> <p>MDS Discrepancy</p>
Other Concerns	<ul style="list-style-type: none"> <li>• Do you have any other concerns or problems that the facility is not helping you with?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Abuse Critical Element Pathway

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Use this pathway for investigating an alleged violation of abuse to a resident. This would include allegations where a resident was deprived of goods or services by an individual, necessary to attain or maintain physical, mental and psychosocial well-being. If photographic documentation is obtained during the survey, refer to S&C-06-33. In addition, for investigating other concerns:

- Refer to the Investigative Protocol found at F603 for concerns related to involuntary seclusion;
- Refer to the Neglect CE Pathway to investigate concerns about structures or processes leading to a resident(s) with an outcome, for example, unrelieved pain, avoidable pressure ulcers/injuries, poor grooming, avoidable dehydration, lack of continence care, or malnourishment; or
- Refer to the Investigative Protocols for *F607/F609-Reporting Reasonable Suspicion of a Crime*, if a covered individual did not report a reasonable suspicion of a crime or for an allegation of retaliation. *If the surveyor discovers a reasonable suspicion of a crime committed against a resident of, or an individual receiving services from, the facility and it has not been reported by a covered individual, the surveyor reminds the facility of the covered individuals' obligation to report suspected crimes to the appropriate agencies within the required timeframes. "Covered individual" is anyone who is an owner, operator, employee, manager, agent or contractor of the facility. If a covered individual reports the suspected crime to local law enforcement, the surveyor must verify that the report was made (e.g., obtain time/date of report, name of person who received report, case number, etc.). If the covered individual refuses to report, or the surveyor cannot verify that a report was done, the surveyor must consult with his/her supervisor immediately, and the SA must report the potential criminal incident to law enforcement immediately.*

NOTE: If you witness an act of abuse or receive an unreported allegation of abuse, you must immediately report it to the facility administrator, or his/her designated representative if the administrator is not present. The survey team would then determine whether the facility takes appropriate action in accordance with the requirements at F609 and F610, including implementing safeguards to prevent further potential abuse. If you witness an act of abuse, you must document who committed the abusive act, the nature of the abuse, where and when it occurred, and potential witnesses.

### Review the following in Advance to Guide Observations and Interviews:

Information related to an alleged violation of abuse, such as:

- Date, time, and location (e.g., unit, room, floor) where alleged abuse occurred;
- Name of alleged victim(s), alleged perpetrator(s) and witnesses, if any;
- Narrative/specifics of the alleged abuse(s) including frequency and pervasiveness of the allegation; and
- Whether the allegation was reported by the facility and/or to other agencies, such as Adult Protective Services or law enforcement.

Sources for this information may include:

- Resident, representative, or family interviews, observations or record review;
- Reports from the long-term care ombudsman or other State Agencies;
- Deficiencies related to abuse (CASPER 3 Report); and
- Complaints and facility-reported allegations of abuse, including any facility investigation reports, received since the last standard survey.

## Abuse Critical Element Pathway

- Facility's abuse prohibition policies and procedures provided during the Entrance Conference (review only those components necessary during the investigation to determine if staff are implementing the policies as written). Refer to F607.

**Observation across Various Shifts:** Request staff assistance to make observations, as needed. Only if you are a licensed nurse or practitioner can you observe the resident's private areas.

