



## COVID-19 FOCUSED SURVEYS FOR NURSING HOMES: WHAT TO EXPECT AND HOW TO PREPARE

(Last revised: April 16, 2020)

CMS announced March 23 ([QSO-20-20-ALL](#)) that federal and state surveyors would begin conducting targeted infection control surveys of long term care facilities, using a streamlined review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic. This resource provides information about the COVID-19 focused survey process and identifies steps care centers can take to prepare for one of these inspections.

**How are sites selected for a COVID-19 focused survey?** The Minnesota Department of Health (MDH) is selecting sites based on infection control survey history and with input from CMS. These surveys will occur in sites with and without a positive COVID case. Also, If MDH conducts a complaint survey triaged at the Immediate Jeopardy level, surveyors will also do the COVID-19 infection control review, regardless of the nature of the potential IJ.

**TIP:** All care centers should prepare for a COVID-19 focused-survey through the self-assessment and other actions suggested below. Our COVID response will be evaluated through survey activity, whether through near-term focused surveys or longer-term standard surveys.

**How long does the survey last?** In terms of in-building time, the focused surveys have been lasting 4-5 hours. Survey teams typically consist of 1 or 2 surveyors onsite and 1 surveyor offsite. The on-site surveyor(s) will request a conference room, then venture out to observe cares and dining (including meal tray passes) and interview staff. An on-site surveyor may direct the facility to fax policies or other information to an off-site surveyor, either during the in-building session or at the end of that day. Surveyors often leave the building with requests for more information, then complete their review and conduct an exit conference remotely the next day.

**Should we screen surveyors before they enter?** Yes. You must screen surveyors at the door, the same as you would any other person entering the facility.

**Do surveyors have their own PPE?** Yes. CMS has stated that, if surveyors are unable to meet the PPE expectations to safely perform an onsite survey outlined by the latest CDC guidance, they should refrain from entering and obtain information remotely, to the extent possible.

**Are surveyors using specific survey tools for these inspections?** Yes. The table below includes links to the tools.

**Will our facility receive a 2567?** Yes. If MDH identifies a deficient practice it will issue a deficiency.

**Will the result of a COVID-19 focused survey affect our 5 star rating?** CMS has not yet addressed this question, but we are monitoring for more information.

## STEPS CARE CENTERS SHOULD TAKE NOW TO PREPARE FOR A COVID-19 SURVEY:

### Create a COVID-19 Survey Book

Just as you do for your annual survey, create a survey book that contains the information surveyors will ask for when they enter your building. Surveyors are using a COVID-19-specific [Entrance Conference Worksheet](#), which will help you build your book.

### Update Key Policies

Surveyors are conducting a comprehensive review of Infection Prevention and Control Program Policies and Procedures, to include the surveillance plan; and Emergency Preparedness Policies and Procedures, including emergency staffing strategies. (Resource Note: LeadingAge Minnesota is developing a sample emergency staffing policy and other templates. Stay tuned for more information.)

### Conduct Facility Self-Assessments

Evaluate your infection prevention/control practices and preparedness using these tools:

- Surveyors are using a [Focused Infection Control Survey](#) tool. CMS expects facilities to use this document, in conjunction with CDC guidance, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19.
- The MDH Infection Control Assessment and Response Program (ICAR) has developed a [COVID-19 Action Plan for Health Care Facilities](#). For questions or assistance: 651-201-5414 or [health.icar@state.mn.us](mailto:health.icar@state.mn.us).
- CDC has developed this [COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#).

### Identify Gaps in Staff Knowledge

Auditing staff performance in priority areas – including hand hygiene, or standard or transmission-based precautions - will help you address staff knowledge gaps and improve care before surveyors arrive on site. Provide re-education when needed and encourage staff, so they will feel confident if asked to demonstrate their knowledge to a surveyor.

### Stay Alert for Changes in Guidance from CMS, MDH or CDC

One of the biggest challenges in responding to COVID-19 has been tracking and implementing the frequent changes in guidance from regulatory and public health officials. As challenging as this is, it is critical to demonstrate to surveyors that you are aware of and following the most recent guidance and, if your practice varies, that you can provide the rationale for why. It may be helpful to keep a time line of the significant changes you have made in your practices, as a memory aid to help address questions you may receive from surveyors.

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