

## ***COVID-19 Focused Infection Control (FIC) Survey Entrance Conference Worksheet***

<b>INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*</b>
<input type="checkbox"/> 1. Census number
<input type="checkbox"/> 2. An alphabetical list of all residents and room numbers (note any resident out of the facility).
<input type="checkbox"/> 3. A list of residents who are confirmed or suspected cases of COVID-19.
<input type="checkbox"/> 4. Name of facility staff responsible for Infection Prevention and Control Program.
<b>ENTRANCE CONFERENCE</b>
<input type="checkbox"/> 5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/> 6. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/> 7. A copy of an updated facility floor plan, if changes have been made, including observation and COVID-19 units.
<b>INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE*</b>
<input type="checkbox"/> 8. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/> 9. List of key personnel location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility.
<input type="checkbox"/> 10. 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 2 which is titled “Electronic Health Record Information.”
<input type="checkbox"/> 11. Explain that the goal is to conduct as much record review offsite as possible to limit potential exposure or transmission. Determine what information can be reviewed offsite, such as electronic medical records (EMRs), or other records and policies/procedures. If offsite review of EMRs is not possible, surveyors will request photocopies (that can be made by surveyors instead of facility staff). If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time. If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc.
<input type="checkbox"/> 12. Facility Policies and Procedures: <ul style="list-style-type: none"> <li>Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan.</li> <li>Procedures to address resident and staff who refuse testing or are unable to be tested.</li> <li>Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies</li> <li><b>NOTE</b>– A comprehensive review of policies <i>may</i> be completed offsite.</li> </ul>
<input type="checkbox"/> 13. The facility’s mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates.
<input type="checkbox"/> 14. Documentation related to COVID-19 testing, which may include the facility’s testing plan, logs of county level positivity rates, testing schedules, list of staff who have confirmed or suspected cases of COVID-19, and if there were testing issues, contact with state and local health departments.

## ***COVID-19 Focused Infection Control (FIC) Survey***

### ***Entrance Conference Worksheet***

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

***COVID-19 Focused Infection Control (FIC) Survey  
Entrance Conference Worksheet***

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

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

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system). Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
1. Infections	
2. Hospitalization	
3. Change of condition	
4. Medications	
5. Diagnoses	
6. 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 ContactInfo: \_\_\_\_\_

## 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.
<input type="checkbox"/>	5. A list of residents who are confirmed or suspected cases of COVID-19.
<input type="checkbox"/>	6. Name of facility staff responsible for Infection Prevention and Control Program.
<b>ENTRANCE CONFERENCE</b>	
<input type="checkbox"/>	7. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	8. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/>	9. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/>	10. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	11. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
<input type="checkbox"/>	12. Name of Resident Council President.
<input type="checkbox"/>	13. Provide the facility with a copy of the CASPER 3.
<b>INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE</b>	
<input type="checkbox"/>	14. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
<input type="checkbox"/>	15. Schedule of Medication Administration times.
<input type="checkbox"/>	16. Number and location of med storage rooms and med carts.
<input type="checkbox"/>	17. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/>	18. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility.
<input type="checkbox"/>	19. 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) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;</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"/>	20. The facility's mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates.

### ENTRANCE CONFERENCE WORKSHEET

- ☐ 21. Documentation related to COVID-19 testing, which may include the facility's testing plan, logs of county level positivity rates, testing schedules, list of staff who have confirmed or suspected cases of COVID-19, and if there were testing issues, contact with state and local health departments.

#### INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE

- ☐ 22. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
- ☐ 23. Admission packet.
- ☐ 24. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
- ☐ 25. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
- ☐ 26. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
- ☐ 27. Does the facility have an onsite separately certified ESRD unit?
- ☐ 28. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
- ☐ 29. Infection Prevention and Control Program Standards, Policies and Procedures, to include the Surveillance Plan, Procedures to address resident and staff who refuse testing or are unable to be tested, and Antibiotic Stewardship Program.
- ☐ 30. Influenza / Pneumococcal Immunization Policy & Procedures.
- ☐ 31. QAA committee information (name of contact, names of members and frequency of meetings).
- ☐ 32. QAPI Plan.
- ☐ 33. Abuse Prohibition Policy and Procedures.
- ☐ 34. Description of any experimental research occurring in the facility.
- ☐ 35. Facility assessment.
- ☐ 36. Nurse staffing waivers.
- ☐ 37. List of rooms meeting any one of the following conditions that require a variance:
- Less than the required square footage
  - More than four residents

#### INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

- ☐ 38. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled "Electronic Health Record Information."

#### INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE

- ☐ 39. Completed Medicare/Medicaid Application (CMS-671).
- ☐ 40. Completed Census and Condition Information (CMS-672).
- ☐ 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: \_\_\_\_\_

## MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify pertinent care categories for: 1) newly admitted residents in the last 30 days who are still residing in the facility, and 2) all other residents. The facility completes the resident name, resident room number and columns 1–20, which are described in detail below. Blank columns are for Surveyor Use Only.

**All information entered into the form should be verified by a staff member knowledgeable about the resident population. Information must be reflective of all residents as of the day of survey.**

**Unless stated otherwise, for each resident mark an X for all columns that are pertinent.**

1. **Residents Admitted within the Past 30 days:** Resident(s) who were admitted to the facility within the past 30 days and currently residing in the facility.
2. **Alzheimer's/Dementia:** Resident(s) who have a diagnosis of Alzheimer's disease or dementia of any type.
3. **MD, ID or RC & No PASARR Level II:** Resident(s) who have a serious mental disorder, intellectual disability or a related condition but does not have a PASARR level II evaluation and determination.
4. **Medications:** Resident(s) receiving any of the following medications: (I) = Insulin, (AC) = Anticoagulant (e.g. Direct thrombin inhibitors and low weight molecular weight heparin [e.g., Pradaxa, Xarelto, Coumadin, Fragmin]. Do not include Aspirin or Plavix), (ABX) = Antibiotic, (D) = Diuretic, (O) = Opioid, (H) = Hypnotic, (AA) = Antianxiety, (AP) = Antipsychotic, (AD) Antidepressant, (RESP) = Respiratory (e.g., inhaler, nebulizer).  
**NOTE:** Record meds according to a drug's pharmacological classification, not how it is used.
5. **Pressure Ulcer(s) (any stage):** Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (mark the highest stage: I, II, III, IV, U for unstageable, S for sDTI) and whether the pressure ulcer is facility acquired (FA).
6. **Worsened Pressure Ulcer(s) at any stage:** Resident(s) with a pressure ulcer at any stage that have worsened.
7. **Excessive Weight Loss without Prescribed Weight Loss program:** Resident(s) with an unintended (not on a prescribed weight loss program) weight loss > 5% within the past 30 days or >10% within the past 180 days. Exclude residents receiving hospice services.
8. **Tube Feeding:** Resident(s) who receive enteral (E) or parenteral (P) feedings.
9. **Dehydration:** Resident(s) identified with actual hydration concerns takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).
10. **Physical Restraints:** Resident(s) who have a physical restraint in use. A restraint is defined as the use of any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (e.g., bed rail, trunk restraint, limb restraint, chair prevents rising, mitts on hands, confined to room, etc.). Do not code wander guards as a restraint.
11. **Fall(s) (F) or Fall(s) with Injury (FI) or Major Injury (FMI):** Resident(s) who have fallen in the facility in the past 90 days or since admission and have incurred an injury or not. A major injury includes bone fractures, joint dislocation, closed head injury with altered consciousness, subdural hematoma.
12. **Indwelling Urinary Catheter:** Resident(s) with an indwelling catheter (including suprapubic catheter and nephrostomy tube).
13. **Dialysis:** Resident(s) who are receiving (H) hemodialysis or (P) peritoneal dialysis either within the facility (F) or offsite (O).
14. **Hospice:** Resident(s) who have elected or are currently receiving hospice services.
15. **End of Life/Comfort Care/Palliative Care:** Resident(s) who are receiving end of life or palliative care (not including Hospice).
16. **Tracheostomy:** Resident(s) who have a tracheostomy.
17. **Ventilator:** Resident(s) who are receiving invasive mechanical ventilation.
18. **Transmission-Based Precautions:** Resident(s) who are currently on Transmission-based Precautions.
19. **Intravenous therapy:** Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.
20. **Infections:** Resident(s) who has a communicable disease or infection (e.g., MDRO-M, pneumonia-P, tuberculosis-TB, viral hepatitis-VH, C. difficile-C, wound infection-WI, UTI, sepsis-SEP, scabies-SCA, gastroenteritis-GI such as norovirus, SARS-CoV-2 suspected or confirmed-COVID, and other-O with description).

[illegible]

## Infection Prevention, Control & Immunizations

**Infection Control:** This facility task must be used to investigate compliance at F880, F881, F882, F883, F885, and F886. For the purpose of this task, “staff” includes all facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions. The infection prevention and control program (IPCP) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.