- Observe whether the alleged perpetrator (staff, other resident, or visitor) is present in the facility. What access does the alleged perpetrator have to the alleged victim and other residents?
- Describe the alleged victim's reaction, if any, when the alleged perpetrator, or a specific resident(s) or staff person(s) is present:
- Avoids or withdraws from conversations or activities;
  - Displays fear of, or shies away from being touched; and/or
  - Exhibits behaviors such as angry outbursts, tearfulness, or stress (agitation, trembling, cowering)?
- Describe physical injuries, if any, related to the alleged abuse, such as:
- Fractures, sprains or dislocations;
  - Burns, blisters, or scalds;
  - Bite marks, scratches, skin tears, and lacerations with or without bleeding, including those that would be unlikely to result from an accident;
  - Bruises, including those forming shapes (e.g., finger imprints) or found in unusual locations such as the head, neck, lateral locations on the arms, posterior torso and trunk, inner thigh, genital area and/or breasts; and/or
  - Facial injuries, including but not limited to, broken or missing teeth, facial fractures, black eye(s), bruising, bleeding or swelling of the mouth or cheeks.
- Observe and describe:
- If the alleged perpetrator is a resident, whether he/she displays symptoms, such as
    - Verbally aggressive behavior, such as screaming, cursing, bossing around/demanding, insulting to race or ethnic group, intimidating;
    - Physically aggressive behavior, such as hitting, kicking, grabbing, scratching, pushing/shoving, biting, spitting, threatening gestures, throwing objects;
    - Sexually aggressive behavior such as saying sexual things, inappropriate touching/grabbing;
    - Taking, touching, or rummaging through other's property;
    - Wandering into other's rooms/space; or
    - Resistive to care and services.
  - If the alleged perpetrator is staff, whether he/she displays rough handling of residents, appears rushed, dismisses requests for assistance, expresses anxiety, or frustration regarding work and lack of staffing.
- Observe for possible environmental factors related to the alleged abuse, such as:
- If in a resident's room, the room configuration, presence of privacy curtains, and the availability of a working call light/call bell;
  - Lighting levels; or
  - Location in relation to the nurse's station, staff lounges, or outside access such as windows, doors, or hallways.

## Abuse Critical Element Pathway

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- For an allegation that a resident was deprived of goods or services by staff, observe for physical/psychosocial outcomes related to care deficits.

**Interviews:** Be impartial, use discretion, and non-judgmental language. Use an interpreter as needed to obtain as accurate information as possible. Attempt to interview the alleged victim and witnesses as soon as possible.

**Alleged Victim or Representative and Witness(es) Interview:** Conduct private interviews unless the alleged victim requests the presence of another person. Observe the alleged victim's emotions and tone, as well as any nonverbal expressions or gesturing to a particular body area, in response to the questions. Maintain the confidentiality of witnesses and the person who reported the allegation (e.g., change the order of the interviews, location or time), to the extent possible. During the interview with the witnesses, the surveyor may ask him/her to re-create or re-enact the alleged incident, to better understand the sequence of events.

- For the **alleged victim/resident representative/witness**, ask, as applicable:
  - What occurred prior to, during, and immediately following the alleged abuse?
  - When and where did the alleged abuse occur?
  - Could he/she identify the alleged perpetrator and any witnesses? Who?
  - What was said? What was the tone of the alleged perpetrator's voice or volume?
  - Did you report the alleged abuse? Who did you report it to? What was their response? If not reported, what prevented you from reporting the alleged abuse?
  - Did you report the alleged abuse to any external entities (e.g., police, physician, ombudsman, and other state agencies)? Who did you report it to? What was their response?
  - Do you think retaliation has occurred since you reported the alleged abuse? If so, what actions were taken?
- For the **alleged victim/resident representative**, document as applicable:
  - Did you suffer any injuries (e.g., bruises, cuts, fractures) from the alleged abuse? Please describe, including the alleged victim's response to the injuries (e.g., pain, new difficulty sitting or walking).
- For the **resident's representative**, ask, as applicable:
  - Have you observed any changes in the alleged victim's behavior, and if so, describe?
- For an **allegation that a resident was deprived of goods or services by staff, for the alleged victim/resident representative**, ask, as applicable:
  - How do staff respond to your requests for assistance? If staff do not respond, what happens?
  - Do you have any concerns about the manner in which care is provided to you? If so, describe. Did you report this to anyone? If so, to whom, when, and what was the response?
  - Do you feel that you have had any negative changes (e.g., weight loss, pressure ulcers) because of the failure to receive the care that you need?
  - Have you had any changes in medication (e.g., antipsychotics) that may be impacting the care you receive?



## Abuse Critical Element Pathway

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- Did you go to the hospital or physician's clinic for evaluation and treatment? When and which facility?
- Do you feel safe?
- Have there been past encounters with the alleged perpetrator?
- Have there been past instances of abuse?

