

State Operations Manual

Appendix P - Survey Protocol for Long Term Care Facilities - Part I

(Rev. 21, 10-20-06)

Transmittals for Appendix P

I. Introduction

II. The Survey Process

II.A The Quality Indicators Survey (QIS)

1. The QIS Standard Survey
2. The QIS Extended Survey
3. The QIS Post-Survey Revisit (Follow-up)
4. The QIS Complaint Survey Procedures

II.B The Traditional Survey

1. Traditional Standard Survey Tasks

Task 1 - Offsite Survey Preparation

Task 2 - Entrance Conference/Onsite Preparatory Activities

Task 3 - Initial Tour

Task 4 - Sample Selection

Table 1 - Survey Procedures for Long Term Care Facilities - Resident Sample Selection

Task 5 - Information Gathering

Sub-Task 5A - General Observations of the Facility

Sub-Task 5B - Kitchen/Food Service Observation

Sub-Task 5C - Resident Review

Sub-Task 5D - Quality of Life Assessment

Sub-Task 5E - Medication Pass

Sub-Task 5F - Quality Assessment and Assurance Review

Sub-Task 5G - Abuse Prohibition Review

Task 6 - Information Analysis for Deficiency Determination

Task 7 - Exit Conference

2. The Traditional Extended Survey and Partial Extended Survey

3. The Traditional Post Survey Revisit (Follow-Up)

4. The Traditional Abbreviated Standard Survey

A. Complaint Investigations

B. Substantial Changes in a Facility's Organization and Management

III. Writing the Statement of Deficiencies

IV. Deficiency Categorization

V. Confidentiality and Respect for Resident Privacy

VI. Information Transfer

VII. Additional Procedures for Medicare Participating Long Term Care Facilities

I. Introduction

(Rev. 20, Issued: 06-09-06, Effective: 06-08-06, Implementation: 06-08-06)

Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance with the requirements at 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs. To certify a SNF or NF, complete at least a:

- Life Safety Code (LSC) survey; and
- Standard Survey. There are two types of Standard Surveys:
 - The Quality Indicators Survey (QIS), which uses the QIS procedures and forms as contained in the QIS Surveyor Training Manual. The QIS is only used by a State Survey Agency upon approval by CMS, and only by the surveyors who have received QIS training; and
 - The Traditional Survey, which uses Forms CMS-670, CMS-671, CMS-672, CMS-677, and CMS-801 through CMS-807 (see Exhibits 85, 86, and 88 thru 95).

NOTE: CMS is beginning the process of a staged implementation of a revised survey process, the Quality Indicators Survey (QIS) as a replacement for the current (Traditional) survey process. The QIS is a two-staged, computer-assisted survey process with Stage 1 consisting of both computer analysis of offsite data from the Minimum Data Set system as well as data collected by surveyors onsite from observations, interviews, and record reviews of large computer-

selected resident samples. The information collected throughout Stage 1 is analyzed by computer to derive a set of approximately 160 Quality of Care Indicators (QCIs) that are used to compare the facility being surveyed to national norms. QCIs that score beyond a statistical threshold are computer-selected for Stage 2 review, and the relevant residents are also computer selected. Stage 2 consists of systematic surveyor investigations of triggered issues and residents using a set of detailed investigative tools known as critical elements protocols. In addition to the Stage 1 and Stage 2 sample-based investigations, the QIS also contains several facility-level tasks that are unstaged and are completed either on every survey or when triggered as areas of concern.

During this period, as CMS conducts pilot implementation, CMS deems both the QIS and Traditional Survey as surveys-of-record to evaluate compliance of nursing homes with the requirements at 42 CFR 483.5-483.75.

Do not announce SNF/NF surveys to the facility. Conduct standard surveys and complete them on consecutive workdays, whenever possible. They may be conducted at any time including weekends, 24 hours a day. When standard surveys begin at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or begin on a Saturday or Sunday, the entrance conference and initial tour should be modified in recognition of the residents' activity (e.g., sleep, religious services) and types and numbers of staff available upon entry.

Use the standard survey procedure discussed in this section for all standard surveys of SNFs and NFs, whether freestanding, distinct parts, or dually participating. For surveys of facilities predominantly serving short stay residents, modifications of offsite survey preparation and sampling procedures will be necessary.