Entry and screening procedures as well as resident care guidance have varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”

**Please Note:**

**Surveyors conducting a COVID-19 Focused Survey for Nursing Homes only (not associated with a recertification survey), must evaluate the facility’s compliance at all critical elements (CE) with the exception of CE#8 and CE#9. The surveyor must also examine the facility’s compliance at §483.475(b)(6) or E0024 (at Appendix Z) if the full Emergency Preparedness survey is not being conducted.**

## Infection Prevention, Control & Immunizations

### Coordination:

- ☐ Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CEs of concern (e.g., standard and transmission based precautions, source control).
- ☐ One surveyor performs or coordinates (e.g., immunization review) the facility task to review for:
  - Standard and transmission-based precautions
  - Resident care for COVID-19
  - Infection Prevention and Control Program (IPCP) standards, policies, and procedures
  - Infection surveillance
  - Visitor entry
  - Education, monitoring, and screening of staff
  - Staff and resident COVID-19 testing
  - Suspected or confirmed COVID-19 reporting to residents, representatives, and families
  - Laundry services
  - Antibiotic stewardship program
  - Infection Preventionist
  - Influenza and pneumococcal immunizations
- ☐ Sample residents/staff as follows:
  - Sample three staff, include at least one staff member who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if this has occurred in the facility), for purposes of determining compliance with infection prevention and control national standards such as exclusion from work, as well as screening, testing, and reporting.
  - Sample three residents for purposes of determining compliance with infection prevention and control national standards such as transmission-based precautions, as well as resident care, screening, testing, and reporting.
    - Include at least one resident who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if any).
    - Include at least one resident on transmission-based precautions (if any), and for any reason other than COVID-19.
  - Sample five residents for influenza and pneumococcal immunizations.

### Standard and Transmission-Based Precautions (TBPs)

State and Federal surveyors should not cite facilities for not having certain supplies (e.g., Personal Protective Equipment (PPE) such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control (e.g., national or regional shortage). However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE, the facility should contact their healthcare coalition (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>) or public health authorities for assistance, follow national and/or local guidelines for optimizing their current supply, or identify the next best option to care for residents. Among other practices,

## Infection Prevention, Control & Immunizations

optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

### General Standard Precautions:

- ☐ Staff are performing the following appropriately:
- Respiratory hygiene/cough etiquette,
  - Environmental cleaning and disinfection, and
  - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use).

### Hand Hygiene:

- ☐ Appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR) or soap and water) are followed.
- ☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected *C. difficile* infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.
- ☐ Staff perform hand hygiene (even if gloves are used) in the following situations:
- Before and after contact with the resident;
  - After contact with blood, body fluids, or visibly contaminated surfaces;
  - After contact with objects and surfaces in the resident's environment;
  - After removing personal protective equipment (e.g., gloves, gown, eye protection, facemask); and
  - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).
- ☐ When being assisted by staff, resident hand hygiene is performed after toileting and before meals. How are residents reminded to perform hand hygiene?
- ☐ Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

### Personal Protective Equipment (PPE) Use For Standard Precautions:

## Infection Prevention, Control & Immunizations

- ☐ Determine if staff appropriately use and discard PPE including, but not limited to, the following:
- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin (and hand hygiene performed);
  - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
  - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions (e.g., changing a resident and their linens when excretions would contaminate staff clothing);
  - Appropriate mouth, nose, and eye protection (e.g., facemasks, goggles, face shield) along with isolation gowns are worn for resident care activities or procedures that are likely to contaminate mucous membranes, or generate splashes or sprays of blood, body fluids, secretions or excretions;
  - All staff are wearing a facemask (e.g., a cloth face covering can be used by staff where PPE is not indicated, such as administrative staff who are not at risk of coming in contact with infectious materials);
  - When COVID-19 is present in the facility, staff are wearing an N95 or equivalent or higher-level respirator, instead of a facemask for aerosol generating procedures;
  - PPE is appropriately discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national and/or local recommendations), followed by hand hygiene;
  - During the COVID-19 public health emergency, PPE use is extended/reused in accordance with national and/or local guidelines. If reused, PPE is cleaned/decontaminated/maintained after and between uses; and
  - Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (e.g., nursing units, therapy rooms).
- ☐ Interview appropriate staff to determine if PPE supplies are readily available, accessible, and used by staff, and who they contact for replacement supplies.
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
  - How do you obtain PPE supplies before providing care?
  - Who do you contact for replacement supplies?

### Source Control for COVID-19:

- ☐ Ensure residents (when receiving visitors or while outside of their room), visitors, and others at the facility are donning a cloth face covering or facemask while in the facility or while around others outside.

### Transmission-Based Precautions (TBP):

- ☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:
- For a resident on contact precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;

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- For a resident on droplet precautions: staff don a facemask and eye protection (goggles or face shield) within six feet of a resident and prior to resident room entry (*certain PPE should already be in use because of COVID-19*);
  - For a resident on airborne precautions: staff don a fit-tested N95 or higher level respirator prior to room entry of a resident;
  - For a resident with an undiagnosed respiratory infection (and tested negative for COVID-19): staff follow standard, contact, and droplet precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis);
  - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
    - Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
      - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown;
      - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support;
      - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed; and
      - Clean and disinfect the room surfaces with an appropriate disinfectant. Use disinfectants on EPA's List N: Disinfectants for Coronavirus (COVID-19) or other national recommendations.
  - Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then reusable resident medical equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare settings and effective against the identified organism (if known) prior to use on another resident.
  - Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare settings and effective against the organism identified (if known) at least daily and when visibly soiled.
  - Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).
- ☐ Observe staff to determine if they use appropriate infection control precautions when moving between resident rooms, units and other areas of the facility.
- ☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- ☐ If concerns are identified, expand the sample to include more residents on transmission-based precautions.

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**1. Did the staff implement appropriate standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and transmission-based precautions (if applicable)?** ☐ Yes ☐ No **F880**

### Resident Care for COVID-19

- ☐ Residents on transmission-based precautions are restricted to their rooms except for medically necessary purposes. If these residents have to leave their room, they are wearing a facemask or cloth face covering, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others).
- ☐ The facility ensures only COVID-19 negative, and those not suspected or under observation for COVID-19, participate in group outings, group activities, and communal dining. The facility is ensuring that residents are maintaining social distancing (e.g., limited number of people in areas and spaced by at least 6 feet), performing hand hygiene, and wearing cloth face coverings.
- ☐ The facility has a plan (including appropriate placement and PPE use) to manage residents that are new/readmissions under observation, those exposed to COVID-19, and those suspected of COVID-19. These actions are based on national (e.g., CDC), state and/or local public health authority recommendations.
- ☐ The facility has a plan to prevent transmission, including a dedicated space in the facility for cohorting and managing care for residents with COVID-19. These actions are based on national (e.g., CDC), state and/or local public health authority recommendations.
- ☐ For residents who develop severe symptoms of illness and require transfer to a hospital for a higher level of care, the facility alerts emergency medical services and the receiving facility of the resident's diagnosis (suspected, observation, or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask or cloth face covering on the resident during transfer (as tolerated).
- ☐ For residents who need to leave the facility for care (e.g. dialysis, etc.), the facility notifies the transportation and receiving health care team of the resident's suspected, observation, or confirmed COVID-19 status.

**2. Did staff provide appropriate resident care for COVID-19 related concerns?** ☐ Yes ☐ No **F880**

### IPCP Standards, Policies, Procedures and Education:

- ☐ The facility established a facility-wide IPCP including written IPCP standards, policies, and procedures that are current and based on the facility assessment [according to 483.70(e)] and national standards (e.g., for undiagnosed respiratory illness and COVID-19).
- ☐ The facility's policies or procedures include which communicable diseases are reportable to local and/or state public health authorities and contain when to notify if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected. The facility has a current list of reportable communicable diseases.
- ☐ Staff (e.g., nursing and unit managers) can identify and describe the communication protocol with local/state public health officials (e.g., to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported).

## Infection Prevention, Control & Immunizations

- ☐ There is evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions). How does the facility convey updates on COVID-19 to all staff?
- ☐ The policies and procedures are reviewed at least annually.
- ☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

**3. Does the facility have a facility-wide IPCP including standards, policies, procedures and education that are current, based on national standards, and reviewed at least annually?** ☐ Yes ☐ No F880

### Infection Surveillance:

- ☐ The facility has a screening process that all staff must complete prior to or at the beginning of their shift that reviews for signs/symptoms of illness and must include whether fever is present. The facility is documenting staff with signs/symptoms (e.g., fever) of COVID-19 according to their surveillance plan.
- ☐ Interview staff to determine what the screening process is, if they have had signs/symptoms of COVID-19 during the screening process, who they discussed their positive screening with at the facility and what actions were taken (e.g., work exclusion, COVID-19 testing).
- ☐ If staff develop symptoms at work (as stated above), the facility:
  - Informs the facility's infection preventionist and includes information on individuals, equipment, and locations the person came in contact with; and
  - Follows current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).
- ☐ The facility identifies the number of residents and staff in the facility, if any, that have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19.
- ☐ The facility identifies the number of residents and staff, if any, that have been diagnosed with COVID-19 and when the first case was confirmed.
- ☐ The facility prohibits employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease. Staff are excluded from work according to national standards.
- ☐ The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections. For COVID-19 that includes resident surveillance of fever, respiratory illness, or other signs/symptoms of COVID-19 at least daily, and immediately isolate anyone who is symptomatic.
- ☐ The plan includes early detection, management of a potentially infectious, symptomatic resident that requires laboratory testing and/or the implementation of appropriate transmission-based precautions/PPE (the plan may include tracking this information in an infectious disease log).

## Infection Prevention, Control & Immunizations

- ☐ The plan uses evidence-based surveillance criteria (e.g., CDC NHSN Long-Term Care or revised McGeer Criteria) to define infections and the use of a data collection tool.
- ☐ The plan includes ongoing analysis of surveillance data and review of data and documentation of follow-up activity in response.
- ☐ The facility has a process for communicating at time of transfer to an acute care hospital or other healthcare provider the diagnosis to include infection or multidrug-resistant organism colonization status, special instructions or precautions for ongoing care such as transmission-based precautions, medications [e.g., antibiotic(s)], laboratory and/or radiology test results, treatment, and discharge summary (if discharged).
- ☐ The facility has a process for obtaining pertinent notes such as discharge summary, lab results, current diagnoses, treatment, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals.
- ☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

**4. Did the facility provide appropriate infection surveillance?** ☐ Yes ☐ No F880

### Visitor Entry

- ☐ Review for compliance of:
  - Screening processes and criteria (i.e., screening questions and assessment of illness);
  - Visitation is conducted according to residents' rights for visitation and in a manner that does not lead to transmission of COVID-19; and
  - Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- ☐ The facility instructs those permitted entry to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; maintain at least six feet from others in the facility; and are required to wear a cloth face covering or facemask during the duration of their visit. What is the facility's process for communicating this information?
- ☐ The facility advises those permitted entry to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur.

