Survey Process

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Managing the New Survey Process

- The first two (2) days will be mainly conducted on the units, surveyors will divide and conquer, as a new aspect to the survey process
Why Were Changes Required?

- Changes were required due to:
  - The need to develop one process for use across the nation
  - To promote consistency
  - The need to conduct, organize and systematize investigations
  - Focus on person-centered care
What’s New?

- Survey sampling
- Focus on resident-centered outcomes
- New triggered tasks
- Resident-centered processes
- Focus on quality care and quality of life
Recommending QAPI: The New Survey Process

- Keeping the Residents in the Loop
  - Providers should take the time to inform the residents and families of the new regulatory changes that govern long-term care
  - Residents and families should be informed about the new survey process itself
Seven Steps in the Long-Term Care Survey Process (LTCSPP)

- Off site-prep
- Survey sampling
- Focus on resident-centered outcomes
- New triggered tasks
- Resident-centered processes
- Focus on quality care and quality of life
Seven Steps in the Long-Term Care Survey Process (LTCSP)

- Off-site Prep – Inspectors Review and Organize
  - Repeat deficiencies
  - Complaints
  - Variances/waivers
  - Results of last standard survey
  - FRIs (Facility reported incidents – federal only)
  - Necessary documents are printed
  - Closed record sample
  - Nine (9) mandatory facility tasks and unit assignment
  - Dining observation
  - Infection control
  - Sufficient and competent nurse staffing
Seven Steps in the Long-Term Care Survey Process (LTCSP)

- Facility Entrance – Upon entry into the facility, the Team Coordinator (TC) will:
  - Introduce themselves and the survey teams, and request to see the administrator and/or DON
  - Request the facility provide a place where the survey team can work
  - Schedule the entrance conference with the Administrator and/or DON (time for meeting)
    - Conduct a brief entrance conference with the administrator/designee
    - Provide a copy of the entrance conference form
    - Request information regarding a full-time DON
    - Request information about the facility’s emergency water source (verbal accepted)
    - Provide signs announcing the survey in high-visibility areas
    - Request a copy of an updated facility floor plan, if changes have been made
    - Request the name of the Resident Council President
    - Provide the administrator of designee with a copy of the CASPER 3 report
Seven Steps in the Long-Term Care Survey Process (LTCSP)

- Requested information needed immediately upon entrance
  - Facility census number
  - Complete matrix for new admissions in the last thirty (30) days who are still residing in the facility
  - An alphabetical list of all residents
  - A list of residents who smoke and their designated smoking times and location

- Requested information needed within one (1) hour of entrance
  - Schedule of medication administration times
  - Number and location of medication storage rooms and medication carts
  - The actual working schedules for LNs and RNs for the survey time-period
  - List of key personnel, location, and phone numbers
  - Information on paid feeding assistants, if applicable
  - Schedule of mealtimes, locations of dining rooms, copies of all current menus, and the policy for visitor-provided food
Seven Steps in the Long-Term Care Survey Process (LTCSP)

- Dining room and tray observations
  - This is the first full meal after entry into the facility:
    - All dining areas are covered, including room trays
    - If there are more dining areas than surveyors, surveyors will monitor dining rooms for those resident who require the most assistance
  - **Note:** Additional dining/room tray observations will be conducted as needed
Initial Pool Process

- **Required information needed within four (4) hours of entrance**
  - Complete Matrix for all other residents
  - Admission packet
  - Dialysis details and hemodialysis/peritoneal dialysis staff
  - Hospice information
  - Infection and influenza protocols
  - QQQ committee information
  - QAPI Plan
  - Abuse prohibition policy and procedures
  - Experimental research
  - Facility-wide assessment
  - Nurse staffing waivers
  - Rooms requiring a variance
Information needed at the end of day one

- Facility should provide each surveyor with access to all resident Electronic Health Records (EHRs)
  - 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 EHR outside the conference room
- Providers will complete the “EHR information” form
- Completed Medicare/Medicaid Application (CMS-671)
- Completed census and condition information (CMS-672)
  - Discussion of this changing to part of the pre-survey process and part of the MDS based process – (not in effect, just in discussion stage)
- Completed Beneficiary notice worksheet that identifies those residents discharged from Medicare covered Part A stay with benefit days remaining within the last six months
Sample Selection

- Resident interviews and observations
  - Critical component of resident-centered approach
  - Surveyors will request a list of new admissions
  - Resident interviews and observations are conducted
    - Screen every resident
    - Suggest questions – but not a specific surveyor script
    - Must cover all care areas
    - Include rights, QOL, QOC
    - Investigate further or no issue
    - Potential deficient practice
Investigation

- Limited record review
- Surveyors will conduct limited record review, including but not limited to:
  - Obtaining specific care area information for non-interviewable residents
  - Verifying information provided by the resident/representative
  - Identifying high-risk medications
  - Clarifying identified discrepancies
  - Reviewing advanced directives
  - No formal staff interviews are conducted during the initial pool process
- Special circumstances
  - Inability to access EHRs
  - Time constraints
  - Other considerations
Ongoing and Other Survey Activities

- For the remainder of the survey, surveyors will:
  - Continue in-depth investigations
  - Complete mandatory facility tasks
  - Triggered facility tasks
  - Potential citation review
Seven Steps in the Long-Term Care Survey Process (LTCSP)

- Potential Citations
  - Once the survey team has completed all its in-depth investigations and facility tasks, the team will conduct one final meeting to:
    - Discuss pertinent survey findings
    - Discuss potential non-compliance findings
    - Determine potential citations

- Exit Conference
  - The exit conference is conducted in the same manner as previous surveys
  - The exit conference should include key individuals
  - During the exit conference, the TC has specific responsivities
Reminder

- The goal of these changes is not to target facilities but to focus on person-centered care
  - Your director of nursing plays a vital role in the process
  - The Entrance Conference Worksheet will make or break your survey
  - Communication with staff and residents is key
  - Medication reconciliation and disposal is a big-ticket item
  - Resident interviews are a critical component
  - Citations can negatively impact licensure, reimbursements, Five-Star Rating, and more
  - It takes only **one resident** to put your facility at risk
References

- Centers for Medicare and Medicaid Services (CMS, 2017). Long-Term Care Survey Entrance Conference and Provider Matrix.
  - [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html)
- Centers for Medicare and Medicaid Services (CMS, 2017). Long-Term Care Pathways.
  - [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html)
Resources

Questions?
Thank you!
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