NOTE: Do not use this process for surveys of intermediate care facilities for the mentally retarded (ICFs/MR), swing-bed hospitals, or skilled nursing sections of hospitals that are not separately certified as SNF distinct parts. Survey Protocols and Interpretive Guidelines for these surveys are found in Appendix J (ICFs/MR) and Appendix T (swing-bed hospitals and hospitals with non-distinct part SNFs).

When the survey team suspects substandard quality of care (SQC), expand the standard (or abbreviated) survey sample as necessary to determine scope. If the existence of SQC is verified, then inform the Administrator that the facility has SQC and an extended (or partial extended) survey will be conducted.

Surveys

If a possible noncompliant situation related to any requirement is identified while conducting the information gathering tasks of the survey, investigate the situation to determine whether the facility is in compliance with the requirements.

Standard Survey

The QIS Standard Survey is composed of Tasks 1 – 9 and the Traditional Standard Survey is composed of Tasks 1 – 7. Both versions of the survey process are resident-centered, outcome-oriented inspections that rely on a case-mix stratified sample of residents to gather information about the facility’s compliance with participation requirements. Outcomes include both actual and potential negative outcomes, as well as failure of a facility to help residents achieve their highest practicable level of well-being. Based on the specific procedures detailed in this Appendix, a standard survey assesses:

- Compliance with residents’ rights and quality of life requirements;
- The accuracy of residents’ comprehensive assessments and the adequacy of care plans based on these assessments;
- The quality of care and services furnished, as measured by indicators of medical, nursing, rehabilitative care and drug therapy, dietary and nutrition services, activities and social participation, sanitation and infection control; and
- The effectiveness of the physical environment to empower residents, accommodate resident needs, and maintain resident safety, including whether requested room variances meet health, safety, and quality of life needs for the affected residents.

Extended Survey

The extended survey is conducted after substandard quality of care is determined during a standard survey. If, based on performing the resident-centered tasks of the standard survey it is determined that the facility has provided substandard quality of care in 42 CFR 483.13, Resident Behavior and Facility Practices; 42 CFR 483.15, Quality of Life; and/or 42 CFR 483.25, Quality of Care, conduct an extended survey within 14 days after completion of the standard survey. (See Section II.A.2. for further information about the QIS extended survey and Section III for further information about the Traditional Extended Survey.

Abbreviated Standard Survey

This survey focuses on particular tasks that relate, for example, to complaints received or a change of ownership, management or director of nursing. The abbreviated standard survey does not cover all aspects covered in the standard survey, but rather concentrates on a particular area of concern(s). For example, an abbreviated standard survey may be conducted to substantiate a complaint. The survey team can expand the abbreviated standard survey to cover additional areas, or to a Traditional Standard Survey if, during the Abbreviated Standard Survey,

evidence is found that warrants a more extensive review. (See also Chapter 5 of this manual for additional administrative procedures related to complaints.) At this time, the QIS is not used to conduct an abbreviated standard survey. See §II.A.4. below for investigation of complaints during the QIS standard survey.

Partial Extended Survey

A partial extended survey is always conducted after substandard quality of care is found during an abbreviated standard survey or during a revisit, when substandard quality of care was not previously identified. If, based on performing the abbreviated standard survey or revisit it is determined that the facility has provided substandard quality of care in 42 CFR 483.13, Resident Behavior and Facility Practices; 42 CFR 483.15, Quality of Life; and/or 42 CFR 483.25, Quality of Care, conduct a partial extended survey. (See Section III for further information about the partial extended survey. At this time, the QIS is not used for partial extended surveys.)

Post-Survey Revisit (Follow-Up)

The post-survey revisit is an onsite visit intended to verify correction of deficiencies cited in a prior survey. See §2732 and Appendix P, Part I, Section VI, “Writing the Statement of Deficiencies.” (See Section II.A.3. for further information about the QIS revisit and Section VI. for further information about the Traditional revisit.) If substandard quality of care is determined during a revisit, complete a partial extended survey, if a partial extended or extended survey had not been conducted as the result of the prior standard or abbreviated standard survey.