**5. Did the facility perform appropriate screening, restriction, and education of visitors?** ☐ Yes ☐ No F880

### Suspected or Confirmed COVID-19 Reporting to Residents, Representatives, and Families

This CE is relevant to facilities that have had confirmed cases or clusters of suspected COVID-19 infection.

## Infection Prevention, Control & Immunizations

Identify the mechanism(s) the facility is using to inform residents, their representatives, and families (e.g., newsletter, email, website, recorded voice message):

- ☐ The facility informed all residents, their representatives, and families by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other.
- ☐ The information included mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., visitation or group activities).
- ☐ The information did not include personally identifiable information.
- ☐ The facility provides cumulative updates to residents, their representatives, and families at least weekly or by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours of each other.
- ☐ Interview a resident and a resident representative or family member to determine whether they are receiving timely notifications.

**6. Did the facility inform residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility along with mitigating actions in a timely manner?** ☐ Yes ☐ No F885 ☐ N/A

### Staff and Resident COVID-19 Testing

Review the facility's testing documentation (e.g., logs of county level positivity rate, testing schedules, staff and resident records, other documentation). If possible, observe how the facility conducts testing, including the use of PPE and specimen collection. If such observation is not possible, interview an individual responsible for testing and inquire how testing is conducted (e.g., "what are the steps taken to conduct each test?").

- ☐ The facility conducts testing of staff based on the county level positivity rate according to the recommended frequency.
- ☐ Based on observation or interview, the facility conducts testing and specimen collection in a manner that is consistent with current standards of practice for conducting COVID-19 tests.
- ☐ The facility's documentation demonstrates the facility conducts testing of residents or staff with signs or symptoms of COVID-19 in a manner that is consistent with current standards of practice for conducting COVID-19 tests.
- ☐ The facility's documentation demonstrates the facility conducts testing of residents and staff based on the identification of an individual diagnosed with COVID-19 in the facility in a manner that is consistent with current standards of practice for conducting COVID-19 tests.
- ☐ The facility takes actions to prevent the transmission of COVID-19 upon the identification of an individual with symptoms consistent with or who tests positive for COVID-19.
- ☐ The facility has procedures for addressing residents and staff that refuse testing or are unable to be tested.

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- ☐ If there was an issue related to testing supplies or processing tests, ensure the facility made adequate attempts to obtain supplies by contacting the state and/or local health departments, local laboratories for assistance. If the facility conducts their own tests, they should also contact the supplier.

**7. Is the facility in compliance with requirements for staff and resident COVID-19 testing?** ☐ Yes ☐ No **F886**

### Laundry Services:

- ☐ Determine whether staff handle, store, and transport linens appropriately including, but not limited to:
- Using standard precautions (i.e., gloves) and minimal agitation for contaminated linen;
  - Holding contaminated linen and laundry bags away from his/her clothing/body during transport;
  - Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag);
  - Transporting contaminated and clean linens in separate carts; if this is not possible, the contaminated linen cart should be thoroughly cleaned and disinfected per facility protocol before being used to move clean linens. Clean linens are transported by methods that ensure cleanliness, e.g., protect from dust and soil;
  - Ensuring mattresses, pillows, bedding, and linens are maintained in good condition and are clean (Refer to F584); and
  - If a laundry chute is in use, laundry bags are closed with no loose items.
- ☐ Laundry Rooms – Determine whether staff:
- Maintain/use washing machines/dryers according to the manufacturer's instructions for use;
  - If concerns, request evidence of maintenance log/record; and
  - Use detergents, rinse aids/additives, and follow laundering directions according to the manufacturer's instructions for use.

**8. Did the facility store, handle, transport, and process linens properly?** ☐ Yes ☐ No **F880** ☐ N/A, not a recertification survey

### Antibiotic Stewardship Program:

- ☐ Determine whether the facility has an antibiotic stewardship program that includes:
- Written antibiotic use protocols on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics;
  - Protocols to review clinical signs and symptoms and laboratory reports to determine if the antibiotic is indicated or if adjustments to therapy should be made and identify what infection assessment tools or management algorithms are used for one or more infections (e.g., SBAR tool for urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics);

## Infection Prevention, Control & Immunizations

- A process for a periodic review of antibiotic use by prescribing practitioners: for example, review of laboratory and medication orders, progress notes and medication administration records to determine whether or not an infection or communicable disease has been documented and whether an appropriate antibiotic has been prescribed for the recommended length of time. Determine whether the antibiotic use monitoring system is reviewed when the resident is new to the facility, when a prior resident returns or is transferred from a hospital or other facility, during each monthly drug regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic drug regimen review as requested by the QAA committee;
- Protocols to optimize the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotic; and
- A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioner.

**9. Did the facility conduct ongoing review for antibiotic stewardship?** ☐ Yes ☐ No F881 ☐ N/A, not a recertification survey

### Infection Preventionist (IP):

During interview with facility administration and Infection Preventionist(s), determine the following:

- ☐ The facility designated one or more individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP.
- ☐ The Infection Preventionist(s) works at least part-time at the facility.
- ☐ The Infection Preventionist(s) completed specialized training in infection prevention and control.

**10. Did the facility designate at least one qualified IP, who is responsible for the facility's IPCP?** ☐ Yes ☐ No F882

### Influenza and Pneumococcal Immunizations:

- ☐ Select five residents in the sample to review for the provision of influenza/pneumococcal immunizations.
- ☐ Document the names of residents selected for review.
- ☐ Review the records of the five residents for documentation of:
  - Screening and eligibility to receive the vaccine;
  - The provision of education related to the influenza or pneumococcal immunizations (such as the benefits and potential side effects);
  - The administration of pneumococcal and influenza vaccine, in accordance with national recommendations. Facilities must follow the CDC and ACIP recommendations for vaccines; and
  - Allowing a resident or representative to refuse either the influenza and/or pneumococcal vaccine. If not provided, documentation as to why the vaccine was not provided.

## Infection Prevention, Control & Immunizations

- ☐ For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Ask the facility to demonstrate that:
- The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
  - Plans are developed on how and when the vaccines are to be administered.
- ☐ As necessary, determine if the facility developed influenza and pneumococcal vaccine policies and procedures, including the identification and tracking/monitoring of all facility residents' vaccination status.

**11. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate?** ☐ Yes ☐ No F883

## ***COVID-19 Focused Infection Control (FIC) Survey Protocol***

### **Prior to Survey**

- Surveyors should have access to this protocol and infection control pathway on every *COVID-19 Focused Infection Control (FIC) Survey* in the event infection control concerns are identified while in the facility. This survey protocol should be used in the following ways:
  - *COVID-19 FIC Survey for Nursing Homes: Surveyors must evaluate the facility's compliance at all critical elements (CE) with the exception of CE#8 and CE#9 per CMS 20054, Infection Prevention, Control & Immunizations pathway. The surveyor must also examine the facility's compliance at §483.475(b)(6) or E0024 (at Appendix Z) if the full Emergency Preparedness survey is not being conducted.*
  - This survey protocol provides surveyors with *guidance to conduct* a focused review of the critical elements associated with the transmission of COVID-19. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.
  - *Ensure LTC surveyors complete the following training courses available on Quality, Safety & Education Portal (QSEP) prior to conducting a COVID-19 FIC Survey:*
    - *COVID-19 Surveyor Training for Long Term Care related to Staff and Resident Testing; and*
    - *COVID-19 Focused Survey for Nursing Homes Training*
- As surveyors may enter a facility with confirmed or suspected COVID cases, or a facility requiring certain PPE to enter, SSAs should ensure surveyors have needed personal protective equipment (PPE) that could be required onsite. *Surveyors should not expect a facility to provide PPE and supplies.*
- *Ensure surveyors are medically cleared and fit tested if using respirators with tight-fitting face-pieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.*
- Refer to latest CDC guidance on use of Personal Protective Equipment at: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Create a survey shell. Under Survey Properties:
  - When conducting a complaint investigation, the SA will code the Type of Survey in ACO as A=complaint and U=COVID-19 (M=Other will automatically be marked). The extent (if needed) should be marked as E=abbreviated survey.
  - When conducting a COVID-19 Focused Survey, the SA will code the Type of Survey as U=COVID-19 (M=Other will automatically be marked). The extent (if needed) should be marked as E=abbreviated survey
  - **There should be no offsite surveys coded in ACO.**
- Conduct offsite planning based on *the following*:
  - Facility reported information provided to the CDC National Healthcare Safety Network (NHSN) and state or local health department information (if available)
  - Complaint allegations
- Identify surveyors who are remaining offsite to receive information from the surveyors or

## **COVID-19 Focused Infection Control (FIC) Survey Protocol**

facility staff while onsite. List key survey activities that will be conducted onsite and offsite.