**Alleged Perpetrator Interview:** If the alleged perpetrator is a staff member, the staff member may have been suspended or re-assigned until the facility's investigation is completed and in some situations, the facility may have terminated the employment of the individual. In some cases the alleged perpetrator may not be in the facility or may refuse to be interviewed. If possible, interview the alleged perpetrator in person or by phone even if the alleged perpetrator is no longer working in the facility. In addition, the alleged perpetrator may be a resident or visitor. Interview the alleged perpetrator to determine the following, to the extent possible, and include information regarding inability, if any, to conduct the interview:

- What information can you provide regarding the alleged abuse?
- Were you present in the facility at the time of the alleged abuse? If so, where were you at?
- What is your relationship, if any, to the alleged victim?
- For an allegation that a resident was **deprived of goods or services**, ask the staff member:
  - How do you respond to the resident's requests for assistance;
  - Have you had any concerns when you have been assigned to this resident? If so, describe. Did you report this to anyone? If so, to whom, when, and what was the response?
  - Have you noticed any negative changes (e.g., weight loss, pressure ulcers) with this resident? If so, describe; and
  - Has the resident had any behavioral symptoms (e.g. combative behavior, frequent requests for assistance, calling out, grabbing) that may be impacting the care that they receive? If so, have you reported this? If reported, to whom, when, and what was the response?
- If the **alleged perpetrator is a staff member**:
  - What is your position?
  - Describe any contact that you have with the alleged victim.
  - Do you continue to have access to the alleged victim? If not, why?
  - How long have you worked in the facility?
  - What type of orientation, training, work assignments, and supervision did you receive?
  - What training have you received related to abuse prevention, reporting abuse, and the facility's abuse policy and procedures?  
*NOTE: If the staff member has not received training, ask other staff members whether they have received training.*
- Do you have any other information you wish to share in regard to the investigation?

## Abuse Critical Element Pathway

**Staff Interviews:** Interview the most appropriate direct care staff member. Review staff schedules from all departments to determine who was working at the time of the alleged abuse and who may have had contact with the alleged perpetrator or alleged victim. Interview the most appropriate direct care staff member:

- Did you have knowledge of the alleged abuse? If so, describe.
- What actions, if any, did you take in response to the allegation?
- If you're familiar with the alleged victim, have you noticed any changes in the alleged victim's behavior as a result of the alleged abuse? If so, describe.
- How did the alleged perpetrator and victim act towards one another prior to and after the incident?
- Did the alleged perpetrator and/or victim exhibit any behaviors that would provoke one another? If so, what actions were taken to address this?
- If the alleged perpetrator was staff, had the alleged perpetrator exhibited inappropriate behaviors to the alleged victim or other residents in the past, such as using derogatory language, rough handling, or ignoring residents while giving care?
- If the alleged perpetrator was a visitor, did the visitor exhibit any inappropriate behaviors in the past or have any indication of risk to the resident(s)?
- Did you report the alleged abuse to any supervisors/administration? Who did you report it to? What was their response?
  - If reported, do you think retaliation has occurred since you reported the alleged abuse? If so, describe. Do you fear retaliation?
  - If not reported, what prevented you from reporting the alleged abuse?
- Did you report the alleged abuse to any external entities (e.g., police, physician, ombudsman, and other state agencies)? Who did you report it to? What was their response?
- Have you received training on abuse identification, prevention, and reporting requirements? *NOTE: If the staff member has not received training, ask other staff members whether they have received training.*
- For an allegation that a resident was **deprived of goods or services** by staff, ask:
  - How do staff respond to the resident's requests for assistance? If staff do not respond, what do they say;
  - Do you have any concerns about the manner in which care is provided to the resident? If yes, describe. Did you report this to anyone? If so, to whom, when, and what was the response;
  - Has the resident had any negative changes (e.g., weight loss, pressure ulcers) because of the failure to receive the care that he/she needs;
  - Has the resident had any changes in medication (e.g., antipsychotics) that may be impacting the care that they receive? Note: Determine if the resident may have received unnecessary medications such as chemical restraints.