Initial Certification Survey

In a survey for initial certification of SNFs or NFs, perform the tasks of both the Traditional Standard and Extended Surveys. During the initial survey, focus both on residents and the structural requirements that relate to qualification standards and resident rights notification, whether or not problems are identified during the information gathering tasks. Gather additional information to verify compliance with every tag number. For example, during an initial survey, verify the qualifications of the social worker, dietitian, and activities professional. Also, review the rights notification statements on admissions contracts. Complete the “Statement of Deficiencies and Plan of Correction” (Form CMS-2567) in Exhibit 7.

Specialty Surveyors

All members of a survey team need not be onsite for the entire survey. Specialty surveyors participating in surveys (e.g., a pharmacist, physician, or registered dietitian) must be onsite during that portion of the survey dealing with their area of expertise. However, they must conduct that portion while the rest of the team is present. All members of the survey team should enter the facility at the same time, if possible. Before leaving the facility, at the completion of his/her portion of the survey, the specialty

surveyor must meet with the team or team coordinator to discuss his/her findings and to provide supporting documentation. The specialty surveyor should also share any information he/she obtained that may be useful to other team members. If he/she is not present at the information analysis for deficiency determination, the specialty surveyor should be available by telephone at that time and during the exit conference.

Team Communication

Throughout the survey process, the team (including specialty surveyors onsite at the time) should discuss among themselves, on a daily basis, observations made and information obtained in order to focus on the concerns of each team member, to facilitate information gathering and to facilitate decision making at the completion of the standard survey.

II. The Survey Process

II.A. - The Quality Indicators Survey (QIS)

The QIS survey is used as the survey-of-record only for states that have received CMS approval, and only by surveyors who have completed QIS training. Sections II.A.1.-4. below describe the use of the QIS for standard surveys, extended surveys, post-survey revisits, and complaint investigations.

1. The QIS Standard Survey

The QIS standard survey consists of the following Tasks (details are contained in the QIS Surveyor Training Manual, which is incorporated by reference):

Introduction

Task 1: Offsite Survey Preparation:

- Offsite Survey Preparation and Initial Sampling

Task 2: Onsite Preparatory Activities and Entrance Conference

- Prior to the Entrance Conference
- Entrance Conference
- Possible Off Hours Activities

Task 3: Initial Tour

- Tour

Task 4: Stage I Survey Tasks

- Finalize Sample Selection
 - Stage I Sample Selection Procedures
- Stage I Team Meetings (first meeting)
- Stage I Information Gathering
- Stage I Admission Sample Review
 - Medical Record Review
- Stage I Census Sample Review
 - Resident Interviews
 - Resident Unavailable for Interviews
 - Resident Observations
 - Staff Interviews
 - Medical Record Review
 - Family Interviews

Task 5: Non-Staged Survey Tasks

- Resident Council President/Representative Interview
- Dining Observation
- Kitchen/Food Service Observation
- Infection Control Policies and Practices
- Demand Billing Review
- Abuse Prohibition Review
- Quality Assessment and Assurance (QA&A Review)

Task 6: Transition From Stage I to Stage II

- Update the Resident Pool
- Review Completion of Stage I
- Review Surveyor-Initiated Residents and/or Care Areas
- Import All Data into the Primary Laptop
- Review the Relevant Findings Report
- Review the QCI Results Report

Task 7: Stage II Survey Tasks

- Introduction
- Team Meetings
- Stage II Sample Selection
 - Substituting Residents
 - Supplementing the Sample
- Staff Assignments
- Stage II Information Gathering
 - Stage II Critical Element Pathways
 - Medication Administration Observation and Unnecessary Drug Review
- Facility-Level Investigations
 - Environmental Observation
 - Resident Funds
 - Admission, Transfer, and Discharge Review
 - Sufficient Staff

Task 8: Analysis and Decision-Making: Integration of Information

- Integration of Facility-Level Information
- Integration of Critical Element Pathways
- Analysis of Information Gained
- Analysis of Scope and Severity and Team Decision-Making

Task 9: Exit Conference

- Exit Conference

2. The QIS Extended Survey

When the survey team is conducting a QIS standard survey and they have determined there is substandard quality of care, they will conduct QIS extended survey procedures. Substandard quality of care is defined as one or more deficiencies with scope/severity levels of F, H, I, J, K, or L in any of the following regulatory groupings:

- 42 CFR 483.13, Resident Behavior and Facility Practices;
- 42 CFR 483.15, Quality of Life; and/or
- 42 CFR 483.25, Quality of Care.