- For onsite activities:
  - Prioritize observations to key areas and activities related to infection control;
  - Identify interviews/*observations* that need to be conducted onsite, and make arrangements for *additional telephone interviews offsite if needed*; and
  - Identify the records that need to be reviewed onsite, and those that can be sent for offsite review. Offsite activities that may take place after the team enters the facility unannounced:
    - Medical record reviews, including resident test results;
    - Staff test results;
    - County-level positivity rates found at <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>;
  - Telephonic interviews, such as:
    - Surveillance policies
    - First onset of symptoms
    - Communication to facility leaders and health officials
    - Resident, representatives and families (if feasible, otherwise conduct onsite);
  - *Comprehensive Review of Facility Policy/Procedure* (e.g., Infection Control and Prevention Program, Emergency Preparedness Plan, residents and staff who refuse testing or are unable to be tested); and
  - Review communication(s) to residents, representatives and families (e.g., listserv, newsletter, etc.).
- Surveyors should add the following to their desktop:
  - Surveyor Resources folder which includes the COVID-19 *FIC* Survey subfolder
    - COVID-19 *FIC* Survey Protocol
    - *CMS-20054 Infection Prevention, Control & Immunizations*
    - COVID-19 *FIC* Survey Entrance Conference Worksheet
    - CMS Memorandum (*QSO-20-38*) Related to Nursing Home Testing of Residents and Staff
- Refer to and review latest CDC guidance:
  - Preparing for COVID-19 in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
  - Responding to Coronavirus (COVID-19) in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
  - Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
  - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

## ***COVID-19 Focused Infection Control (FIC) Survey Protocol***

### **Entrance Conference**

- *If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their State Survey Agency (SSA) and verify that the facility has notified the state or local health department.*
- Notify the Facility administrator of the limited nature of the COVID-19 focused survey:
  - Prioritize observations on day one; and
  - Complete remaining observations and interviews on day two.
- Follow the ***COVID-19 FIC Survey Entrance Conference Worksheet*** to request information.

### **Onsite Survey Activities**

- *In situations where there is only one surveyor conducting the survey (e.g., complaint or EP), to the extent possible, the surveyor should begin the survey activity in an area with COVID-19 negative residents and not return to that area once positive residents have been encountered.*
- Adhere to Standard and Transmission-Based Precautions and refer to the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.
- Refer to ***CMS-20054, Infection Prevention, Control and Immunizations pathway***, to guide your investigation and make compliance determinations.
- Identify onsite assignments for activities based on the ***CMS-20054, Infection Prevention, Control and Immunizations pathway***. Document your investigation on the electronic version of the COVID-19 focused survey and/or electronic or paper-based surveyor notes worksheets. *Scan and attach these documents to the survey kit for upload to ACO/ARO.*
- While the primary focus is COVID-19, you should investigate any other areas of potential noncompliance where there is a likelihood of immediate jeopardy. Follow the interpretive guidance and CE pathways relevant to the area of concern.
- Be alert to situations that may create a likelihood for serious injury, harm, impairment, or death, use guidance in Appendix Q and complete an IJ Template.
- Determine what information can be reviewed offsite (e.g., electronic medical records, EP plan for staffing and other policies or photocopies). NOTE: Surveyors should limit photocopies to only those records necessary for confirming noncompliance or to support findings of deficient practice.

### **Concluding the Survey**

- Conduct any survey exit discussion with the facility by telephone *or through a virtual meeting if all invited parties agree in order to limit the time the team spends in the facility.*
- Draft the CMS-2567 offsite. If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the

### ***COVID-19 Focused Infection Control (FIC) Survey Protocol***

Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”

## 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> </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>Does your call light work? Can you reach it? Observe for alternatives to traditional call light systems such as tabs, pads, air puff call lights. Are these devices located in the resident's room, toilet and bathing facilities and working?</li> <li>Do you have enough light in your room to do what you want or need to do?</li> </ul>	No Issues/NA  Further Investigation
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>	No Issues/NA  Further Investigation
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>	No Issues/NA  Further Investigation
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> <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>	No Issues/NA  Further Investigation

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
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> <li>Are they the type of snacks you like to receive?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
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 or Blood Thinner	<p>Only ask for residents receiving insulin or an anticoagulant:</p> <ul style="list-style-type: none"> <li>Do you get insulin or a blood thinner like Coumadin?</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>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>
Transmission-Based Precautions	<p>If a resident is on transmission-based precautions, ask the following questions:</p> <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> </ul>	<p>No Issue</p> <p>Further Investigation</p> <p>NA</p>

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>Have you had any changes in your mood since being placed on precautions, and if so, please describe?</li> </ul>	
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
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> </ul>	No Issues/NA Further Investigation MDS Discrepancy

## Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
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	<p>If on a rehab unit or the resident has expressed concerns (e.g., contractures) that should be addressed by rehab, ask:</p> <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>	No Issues/NA  Further Investigation
Smoking	Only ask if the resident smokes: <ul style="list-style-type: none"> <li>Are you able to smoke when you want? If not, what are the smoking times?</li> <li>Who keeps your cigarettes and lighter?</li> <li>Do you use oxygen? If so, have you smoked 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?</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?</li> </ul>	No Issues  Further Investigation  NA
Hospice	Only ask if the resident is receiving hospice services: <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>	No Issues  Further Investigation  NA  MDS Discrepancy
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>	No Issues/NA  Further Investigation

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Activities	<ul style="list-style-type: none"> <li>• Did you observe the resident in activities?</li> <li>• Is the resident actively participating or engaged in activities?</li> <li>• Do staff encourage the resident to participate?</li> <li>• Is a younger resident engaged in age appropriate activities?</li> <li>• Are there a variety of activities available for all residents?</li> </ul>	No Issues/NA  Further Investigation
Dignity	<ul style="list-style-type: none"> <li>• Observe to determine whether staff failed to:               <ul style="list-style-type: none"> <li>○ Knock/ask permission to enter room or wait to enter until permission given</li> <li>○ Explain service or care to be provided</li> <li>○ Include resident in conversations while providing care or services</li> <li>○ Provide visual privacy of resident's body while transporting through common areas, or uncovered in their room but visible to others</li> <li>○ Cover a urinary catheter bag/other body fluid collection device</li> <li>○ Respond to the resident's call for assistance in a timely manner</li> <li>○ Clothing and face soiled after meals</li> <li>○ Poorly fitting clothing</li> </ul> </li> <li>• Staff did the following:               <ul style="list-style-type: none"> <li>○ Used a label for resident (e.g., "feeder" or "honey")</li> <li>○ Posted confidential clinical/personal care instructions in viewable areas</li> <li>○ Dressed resident in institutional fashion (e.g., hospital type gown during day)</li> <li>○ Labeled clothes with resident's name visible</li> </ul> </li> <li>• Any other identified dignity concerns?</li> </ul>	No Issues/NA  Further Investigation

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Abuse	<ul style="list-style-type: none"> <li>Is there evidence of indicators of possible abuse? <ul style="list-style-type: none"> <li>Fractures, sprains or dislocations</li> <li>Burns, blisters, or scalds on the hands or torso</li> <li>Bite marks, scratches, skin tears, and lacerations including those that are in locations that would unlikely result from an accident</li> <li>Bruises or injuries, including those found in unusual locations such as the head (e.g., black eye, broken /missing teeth), neck, lateral locations on the arms, posterior torso and trunk, or shapes (e.g., finger imprints)</li> <li>Fear of others</li> </ul> </li> <li>Is the resident exhibiting any aggressive behavior (verbal or physical) to other residents? <ul style="list-style-type: none"> <li>Hitting, striking out at others, kicking, pushing</li> <li>Threatening others</li> </ul> </li> </ul> <p>Note: If you witness an act of abuse, you must immediately report this observation to the administrator, or his/her designated representative if the administrator is not present.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Privacy	<ul style="list-style-type: none"> <li>Bedrooms are not equipped to assure full privacy (e.g., ceiling suspended curtains, moveable screens, private rooms, etc.)</li> <li>Is personal privacy assured for: <ul style="list-style-type: none"> <li>Electronic communications</li> <li>Personal care</li> <li>Medical treatments</li> <li>Communication to residents and representatives regarding the resident's condition that cannot be overheard</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Accommodation of Needs (physical)	<ul style="list-style-type: none"> <li>Are any of the following observed? <ul style="list-style-type: none"> <li>Difficulty opening and closing drawers and turning faucets on and off</li> <li>Unable to see him/herself in a mirror and have items easily within reach while using the sink</li> <li>Difficulty opening and closing bedroom and bathroom doors, accessing areas of their room and bath, and operating room lighting</li> <li>Difficulty performing other desired tasks such as turning a table light on and off</li> <li>Difficulty or inability to use the call bell</li> </ul> </li> <li>Is adaptive equipment available and used?</li> <li>Do any accommodations that you observed place this, or any other resident at risk?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Language/ Communi- cation	<ul style="list-style-type: none"> <li>Does the resident speak a different language, use sign language or other alternative communication means?</li> <li>Does staff know how to communicate with the resident?</li> <li>Are there communication systems available at the bedside (cards, note pad, others)?</li> </ul>	No Issues/NA  Further Investigation
Mood/ Behavior	<ul style="list-style-type: none"> <li>Does the resident:               <ul style="list-style-type: none"> <li>Appear depressed or anxious (e.g., sad, teary, non-communicative, anxious movements)</li> <li>Appear socially withdrawn, isolated, fatigued, not eating</li> <li>Appear to lack emotional affect, short tempered, easily annoyed</li> </ul> </li> <li>Does staff recognize expressions, indications of distress, or behaviors and respond through a person-centered approach to care?</li> <li>Does the resident appear to exhibit hallucinations (e.g., hearing voices or seeing things not present)?</li> <li>Does the resident appear to exhibit any physical expressions of distress directed towards others - Hitting, striking out at others, kicking, pushing, scratching, and grabbing</li> <li>Does the resident appear to exhibit any verbal expressions of distress directed towards others - threatening others, screaming at others, cursing at others, crying</li> <li>Does the resident appear to exhibit any other expressions of distress not directed toward others - physical such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, sounds that are distressing to other residents, constant vocalizations</li> <li>Wandering, ambulating in and out of resident's rooms, rummaging in other resident's belongings</li> <li>Appear angry, frustrated, combative, confrontational</li> <li>How do staff interact with resident(s) during these occurrences?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Restraints	<ul style="list-style-type: none"> <li>Is there anything that restricts a resident's movement or access to his/her body?</li> <li>If so, describe the device or practice that restricts the resident's movement (e.g., trunk restraint, limb restraint, bed rails, chair that prevents rising, mitts, or personal alarms).</li> <li>Are restraints applied correctly?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Accident Hazards	<ul style="list-style-type: none"> <li>Are any of the following observed? <ul style="list-style-type: none"> <li>Are bed rails (full, half, quarter, or grab bars) in use? If so, are they properly installed (e.g., are the bed rails loose or broken) and do they fit the bed properly so the resident can't get caught between the bed rails and mattress?</li> <li>Is the mattress of proper size and fit for the bed to prevent the resident from becoming entrapped?</li> <li>Is the resident's restraint/device properly applied? If not, does the restraint/device have the risk or likelihood of causing serious injury, harm or death?</li> <li>Are electric cords, extension cords, or outlets in disrepair/used in unsafe manner?</li> <li>Is safety equipment in bedroom/bathroom inadequate (grab bars, slip surface)?</li> <li>Are there accessible chemicals/other hazards in bedroom/bathroom?</li> <li>Is there unsafe hot water in the room?</li> <li>Is there exposure to unsafe heating unit surfaces?</li> <li>Is ambulation, transfer, or therapy equipment in unsafe condition?</li> <li>Are locks disabled, fire doors propped open, irregular walking surfaces, handrails in good repair, inadequate lighting?</li> <li>Are residents adequately supervised?</li> <li>On a secured unit, is there sufficient staff to supervise the residents?</li> </ul> </li> <li>Are there any other environmental hazards or risks observed?</li> </ul> <p>Note: Each surveyor should check water temperature with their hand held under the hot water in two resident rooms (on opposite sides of the hall) per unit. Use a thermometer if there is concern that water is too hot and could potentially scald or harm residents. Target resident rooms closest to the hot water tanks/kitchen areas and resident rooms belonging to residents with dementia who may use sinks/bathtubs/showers independently.</p>	No Issues/NA  Further Investigation  MDS Discrepancy