## Abuse Critical Element Pathway

**Other Healthcare Professionals (DON, Social Worker, Attending Practitioner) Interviews, as Appropriate** Ask the appropriate personnel:

- Do you have knowledge of the alleged abuse? If so, describe.
- When and by whom were you notified of the alleged abuse?
- Did you conduct an assessment of the alleged victim for potential injuries or a change in mental status? What interventions or treatment (e.g., counseling) were provided, if any?
- Was the alleged victim assessed and/or treated at a hospital after the alleged incident? NOTE: Attempt to interview the practitioner from the hospital who examined the alleged victim to determine physical findings and mental status at the time.
- Do you know if the alleged victim's representative and attending practitioner were notified of the alleged abuse? If so, when and what were the responses?
- If there are discrepancies in injuries based on the alleged victim's description, how was this investigated?
- Did the alleged perpetrator and/or victim exhibit any behaviors that would provoke one another? If so, what actions were taken to address this?
- Did you report the alleged abuse to administration? Who did you report it to? What was their response? If not reported, what prevented you from reporting the alleged abuse? Did you report the alleged abuse to anyone else (e.g., resident representative, attending practitioner)?
- Were any external entities (e.g., APS or law enforcement) contacted? If so, who made the report, to whom, and when?
- If the **alleged perpetrator was a resident**:
  - Did you conduct any interviews related to the alleged abuse and identify the circumstances of what occurred prior to, during and after the alleged abuse?
  - Does the care plan identify interventions to address any behaviors of the alleged perpetrator?
  - Was the care plan implemented?
- If the **alleged perpetrator is a visitor**:
  - Was there any indication of a prior history of abuse, aggression, or other inappropriate behaviors?
  - Was there any indication of a physical or psychosocial change in the alleged victim after a visit with the alleged perpetrator, whether onsite or outside of the facility?
  - Did you interview the alleged perpetrator and identify the circumstances of what occurred prior to, during and after the alleged abuse? If so, describe?
  - Were visits from the alleged perpetrator supervised? When and where did visits usually occur?
  - Is access to the alleged victim currently allowed? If so, under what circumstances?
  - What protections have been put in place (e.g., supervision of visits while the investigation is being conducted); and/or
  - Has access to other residents been limited? If so, how?
- For an allegation that a resident was **deprived of goods or services** by staff, ask:
  - Have you noticed any negative changes (e.g., weight loss, pressure ulcers) with this resident? If so, please describe.
  - How do staff respond to the resident's requests for assistance? If staff do not respond, what do they say;
  - Do you have any concerns about the manner in which care is provided to the resident? If yes, describe. Has staff report this concern to you? If so, when and what did you do;
  - Has the resident had any behavioral symptoms (e.g., combative behavior, frequent requests for assistance, calling out, grabbing) that may be impacting care they receive? If so, did staff report this to you? If reported, when and what was your response;
  - Has the resident had any changes in medication (e.g., antipsychotics) that may be impacting the care that they receive? Note: Determine if the resident may have received unnecessary medications such as chemical restraints; and/or

## Abuse Critical Element Pathway

- If the interventions were not effective in reducing the behaviors, were they revised and if so, what was changed?
- Did the revised interventions provide the needed protections?
- What protections have been put in place at this time?
- Has access to other residents at risk been limited? If so, how?
- If the **alleged perpetrator was staff**, ask:
  - Did the alleged perpetrator exhibited inappropriate behaviors to the alleged victim or other residents in the past (e.g., using derogatory language, rough handling, or ignoring residents while giving care)? If yes, describe.
  - Was there a history of resident/family grievances or problems identified with care delivery or services provided? If so, what was the result of the investigation of the concerns, and describe any disciplinary actions and/or training provided related to the complaints/concerns.
  - Did annual performance reviews identify issues with the provision of care, treatment, or other concerns? If so, what was provided to address the concerns.
  - How is monitoring and supervision provided regarding the delivery of care and services by the alleged perpetrator?
- Who is responsible for supervising and monitoring the delivery of care at the bedside?

**Facility Investigator Interview:** If the facility investigated the alleged abuse, interview the staff member responsible for the initial reporting and the overall investigation of the alleged abuse. For some facilities, the Administrator may be the Facility Investigator.