The purpose of the QIS extended survey is to gather further information (unless already gathered during the standard survey) concerning the facility's nursing and medical services and administration, in order to evaluate systemic issues with the facility's provision of services and management that may be non-compliant with the long term care requirements, and may have contributed to problems cited in the substandard quality of care deficiency(ies). When conducting the QIS extended survey, the survey team coordinator will surveyor-initiate all Tags within the following regulatory groupings into the QIS survey software: 42 CFR 483.30, Nursing Services; 42 CFR 483.40, Physician Services; and 42 CFR 483.75, Administration. There are no specific QIS forms to assist this review. The survey team shall document their findings about these Tags on Surveyor Notes Worksheets (Form CMS-807) and shall input their findings into the QIS software. If the QIS Staffing Review protocol was not already completed during the standard survey, the survey team will complete this protocol.

At the discretion of the State Survey Agency, the QIS extended survey can be conducted either:

- Prior to the exit conference, in which case the facility will be provided with findings from the standard and extended survey; or
- Subsequent to the standard survey, but no longer than 2 weeks after the completion of the standard survey, if the survey team is unable to complete the extended survey prior to the exit conference.

3. The QIS Post-Survey Revisit (Follow-up)

A QIS post-survey revisit is conducted in accordance with §7317 to confirm that the facility is in compliance and has the ability to remain in compliance. The purpose of the revisit is to reevaluate the specific care and services that were cited as noncompliant during the QIS standard and/or extended survey. The specific procedures for each revisit depend on the deficiencies that were cited during the QIS standard survey. Detailed procedures are found in the QIS Surveyor Training Manual. For each QIS revisit, the surveyor(s) will use portions of the QIS standard survey, only as applicable to their need to evaluate the facility's return to compliance for requirements cited as deficiencies. For all QIS revisits, the surveyor(s) will review offsite the Statement of Deficiencies and conduct a focused review of the summary information from the QIS standard survey. Once onsite, the surveyor(s) will ask the facility to provide a roster of residents. The surveyor(s) will use the QIS software as well as information from the QIS standard survey (such as residents investigated) to surveyor-initiate the Care Areas and/or Tags and residents to be investigated. The surveyor(s) will use Stage 2 Critical Element Pathways (CEs) protocols as applicable to the Tags that have been cited, or the general CE for aspects of care not covered by the other CEs. For example, if deficiencies were cited for pressure ulcers and medication errors, the surveyor(s) would use the pressure ulcer CE and the QIS Medication Administration and Unnecessary Drug Review form to conduct these investigations. The surveyor(s) will input findings into the QIS software

and proceed through QIS deficiency decision making, and scoring of scope and severity for any deficiencies that are cited.

4. The QIS Complaint Survey Procedures

The QIS is used for investigation of complaints during a QIS standard survey. The survey team coordinator will surveyor-select the complaint area(s) of concern and the resident(s) involved in the complaint and add them to the list of issues and residents evaluated during the QIS standard survey. The QIS Surveyor Training Manual contains further details concerning the manner in which these surveyor-selected concerns and issues are added to the standard survey for investigation, determination of whether they are substantiated or unsubstantiated, and conveying of findings into the CMS ASPEN data system.

At this time, the QIS is not used for investigation of complaints during an abbreviated standard survey. Surveyors should use the procedures contained in §VII.A. below for these investigations.

II.B. - The Traditional Survey

II.B.1 - Traditional Standard Survey Tasks

(Rev. 20, Issued: 06-09-06, Effective: 06-08-06, Implementation: 06-08-06)

Task 1 - Offsite Survey Preparation

A. General Objectives

The objectives of offsite survey preparation are to analyze various sources of information available about the facility in order to:

- Identify and pre-select concerns for Phase 1 of the survey, based on the Facility Quality Measure/Indicator Report (see description below at B.3.a.). This pre-selection is subject to amendment based on the results of the tour;
- Pre-select potential residents for Phase I of the survey based on the Resident Level Quality Measure/Indicator Reports (see description below at B.3.a.) This pre-selection is subject to amendment based on the results gathered during the tour, entrance conference, and facility Roster/Sample Matrix;
- Note concerns based on other sources of information listed below and note other potential residents who could be selected for the sample; and
- Determine if the areas of potential concerns or special features of the facility require the addition to the team of any specialty surveyors.