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Unsafe Wandering/ Elopement	<ul style="list-style-type: none"> <li>Is the resident exit seeking?</li> <li>Is the resident wandering into other residents' rooms?</li> <li>Does a resident attempt to follow visitors or other residents to other parts of the facility?</li> <li>Is the resident redirected by staff?</li> <li>Are staff supervising residents who wander?</li> <li>Does the resident appear anxious, frustrated, bored, or hungry which is displayed as wandering or lack of supervision by staff?</li> <li>If you observe the resident attempting to leave the building, is the wandering alarm system functioning correctly?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Call light in reach, call system functioning	<ul style="list-style-type: none"> <li>Is the call light within reach if the resident is capable of using it?</li> <li>Is the call system functioning in the resident's room, toilet, and bathing areas?</li> </ul>	No Issues/NA  Further Investigation
Environ- ment	<ul style="list-style-type: none"> <li>Are any of the following observed in the resident's rooms?               <ul style="list-style-type: none"> <li>Walls, floors, ceilings, drapes, or furniture are not clean or are in disrepair</li> <li>Bed linens and fixtures visibly soiled</li> <li>Resident care equipment (e.g., mechanical lift, commode, hemodialysis or peritoneal equipment) is unclean, in disrepair, or stored in an improper or unsanitary manner</li> <li>Hot water is too cold</li> <li>Room not homelike</li> <li>Lighting levels inadequate</li> <li>Uncomfortable sound levels</li> <li>Uncomfortable room temperatures (e.g., too cool or too warm)</li> <li>Stains from water damage that could lead to mold</li> </ul> </li> <li>For residents on transmission-based precautions, is dedicated or disposable noncritical resident care equipment (e.g., blood pressure cuffs) used?</li> </ul>	No Issues/NA  Further Investigation
Dental	<ul style="list-style-type: none"> <li>Does the resident have broken, missing, loose or ill-fitting dentures?</li> <li>Does the resident have broken or loose teeth, or inflamed or bleeding gums?</li> </ul>	No Issues/NA  Further Investigation

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Nutrition	<ul style="list-style-type: none"> <li>Is the resident assisted (with meal setup and eating), cued, and encouraged to eat as needed?</li> <li>Are assistive devices utilized and used correctly (e.g., plate guard, lipped plate or bowl, modified utensils, sippy cups, noney cups, cues, hand over hand)?</li> <li>If the resident refuses or isn't eating (e.g., pacing), what does staff do? Do they offer substitutes, encourage or assist the resident?</li> <li>Does the resident's physical appearance indicate the potential for an altered nutritional status (e.g., cachectic)?</li> <li>Are supplements provided at times that don't interfere with meal intake and consumed (e.g., supplement given right before or during the meal and the resident doesn't eat)?</li> <li>Are snacks given and consumed?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Edema	<ul style="list-style-type: none"> <li>Are the resident's legs/feet or arms/hands swollen?</li> <li>Are the resident's legs/feet or arms/hands elevated or support stockings in place, if needed?</li> </ul>	No Issues/NA  Further Investigation
Hydration	<ul style="list-style-type: none"> <li>Does the resident have dry, cracked lips, dry mouth, sunken eyes and signs of thirst?</li> <li>Is there a water pitcher by the bedside and is it accessible to the resident?</li> <li>Do staff offer the resident fluids throughout the day?</li> <li>Are fluids provided at meal times and is the resident encouraged to drink them?</li> <li>Is the meal tray accessible and cups and cartons opened and accessible to the resident?</li> <li>Does staff assist the resident during meals if needed?</li> <li>If the resident is resistant to assistance or refuses liquids how do staff respond?</li> <li>Is the resident receiving IV fluids?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Tube Feeding	<ul style="list-style-type: none"> <li>Does the resident receive tube feedings (e.g., g-tube, peg tube, total parenteral nutrition (TPN), naso-gastric)?</li> <li>If tube feeding is infusing, is the head of the bed elevated at least 30-45 degrees?</li> <li>Is the feeding properly labeled (e.g., date, time initiated, nurses' initials)?</li> <li>Does the amount remaining seem reasonable?</li> <li>Is the site clean and free from signs and symptoms of infection (e.g., redness, drainage, odors)?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Vision and Hearing	<ul style="list-style-type: none"> <li>Are the resident's hearing aids in and working, if needed?</li> <li>Are the resident's glasses on, clean, and not broken, if needed?</li> </ul>	No Issues/NA  Further Investigation

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
ADLs	<ul style="list-style-type: none"> <li>Are any of the following observed? <ul style="list-style-type: none"> <li>Hair disheveled, uncombed or greasy</li> <li>Facial hair unkempt or present on a female resident</li> <li>Face, clothing or hands unclean or with food debris</li> <li>Fingernails untrimmed, jagged or dirty</li> <li>Body or mouth odor</li> <li>Teeth or dentures not brushed</li> <li>Clothing visibly soiled or in disrepair</li> <li>Dentures stored in an unsanitary manner, if visible</li> </ul> </li> <li>If the situation presents itself, are there other concerns with the assistance provided for other ADLs (e.g., dressing or transfers)?</li> </ul>	No Issues/NA  Further Investigation
Catheter	<ul style="list-style-type: none"> <li>Does the resident have a urinary catheter in place? <ul style="list-style-type: none"> <li>Is the catheter tubing properly secured, unobstructed and free of kinks?</li> <li>Is the catheter drainage bag maintained below the level of the bladder?</li> <li>Is the catheter drainage bag off the floor at all times (i.e., do not place directly on the floor without protection from the floor surface)?</li> <li>Are there signs and symptoms of infection (e.g., foul smelling urine, sediment, blood or mucus)?</li> </ul> </li> <li>If the situation presents itself, is the catheter drainage bag emptied using a separate, clean collection container for each resident, and does the drainage spigot touches the collection container?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Psych Med Side Effects	<ul style="list-style-type: none"> <li>Are any of the following observed? <ul style="list-style-type: none"> <li>Tongue thrusting or rolling?</li> <li>Lip puckering or lip smacking</li> <li>Rapid eye blinking/eyebrow raising</li> <li>Pill rolling</li> <li>Tremors</li> </ul> </li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Psych/ Opioid Med Side Effects	<ul style="list-style-type: none"> <li>Are any of the following observed? <ul style="list-style-type: none"> <li>Excessive sedation (e.g. difficult to rouse, always sleeping)</li> <li>Dizziness</li> </ul> </li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
AC Med Side Effects	<ul style="list-style-type: none"> <li>Are any of the following observed? <ul style="list-style-type: none"> <li>Bruising</li> <li>Bleeding</li> </ul> </li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Respiratory Infection	<ul style="list-style-type: none"> <li>Does the resident have signs or symptoms of a respiratory infection (e.g., wheezing, altered breathing such as rapid breathing, coughing with yellow phlegm)?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> <li>Does the resident have signs or symptoms of an infection (e.g., confusion, delirium)?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Infections (other than UTI, Pressure Ulcer, or Respiratory)	<ul style="list-style-type: none"> <li>Does the resident have signs or symptoms of an infection (e.g., rigors with confusion or delirium, matted eyes, redness and swelling of skin)?</li> <li>If visible, does the resident's medical device insertion site have redness, swelling or drainage? If drainage present (document color/amount/type/odor).</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Transmission-Based Precautions	<ul style="list-style-type: none"> <li>Are personal protective equipment/PPE (e.g., gloves, gowns, masks) readily accessible in resident areas (e.g., nursing units, therapy rooms)?</li> <li>If a resident is on transmission-based precautions, are appropriate PPE supplies outside of the resident's room and signage indicating the resident is on transmission-based precautions clear and visible prior to entering the room (signage must also comply with confidentiality and privacy)?</li> </ul>	No Issue  Further Investigation  NA
Oxygen	<ul style="list-style-type: none"> <li>Is the resident receiving O2?</li> <li>Is the mask/tubing properly placed?</li> <li>Is there a date on the tubing and humidification?</li> <li>Observe the liters/minute?</li> <li>Are there signs that the resident has discomfort? Is he/she in respiratory distress (mouth breathing, short of breath, gasping)?</li> </ul>	No Issues/NA  Further Investigation