- When (date and time) were you notified of the alleged abuse and by whom?
- What information was reported to you related to the alleged abuse?
- When and what actions were taken to protect the alleged victim from further abuse while the investigation was in process?
- Describe medical interventions, if any, taken in relation to the alleged abuse, (e.g., hospitalization, transfer to ER, onsite visit by attending practitioner).
- What steps were taken to investigate the allegation? Can you provide me a timeline of events that occurred?
- Describe interviews conducted, such with the alleged victim/resident representative, witnesses, alleged perpetrator, and practitioner and what information was obtained.
- Describe record reviews conducted related to the alleged abuse and what information was obtained.
- Were there any photographs or videos obtained related to the alleged abuse? If yes, describe.
- When and who received results of the investigation?

## Abuse Critical Element Pathway

- Describe any mental assessments that were conducted pertaining to the alleged abuse, and any interventions taken to assist the resident (e.g., counseling).
- If the allegation relates to sexual abuse, describe the immediate actions of the staff, including preserving evidence, providing medical intervention (e.g., transfer to hospital for sexual assault for rape kit), conducting a physical assessment, and reporting.
- Who did you notify and when (date/time) of the alleged abuse? Was an outside entity informed about the alleged abuse, and if so, when (date and time)? NOTE: If a suspected crime, note the date and time reported. Obtain copies of the outside entities investigations, if available.
- What actions were taken as a result of the investigation (e.g., for the alleged victim, the alleged perpetrator, other staff, training, policy revisions)?
- Is there any related information regarding the allegation that may not be included in the investigation report?

### Administrator Interview:

- When (date and time) were you notified of the allegation and by whom?
- When (date and time) was the initial report reported to required agencies and law enforcement, as applicable?
- Who was/is responsible for the investigation? Is the investigation completed or ongoing? If completed, what was the outcome? (if the administrator is the facility investigator, use the questions above to determine how the investigation was conducted.)
- When (date and time) were the results of the investigation reported to you and to the required agencies?
- When and what actions were taken to protect the alleged victim and residents at risk from further abuse while the investigation was in process?
- What happened as a result of the investigation?
- How do you monitor for potential or actual reported allegations of abuse?
- If the alleged perpetrator is an employee, were there previous warnings or incidents at the facility? If the alleged abuse was verified, describe actions that were taken.
- How do you assure retaliation does not occur when staff or a resident reports an allegation of abuse?
- For an allegation that a resident was **deprived of goods or services**, ask:
  - Have staff reported any concerns to you about the manner in which care is provided to the resident? If yes, when, what did they report, and what did you do; and
  - Who is responsible for supervising and monitoring the delivery of care at the bedside?

### QAA Responsible Person Interview:

- How do you monitor *cases of verified abuse*?
- When did the QAA Committee receive the results of the investigation for the *verified case* of abuse?
- Did the QAA Committee make any recommendations *and/or take any corrective actions* based on the results of the investigation, such as policy revisions or training to prevent abuse?

## Abuse Critical Element Pathway

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### Review the Alleged Victim's Record:

- Was the alleged victim was assessed at risk for abuse (e.g., as indicated in the RAI, care plan, progress notes from nurses, social services, practitioners)? If so, how did the facility implement interventions to mitigate risks?
- When (date/time) did the allegation occur? When was it discovered and by whom?
- When was the resident's representative, practitioner and other required entities notified?
- Were physical injuries noted related to the alleged abuse?
- Are there changes in the alleged victim's mood or demeanor before and after the alleged abuse (e.g., distrust, fear, angry outburst, cowering, tearfulness, agitation, panic attacks, withdrawal, difficulty sleeping, and PTSD symptoms)?
- Are there potential indicators of sexual abuse (e.g., STD, vaginal or anal bleeding, pain or irritation in genital area, bruising/lacerations on breasts or inner thighs, or recent difficulty with sitting or walking)?
- Was the resident assessed and the care plan revised as needed? What interventions (e.g., first aid, hospitalization) occurred to address any physical injuries or changes in mental status? (Note: If the resident required medical treatment, you may need to contact the hospital and/or practitioner to obtain related medical records for review.)
- For an allegation that a resident was **deprived of goods or service**:
  - Does the record reflect any negative changes (e.g., weight loss, pressure ulcers);
  - Has the alleged victim had any behavioral symptoms (e.g., combative behavior, frequent requests for assistance, calling out, grabbing) that may be impacting the care that they receive? If so, describe; and/or
  - Determine if the alleged victim may have received unnecessary medications such as chemical restraints and if this impacted the care received.