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Positioning	<p>If a resident is unable to position him or herself, are any of the following observed?</p> <ul style="list-style-type: none"> <li>o Lack of arm/shoulder support</li> <li>o Head lolling to one side, awkward angle</li> <li>o Hyperflexion of the neck</li> <li>o Leaning to the side without support to maintain an upright position</li> <li>o Lack of needed torso or head support</li> <li>o Uncomfortable Geri-chair positioning, sliding down in the chair</li> <li>o Wheelchair too big or too small (seat too long/short, seat too high/low)</li> <li>o Dangling legs and feet that do not comfortably reach the floor and/or without needed foot pedals in place</li> <li>o Sagging mattress while lying in bed</li> <li>o Bed sheets tucked tightly over toes holding feet in plantar flexion</li> <li>o Legs and/or feet hanging off the end of a too short mattress</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Falls	<ul style="list-style-type: none"> <li>• Did you observe any concerns with the resident falling or almost falling? If so, what did staff do?</li> <li>• Does the resident have any fall prevention devices in use and functioning correctly?</li> <li>• Does the resident have on inappropriate foot covering – shoes/socks without non-skid soles?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pain	<ul style="list-style-type: none"> <li>• Does the resident have a pained facial expression – clenched jaw, troubled/distorted face, or crying?</li> <li>• Is the resident muttering, moaning, or groaning?</li> <li>• Is the resident's breathing strenuous, labored, negative noise on inhalation/expiration?</li> <li>• Is the resident in a strained and inflexible position, rocking, restless movement, guarding, forceful touching or rubbing body parts?</li> <li>• Does the resident have an altered gait, strained/inflexible position, forceful touching/rubbing body parts?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pressure Ulcers	<p>For residents at risk (e.g., vulnerable residents) or who have a pressure ulcer, are any of the following observed?</p> <ul style="list-style-type: none"> <li>• If visible, is the wound covered with a dressing, and is drainage present on the dressing (document color/amount/type/odor)?</li> <li>• Is the resident positioned off the pressure ulcer?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>Are pressure relieving devices observed (e.g., heel protectors, w/c cushion, padding between bony prominences)?</li> <li>If so, are they used correctly?</li> <li>Is the resident in the same position for long periods of time when in the w/c or bed (resident is not repositioned in chair at least every hour and in bed at least every two hours)?</li> </ul>	
Skin conditions (non-pressure related)	<ul style="list-style-type: none"> <li>Are any of the following observed? <ul style="list-style-type: none"> <li>Abrasions</li> <li>Lacerations</li> <li>Bruises</li> <li>Skin tears</li> <li>Burns</li> <li>Rash/hives</li> <li>Dry skin</li> </ul> </li> </ul>	No Issues/NA  Further Investigation
Limited ROM	<ul style="list-style-type: none"> <li>Does the resident have a limitation in ROM or a contracture?</li> <li>Is a splint device in place and correctly applied?</li> </ul> <p>Note: ROM limitation = Limited extent of movement of a joint. Contracture = Condition of fixed high resistance to passive stretch of a muscle.</p>	No Issues/NA  Further Investigation  MDS Discrepancy
Hospice	<p>For a resident who is receiving hospice services:</p> <ul style="list-style-type: none"> <li>Does the resident appear comfortable or show any signs of agitation or distress?</li> <li>Does the resident show signs of respiratory distress?</li> <li>Is there room for family to visit in private?</li> </ul>	No Issues  Further Investigation  NA  MDS Discrepancy
Vent/Trach	<p><u>For a resident on a ventilator:</u></p> <ul style="list-style-type: none"> <li>Are there signs of anxiety, distress or labored breathing?</li> <li>Is the head of bed elevated 30-45 degrees?</li> <li>Is suction equipment immediately accessible?</li> <li>If the alarm sounds, does staff respond timely?</li> </ul> <p><u>For a resident with a trach:</u></p> <ul style="list-style-type: none"> <li>Is the tracheostomy site clean?</li> <li>Is there emergency tracheostomy equipment, ambu bag, and functional suction equipment readily assessable in the room?</li> </ul>	No Issues  Further Investigation  NA  MDS Discrepancy

## Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
B&B incontinence	<ul style="list-style-type: none"> <li>Does the resident have a urine or BM odor?</li> <li>Is the resident wet?</li> <li>Does the resident have soiled clothes or linens with urine or BM?</li> <li>Is the resident provided incontinence care timely?</li> <li>Are staff implementing maintenance programs (e.g., prompted or scheduled voiding) appropriately, if known?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Smoking	For residents who smoke: <ul style="list-style-type: none"> <li>Is the resident smoking in an appropriate place?</li> <li>Is the resident smoking safely?</li> <li>Are safety precautions used (e.g., no oxygen, smoking apron, supervision if unsafe, or access to safe or appropriate ashtrays)?</li> <li>Are smoking materials safely stored?</li> <li>Are there burn marks on the resident's clothing, furnishings or wheelchair?</li> </ul>	No Issues  Further Investigation  NA
Other Concerns	<ul style="list-style-type: none"> <li>Are there any other concerns observed for this resident?</li> </ul>	No Issues/NA  Further Investigation

## Initial Pool Process – Limited Record Review

Care Area	Probe	Response Options
For any resident marked as non-interviewable, refused, unavailable or out of facility the following areas should be reviewed in the record regardless of whether the area is an indicator for the resident.		
Pressure Ulcers	<ul style="list-style-type: none"> <li>Did the resident develop a pressure ulcer in the facility that has not healed?</li> <li>Did the resident have a pressure ulcer that worsened and hasn't improved recently?</li> </ul> <p>Note: Exclude Stage 1 pressure ulcers.</p>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Dialysis	<ul style="list-style-type: none"> <li>Is the resident receiving peritoneal dialysis or hemodialysis?</li> </ul>	<p>No Issues</p> <p>Further Investigation</p> <p>NA</p> <p>MDS Discrepancy</p>
Respiratory Infection	<ul style="list-style-type: none"> <li>Does the resident currently have a respiratory infection?</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>Does the resident currently have a UTI?</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>Does the resident currently have any other infection (e.g., surgical wound infection, eye infection)?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Nutrition	<ul style="list-style-type: none"> <li>Did the resident have an unplanned weight loss of 5% or more in the last month or 10% or more in the last 6 months?</li> <li>Does the resident still have weight loss?</li> </ul> <p>Note: Exclude residents currently receiving hospice or end of life services.</p>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

## Initial Pool Process – Limited Record Review

Care Area	Probe	Response Options
Falls	<ul style="list-style-type: none"> <li>Did the resident have a fall(s) with major injury in the last 120 days?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
ADL Decline	<ul style="list-style-type: none"> <li>Has the resident had a decline in their bed mobility, transfer, eating or toilet use recently and is not receiving therapy or restorative for the decline in the last 120 days?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Low Risk B&B	<ul style="list-style-type: none"> <li>Is the resident incontinent of bowel or bladder and not at a high risk for incontinence issues?</li> </ul> <p>Note: High risk means the resident is cognitively impaired, receives hospice or end of life services, or requires extensive to total assistance from staff with bed mobility, transfers, toileting or locomotion.</p>	No Issues/NA  Further Investigation  MDS Discrepancy
Hospitalization	<ul style="list-style-type: none"> <li>Was the resident re-hospitalized in the last 120 days?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Elopement	<ul style="list-style-type: none"> <li>Is the resident at risk for elopement?</li> <li>Has the resident eloped in the last three months?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Change of Condition	<ul style="list-style-type: none"> <li>Has the resident had a change of condition in the last 120 days that was not identified, monitored or treated appropriately?</li> </ul>	No Issues/NA  Further Investigation
<b>For all residents</b> who are observed during the initial pool process, the record is reviewed for high risk meds and PASSAR only if the resident has the indicator present.		
Insulin	<ul style="list-style-type: none"> <li>Is the resident currently receiving insulin?</li> </ul>	Yes  No  MDS Discrepancy
Anticoagulant	<ul style="list-style-type: none"> <li>Is the resident currently receiving an anticoagulant?</li> </ul>	Yes  No  MDS Discrepancy

## Initial Pool Process – Limited Record Review

Care Area	Probe	Response Options
Antipsychotic with Alzheimer's or Dementia	<ul style="list-style-type: none"> <li>Is the resident currently receiving an antipsychotic and has a diagnosis of Alzheimer's or dementia?</li> </ul>	Yes  No  MDS Discrepancy
PASARR	<ul style="list-style-type: none"> <li>Was a Level II PASARR adequately completed and determined the resident does not qualify for Level II services even though the resident has a serious mental illness, ID or other organic condition related to ID/DD?</li> </ul>	No Issues/NA  Further Investigations  MDS Discrepancy
For <b>all residents</b> who are observed during the initial pool process, the record is reviewed for Advanced Directives and Other.		
Advance Directives	<ul style="list-style-type: none"> <li>Does the resident have an advance directive in place? If information is kept in two places (e.g., EHR and the hard chart), ensure the information matches.</li> </ul>	No Issues/NA  Further Investigation
Other	<ul style="list-style-type: none"> <li>Did you have any additional concerns that you identified from the record?</li> </ul>	No Issues/NA  Further Investigation
For <b>new admissions</b> added to the Resident Listing who are observed during the initial pool process (i.e., they don't have an MDS), the record is reviewed for high risk meds.		
High Risk Meds	<ul style="list-style-type: none"> <li>Is the resident currently receiving any of the following medications at least one time in the last 30 days? (Mark all that apply)            Antipsychotic            Antianxiety            Antidepressant            Hypnotic            Anticoagulant            Antibiotic            Diuretic            Insulin            Opioids            None of the above             Note: Do not code aspirin or Plavix as an anticoagulant. Code medications according to a drug's pharmacological classification, not how it is used.         </li> </ul>	Select all that apply.