### Review the Alleged Perpetrator's Record, if a Resident:

- What circumstances are documented (date/time) before, during and after the alleged abuse?
- Is there a previous history of exhibiting any behaviors that would provoke others? If so: Does the care plan address behaviors, if any, of the alleged perpetrator, and include interventions (e.g., monitoring, staff supervision, redirection)?
  - Were care plan interventions implemented?
  - If the interventions were not effective in reducing the behaviors, were they revised and if so, what was changed?
- After the alleged abuse, did staff separate the alleged victim and other residents at risk?
- What are the plans to monitor and supervise the resident?
- If interventions were unsuccessful, was the physician notified? Were new interventions implemented?

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- Did the revised interventions provide the needed protections?
- What protections are currently in place?
- Does the alleged perpetrator have limited access to other residents at risk? If so, how?

### Review the Alleged Perpetrator's Personnel File, if Staff:

- |   |   |
|---|---|
| <input type="checkbox"/> Is there any information related to the alleged abuse? If so, describe.  | <input type="checkbox"/> If a nurse aide:   |
| <input type="checkbox"/> Is there a history of other allegations?   | ○ Was training and orientation provided related to dementia management, abuse and neglect prevention?   |
| <input type="checkbox"/> Were adverse personnel actions taken? If so, describe.   | ○ Were annual performance reviews conducted? Was there a history of competency concerns? If so, what disciplinary actions and/or training was provided related to performance deficits? |
| <input type="checkbox"/> Is there information related to any finding of abuse/neglect/exploitation/misappropriation of property/mistreatment? |   |

### Investigative Report from Other Investigatory Agencies (APS, Professional Licensing Boards, Law Enforcement):

- |   |  |
|---|--|
| <input type="checkbox"/> Review a copy of the report if another investigatory agency (e.g., APS, Professional Licensing Board, and Law Enforcement) conducted an investigation. | <input type="checkbox"/> What did the other investigatory agency find? Note: deficient practice is not determined based on another agency's investigation. |
|---|--|

### Critical Element Decisions:

- 1) Did the facility protect a resident's right to be free from any type of abuse that results in, or has the likelihood to result in physical harm, pain, or mental anguish?  
If No, cite F600
- 2) Did the facility hire or engage staff who have:
  - Not been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law?
  - Not had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident property?
  - Not had a disciplinary action taken by a state professional licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents, or misappropriation of resident property?
  - Not had a successful appeal of their disqualification from employment?

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AND/OR

Did the facility report to the State nurse aide registry or licensing authorities any knowledge of actions taken by a court of law that would indicate unfitness as a staff member of a nursing home?

If No, cite F606

NA, the alleged perpetrator was not staff

- 3) Did the facility develop and implement written policies and procedures that prohibit and prevent abuse, establish policies and procedures to investigate any such allegations, include training as required at paragraph §483.95, *establish coordination with the QAPI program required under §483.75, and post signage of employee rights related to retaliation against the employee for reporting a suspected crime?*  
If No, cite F607
- 4) Did the facility develop, implement, and maintain an effective training program for all new and existing staff that includes training on activities that constitute abuse; procedures for reporting incidents of abuse; and dementia management and resident abuse prevention?  
If No, cite F943
- 5) Does the facility's in-service training for nurse aides include resident abuse prevention?  
If No, cite F947
- 6) For alleged violations of abuse, did the facility:
  - *Develop policies and procedures related to ensuring the reporting of suspected crimes, within mandated timeframes (i.e., immediately but not later than two hours if the suspected crime resulted in serious bodily injury, within 24 hours for all other cases) and notifying covered individuals annually of their reporting obligations;*
  - Identify the situation as an alleged violation involving abuse, including injuries of unknown source?
  - Immediately report the allegation to the administrator and to other officials, including to the State survey and certification agency, and APS in accordance with State law?
  - Report the results of all investigations within five working days to the administrator or his/her designated representative and to other officials in accordance with State law (including to the State survey and certification agency)?If No to any of the above, cite F609
- 7) For alleged violations of abuse, did the facility:
  - Prevent further potential abuse while the investigation is in progress?
  - Initiate and complete a thorough investigation of the alleged violation?
  - Maintain documentation that the alleged violation was thoroughly investigated?
  - Take corrective action following the investigation, if the allegation is verified?