## Initial Pool Process – Limited Record Review

Care Area	Probe	Response Options
Diagnoses	<ul style="list-style-type: none"><li>Does the resident have any of the following diagnoses? (Mark all that apply)</li></ul> Alzheimer's or dementia Huntington's syndrome Tourette's Syndrome Manic Depression (bipolar disease) Schizophrenia Cerebral Palsy Multiple Sclerosis Seizure Disorder/Epilepsy None of the above	Select all that apply.
Hospice	<ul style="list-style-type: none"><li>Is the resident receiving hospice, end of life, or palliative care services?</li></ul>	Yes  No  MDS Discrepancy

## Initial Pool Process: Resident Representative Interview

Family member's name, relationship, and phone number if contacted by phone:

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Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"><li>• Is [resident's name] able to make choices about his/her daily life that are important to [resident's name]?</li><li>• I'd like to talk to you about [resident's name] choices. Is [resident's name] able to get up and go to bed when he/she wants to?</li><li>• How about bathing, is [resident's name] able to choose a bath or shower? Does [resident's name] choose how often he/she bathes?</li><li>• How about food, does the facility honor [resident's name] preferences or requests regarding meal times, food and fluid choices?</li><li>• How about activities, is [resident's name] able to choose when he/she goes to activities?</li><li>• How about meds, is [resident's name] able to choose when he/she receives medications?</li><li>• Did [resident's name] choose his/her doctor? Does [resident's name] know their name and how to contact them?</li><li>• Can [resident's name] have visitors any time or are there restricted times?</li></ul>	No Issues/NA Further Investigation
Activities	<ul style="list-style-type: none"><li>• Does [resident's name] participate in activities here? If not, why?</li><li>• Do the activities meet [resident's name] interests? If not, what type of activities would [resident's name] like the facility to offer?</li><li>• Are activities offered on the weekends and evenings? If not, would [resident's name] like to have activities on the weekends or in the evenings?</li><li>• Does staff provide activities [resident's name] can do on his/her own (cards, books, other)?</li></ul>	No Issues/NA Further Investigation

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
Dignity	<ul style="list-style-type: none"> <li>Does staff treat [resident's name] with respect and dignity?</li> <li>Do you have any concerns about how staff treat [resident's name]? 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 [resident's name] or other residents are treated? If so, what happened?</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 [resident's name] feel afraid or humiliated/degraded</li> <li>Said mean things to [resident's name]</li> <li>Hurt [resident's name] (hit, slapped, shoved, handled [resident's name] roughly)</li> <li>Made [resident's name] feel uncomfortable (touched [resident's name] 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>Has [resident's name] 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>

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
Privacy	<ul style="list-style-type: none"> <li>• If the resident has a roommate, ask: Does [resident's name] feel like he/she can have a private conversation with you or a visitor if his/her roommate is here?</li> <li>• Does staff provide [resident's name] privacy when they are helping him/her to bathe or dress, or providing treatments?</li> <li>• Does [resident's name] have privacy when on the telephone?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Accommodation of Needs (physical)	<ul style="list-style-type: none"> <li>• Is [resident's name] room set up so he/she can easily get around the room, get to and from the bathroom, use the sink?</li> <li>• Do you have any concerns with [resident's name] roommate's personal items taking over his/her space?</li> <li>• Does [resident's name] call light work? Can he/she reach it? Observe for alternatives to traditional call light systems such as tabs, pads, air puff call lights. Are these devices located in the resident's room, toilet and bathing facilities and working?</li> <li>• Does [resident's name] have enough light in his/her room to do what he/she wants or needs to do?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Personal Funds	<ul style="list-style-type: none"> <li>• Does the facility hold [resident's name] money? <ul style="list-style-type: none"> <li>○ Can he/she get money when he/she needs it, including weekends?</li> <li>○ Do you or [resident's name] 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>• Has [resident's name] 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 [resident's name] lost personal items?</li> <li>• If the room is not personalized, ask: Were you encouraged to bring in any personal items for [resident's name]?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
	NOTE: If the representative has not informed staff about the property loss, inform the resident's representative 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.	
Sufficient Staffing	<ul style="list-style-type: none"> <li>Does [resident's name] get the help and care he/she needs without waiting a long time? If not, what happened when he/she had to wait a long time?</li> <li>How long would you say it takes staff to come if you put the call light on?</li> <li>How long does it take staff to come if you put the call light on to take [resident's name] to the bathroom?</li> <li>Does this happen often?</li> <li>Is there a specific time of day or night this happens?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Participation in Care Planning	<ul style="list-style-type: none"> <li>Does the staff include you in decisions about [resident's name] medicine, therapy, or other treatments?</li> <li>Are you or the responsible party invited to participate in setting goals and planning his/her care?</li> <li>Can you share with me how the meeting went?</li> <li>Does [resident's name] receive care according to the plan you or the responsible party developed with the staff to achieve his/her goals?</li> </ul> <p>Only ask for new admissions:</p> <ul style="list-style-type: none"> <li>Did you or the responsible party receive a written summary of his/her initial care plan after [resident's name] were admitted? If so, did the staff explain the care plan to you?</li> <li>Did you understand it?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
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>Does [resident's name] goals for care include discharge to the community? If so, has the facility included you or the responsible party 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 [resident's name] room?</li> <li>How is the temperature in [resident's name] room and in the building?</li> <li>Do you feel his/her room and the building are clean and comfortable? If not, please describe.</li> <li>Is there anything else in the building that affects [resident's name] comfort?</li> <li>Is the water temperatures too hot or too cold when in the bathroom?</li> <li>Is his/her 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 [resident's name] food preferences (e.g., cultural, ethnic, or religious), allergies, or sensitivities?</li> <li>Is [resident's name] provided a substitution if he/she does not like what is served?</li> <li>Does [resident's name] receive snacks when he/she request them?</li> <li>Are they the type of snacks [resident's name] likes to receive?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>
Dental	<ul style="list-style-type: none"> <li>Does [resident's name] have any problems with his/her teeth, gums, or dentures? If so, describe.</li> <li>Has [resident's name] lost or damaged his/her dentures? Did you tell staff? Did the staff tell you what they are doing about his/her dentures?</li> <li>Does [resident's name] have difficulty chewing food? If so, how is the staff addressing this?</li> <li>Does the staff provide [resident's name] with oral hygiene products he/she needs (e.g. toothbrush, toothpaste, mouthwash, denture tabs/cup/paste)?</li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p>

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>Does the staff help [resident's name] brush his/her teeth? If so, how often does staff assist him/her with oral care?</li> <li>Does the facility help with appointments to the dentist?</li> </ul>	
Nutrition	<ul style="list-style-type: none"> <li>Is [resident's name] on a special diet (which includes an altered consistency)? If so, what is it and how long has he/she received this diet?</li> <li>Does [resident's name] need assistance with eating or dining?</li> <li>Does [resident's name] have difficulty swallowing food?</li> <li>Has [resident's name] gained weight?</li> <li>Has [resident's name] lost weight?</li> <li>What are staff doing to address his/her weight loss?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Hydration	<ul style="list-style-type: none"> <li>Does the staff provide [resident's name] with water or other beverages throughout the day, evening, and night time?</li> <li>Does [resident's name] need assistance to drink the fluids? If so, how often do staff provide him/her with the fluids?</li> <li>Has [resident's name] been dehydrated?</li> <li>Have [resident's name] received any IV fluids?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Tube Feeding	If you observe that a resident is tube fed, ask: <ul style="list-style-type: none"> <li>Why does [resident's name] receive a tube feeding?</li> <li>How much does he/she get?</li> <li>Do you feel like [resident's name] has lost/gained weight?</li> <li>Has [resident's name] had any issues with the tube feeding?</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Vision and Hearing	<ul style="list-style-type: none"> <li>Does [resident's name] have any problems with his/her vision or hearing?               <ul style="list-style-type: none"> <li>Does [resident's name] wear glasses or use hearing aids?</li> <li>Is [resident's name] glasses and/or hearing aids in good repair? If not, what are the facility staff doing to help with this problem?</li> <li>Does [resident's name] need glasses or a hearing aid?</li> <li>Has [resident's name] lost his/her glasses or hearing aids at the facility?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>○ What did the facility do if [resident's name] lost them?</li> <li>○ Does the facility help make appointments and help with arranging transportation?</li> <li>○ If resident has either/both - how are they working for [resident's name]?</li> </ul>	
ADLs	<ul style="list-style-type: none"> <li>● Does [resident's name] get the help he/she needs to get out of bed or to walk?</li> <li>● Does [resident's name] get the help he/she needs when using the bathroom?</li> <li>● Does [resident's name] get the help he/she needs to clean his/her teeth or get dressed?</li> <li>● Does [resident's name] get the help needed 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 [resident's name] ability to dress him/herself or to take a bath changed? If so, please describe.</li> <li>● Has [resident's name] ability to get to the bathroom or use the bathroom changed? If so please, describe.</li> <li>● Does [resident's name] need more help now to clean his/her teeth or eat meals?</li> <li>● Does [resident's name] 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 [resident's name] from getting worse or to help him/her 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 [resident's name] has the catheter?</li> <li>● How long has [resident's name] had it?</li> <li>● Has [resident's name] had any problems with his/her catheter?</li> <li>● Has [resident's name] 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 Representative Interview

Care Area	Probes	Response Options
Insulin or Blood Thinner	<p>Only ask for residents receiving insulin or an anticoagulant:</p> <ul style="list-style-type: none"> <li>Does [resident's name] get insulin or a blood thinner like Coumadin?</li> <li>Has [resident's name] had any problems with his/her blood sugars such as feeling dizzy or light headed? If so, when did they occur and how did staff respond?</li> <li>Has [resident's name] 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>Does [resident's name] have easy access to a sink with soap to wash his/her hands?</li> <li>Does staff assist [resident's name] with washing his/her hands, if needed?</li> <li>Has [resident's name] had a fever lately?</li> <li>Has [resident's name] had a respiratory infection recently? <ul style="list-style-type: none"> <li>Tell me about the infection?</li> <li>Is [resident's name] 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>Does [resident's name] have easy access to a sink with soap to wash his/her hands?</li> <li>Does staff assist [resident's name] with washing his/her hands, if needed?</li> <li>Has [resident's name] had a UTI recently? <ul style="list-style-type: none"> <li>Tell me about the infection?</li> <li>Is [resident's name] currently having any symptoms?</li> <li>How was it treated?</li> <li>Is [resident's name] 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>Has [resident's name] had any other infections recently (e.g., surgical infection, eye infection)? <ul style="list-style-type: none"> <li>Tell me about the infection?</li> <li>Is [resident's name] currently having any symptoms?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Transmission-Based Precautions	<p>If a resident is on transmission-based precautions, ask the following questions:</p> <ul style="list-style-type: none"> <li>Are staff and visitors wearing gowns, gloves, and/or masks when entering [resident's name]</li> </ul>	<p>No Issue</p> <p>Further Investigation</p> <p>NA</p>

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
	<p>room? If not, please describe what has been occurring.</p> <ul style="list-style-type: none"> <li>Are there any restrictions on where [resident's name] can and can't go in the facility?</li> <li>Do you know the reason for these restrictions?</li> <li>Have staff explained why [resident's name] is on precautions and how long he/she will be on the precautions?</li> <li>Are there any restrictions for visitors coming into [resident's name] room?</li> <li>Has [resident's name] had any changes in his/her mood since being placed on isolation, and if so, please describe?</li> </ul>	
Hospitalizations	<ul style="list-style-type: none"> <li>Has [resident's name] gone to the hospital or emergency room for treatment recently? <ul style="list-style-type: none"> <li>When did he/she go and why?</li> <li>Was [resident's name] able to go back to his/her same room?</li> <li>Were you told whether the facility would hold his/her bed?</li> <li>How often is [resident's name] admitted to the hospital?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Falls	<ul style="list-style-type: none"> <li>Has [resident's name] fallen recently? If so, when did he/she fall and what happened? <ul style="list-style-type: none"> <li>How many times?</li> <li>Did [resident's name] get any injuries from the fall(s)?</li> <li>What has the facility done to prevent [resident's name] from falling?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pain	<ul style="list-style-type: none"> <li>Does [resident's name] have any pain or discomfort? <ul style="list-style-type: none"> <li>Where is his/her pain?</li> <li>How often does [resident's name] have pain?</li> <li>What does the facility do to manage his/her pain (e.g. hot or cold packs, pain medications)?</li> <li>Were you or the responsible party involved in the management of his/her pain?</li> <li>Is his/her pain relieved?</li> <li>For opioid use: What did the facility try before starting that medication?</li> </ul> </li> </ul>	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>Does the pain prevent [resident's name] from attending activities or doing other things he/she would like to do?</li> <li>Does [resident's name] receive pain medications when needed such as before therapy or treatment?</li> <li>Does [resident's name] receive pain medications in a timely manner when requested?</li> <li>Does [resident's name] have any side effects (e.g., constipation or dizziness) related to his/her pain medications and are they addressed?</li> </ul>	
Pressure Ulcers	<ul style="list-style-type: none"> <li>Does [resident's name] have any sores, open areas, or pressure ulcers? <ul style="list-style-type: none"> <li>Where is his/her pressure ulcer?</li> <li>When did he/she get it?</li> <li>How did he/she get it?</li> <li>Are staff here treating it?</li> <li>How often do they reposition [resident's name]?</li> <li>Do you know if it is getting better?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Skin Conditions (non-pressure related)	<ul style="list-style-type: none"> <li>Does [resident's name] have any bruises, burns, or other issues with his/her skin? <ul style="list-style-type: none"> <li>Do you know how he/she 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>Does [resident's name] have any limitations in his/her joints like his/her hands or knees? <ul style="list-style-type: none"> <li>What are staff doing to help with his/her limited range of motion?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Rehab	<p>If on a rehab unit or the resident has expressed concerns (e.g., contractures) that should be addressed by rehab, ask:</p> <ul style="list-style-type: none"> <li>Is [resident's name] getting therapy? Tell me about it.</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy
Dialysis	<p>Only ask if the resident is on dialysis:</p> <ul style="list-style-type: none"> <li>What type of dialysis does [resident's name] receive (hemodialysis or peritoneal dialysis)?</li> </ul> <p>For peritoneal or hemodialysis (HHD):</p>	No Issues  Further Investigation  NA

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> <li>Where and how often does [resident's name] receive dialysis?</li> <li>Who administers the dialysis in the facility (e.g., family or staff)?</li> <li>Where is his/her access site located?</li> <li>How often is his/her access site monitored by facility staff?</li> <li>Has [resident's name] had any problems with infections?</li> <li>For a resident receiving HHD: Has [resident's name] had any problems with bleeding at the access site?</li> <li>For a resident receiving HHD: Which arm do staff use for taking his/her B/P?</li> <li>Has [resident's name] 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 is [resident's name] weighed and his/her vital signs taken?</li> <li>Any issue with his/her meals and medications on days he/she receive hemodialysis?</li> <li>Is [resident's name] on a fluid restriction or dietary restrictions?</li> <li>How is he/she 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 there been any concerns when [residents' name] goes from dialysis and back to the facility?</li> </ul>	MDS Discrepancy
B&B incontinence	<ul style="list-style-type: none"> <li>Is [resident's name] incontinent? <ul style="list-style-type: none"> <li>When did he/she become incontinent?</li> <li>Do you know why he/she is incontinent?</li> <li>What is the facility doing to try and help [resident's name] become more continent?</li> </ul> </li> <li>Does [resident's name] use incontinence briefs? If so, do you know if he/she has ever been instructed to urinate in his/her briefs and the staff will change him/her later?</li> <li>Is [resident's name] on a program (e.g., scheduled toileting) to help him/her maintain his/her level of</li> </ul>	No Issues/NA  Further Investigation  MDS Discrepancy

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
	continence? How is it going? Are there things they could be doing that might help?	
Constipation/Diarrhea	<ul style="list-style-type: none"> <li>Is [resident's name] having any problems with his/her bowels?</li> <li>Constipation (longer than 3 days)?</li> <li>Diarrhea? <ul style="list-style-type: none"> <li>How long has [resident's name] had the problems with his/her bowels?</li> <li>Is [resident's name] on a bowel management program? If so, please describe.</li> <li>Do you feel that the bowel management program helps with his/her bowel problems? If not, why not?</li> </ul> </li> </ul>	No Issues/NA  Further Investigation
Smoking	Only ask if the resident smokes: <ul style="list-style-type: none"> <li>Is [resident's name] able to smoke when he/she wants? If not, what are the smoking times?</li> <li>Who keeps his/her cigarettes and lighter?</li> <li>Does [resident's name] use oxygen? If so, has he/she smoked in the facility while using his/her oxygen?</li> <li>Where does [resident's name] put his/her ashes and cigarette butts?</li> <li>Does staff supervise [resident's name] when he/she smokes?</li> <li>Does [resident's name] use devices to help keep him/her safe while he/she smokes (e.g., a smoking apron)?</li> <li>Has [resident's name] had any accidents or burns while smoking?</li> </ul>	No Issues  Further Investigation  NA
Hospice	Only ask if the resident is receiving hospice services: <ul style="list-style-type: none"> <li>How long has [resident's name] received hospice services?</li> <li>How often does hospice staff come in to see him/her or provide care?</li> <li>What type of care or services do they provide?</li> <li>Are you or the responsible party involved in care planning decisions with the hospice and the facility?</li> <li>Did the facility provide you or the responsible party with the name of the person who coordinates care with the hospice?</li> </ul>	No Issues  Further Investigation  NA  MDS Discrepancy

## Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
	<ul style="list-style-type: none"><li>• Has this person been in contact with you or the responsible party?</li><li>• Do you have any concerns with hospice services?</li><li>• Do you know who to talk to at the facility concerning his/her hospice care?</li></ul>	
Notification of Change	<ul style="list-style-type: none"><li>• Are you the person who would be notified of a change in condition or an accident involving [resident's name]?</li><li>• Has there been a change in [resident's name]'s condition within the past several months?</li><li>• Did the staff notify you promptly?</li><li>• Are you notified when [resident's name]'s treatment is changed?</li></ul>	No Issues/NA  Further Investigation
Other Concerns	<ul style="list-style-type: none"><li>• Do you have any other concerns or problems that the facility is not helping [resident's name] with?</li></ul>	No Issues/NA  Further Investigation