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If No to any of the above, cite F610

**Other Tags, Care Areas (CA), and Tasks (Task) to Consider:** Dignity (CA), Visitors F563/F564, Notice of Rights and Rules F572, Privacy (CA), Grievances F585, Accidents (CA), Social Services F745, Behavioral-Emotional Status (CA), Sufficient and Competent Staffing (Task), *QAPI/QAA* (Task).

## Assessment Factors Used to Determine the Seriousness of Deficiencies Matrix

	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	<b>J</b> PoC Required 	<b>K</b> PoC Required 	<b>L</b> PoC Required 
Actual harm that is not immediate	<b>G</b> PoC Required	<b>H</b> PoC Required 	<b>I</b> PoC Required 
No actual harm with potential for more than minimal harm that is not immediate jeopardy	<b>D</b> PoC Required	<b>E</b> PoC Required	<b>F</b> PoC Required 
No actual harm with potential for minimal harm	<b>A</b> <u>No</u> PoC Required  No remedies Commitment to Correct Not on CMS-2567	<b>B</b> PoC Required 	<b>C</b> PoC Required 

 *Substandard quality of care* means one or more deficiencies related to participation requirements under §483.10 “Resident rights”, paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) of this chapter; §483.12 of this chapter “Freedom from abuse, neglect, and exploitation”; §483.24 of this chapter “Quality of life”; §483.25 of this chapter “Quality of care”; §483.40 “Behavioral health services”, paragraphs (b) and (d) of this chapter; §483.45 “Pharmacy services”, paragraphs (d), (e), and (f) of this chapter; §483.70 “Administration”, paragraph (p) of this chapter, and §483.80 “Infection control”, paragraph (d) of this chapter, which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

 Substantial compliance

### **Guidance on Severity Levels**

**Level 1 - No actual harm with potential for minimal harm:** A deficiency that has the potential for causing no more than a minor negative impact on the resident(s).

**Level 2 - No actual harm with a potential for more than minimal harm that is not immediate jeopardy:** Noncompliance with the Requirements for Participation that results in the potential for no more than minimal physical, mental, and/or psychosocial harm to the resident and/or that result in minimal discomfort to the residents of the facility, but has the potential to result in more than minimal harm that is not immediate jeopardy.

**Level 3 - Actual harm that is not Immediate Jeopardy:** Noncompliance with the Requirements for Participation that results in actual harm to residents that is not immediate jeopardy.

**Level 4 - Immediate Jeopardy to resident health or safety:** Noncompliance with the Requirements for Participation that results in Immediate Jeopardy to resident health or safety in which immediate corrective action is necessary because the provider's noncompliance with one or more of those requirements has caused, or is likely to cause, serious injury, harm, impairment or death to a resident receiving care in a facility. ([See Appendix Q](#))

### **Guidance on Scope Levels**

Scope is **isolated** when one or a very limited number of residents are affected and/or one or a very limited number of staff are involved, and/or the situation has occurred only occasionally or in a very limited number of locations.

Scope is a **pattern** when more than a very limited number of residents are affected, and/or more than a very limited number of staff are involved, and/or the situation has occurred in several locations, and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice. The effect of the deficient practice is not found to be pervasive throughout the facility.

Scope is **widespread** when the problems causing the deficiencies are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents. Widespread scope refers to the entire facility population, not a subset of residents or one unit of a facility. In addition, widespread scope may be identified if a systemic failure in the facility (e.g., failure to maintain food at safe temperatures) would be likely to affect a large number of residents and is, therefore, pervasive in the facility.