PACAH Presentation
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Survey Success and Readiness:
Improving Your Survey Outcomes in 2023

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Senior Consultant

Annette has 38 years of experience in the healthcare industry. As a consultant, she dedicates her career to compliance, quality improvement, education, and improvement in the long-term care nursing profession.

With her long-term care background in education, risk mitigation, and compliance, Annette is instrumental in working with facilities to improve their compliance processes and providing education to the interdisciplinary team on quality-driven patient care and compliance regulations.

As an LW Consulting, Inc. (LWCI) Senior Consultant, Annette has assisted skilled nursing facilities to navigate the successful removal of immediate jeopardy citations and develop an acceptable plan of correction. She has conducted independent monitoring for skilled nursing facilities to ensure the plan of correction is effective and the deficiencies remained corrected. Annette has performed mock surveys in the assisted living and nursing home setting, as well as QAPI and Infection Control assessments, providing recommendations to improve the QAPI and Infection control process.

Annette graduated from the Brandywine Hospital School of Nursing with an RN diploma and received a BS in Healthcare Administration from Shippensburg University. Annette received her MSN with a focus on education shortly after. She is a Certified Legal Nurse Consultant, a certified Infection Preventionist, a Quality Assurance Performance Improvement certified professional (QCP), and a certified Resident Assessment Coordinator (RAC-CT).

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Objectives

- Review new federal guidance and several upcoming PA regulation changes/additions.
- Discuss what it means to be survey ready.
- Understand the techniques to prepare for a successful survey.
- Identify areas of focus as you prepare for a successful survey.
- Outline techniques and tools to strengthen the internal process toward survey readiness and compliance.
- Describe methods to engage your team into preparing for the survey process.

LTC Survey Process Overview

- Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate.
- Consolidated Medicare and Medicaid requirements for participation for Long Term Care facilities were first published in the Federal Register on February 2, 1989, and later revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety.
- The revisions were published in a final rule that became **effective on November 28, 2016**.
- It was rolled out over three phases. (2016, 2017, 2019)

Updated Guidance

- June 29, 2022, CMS issued surveyor guidance which supported the implementation of the LTC Facilities Requirements for Participation which were published in 2016 and rolled out over three phases.
- CMS also with this update revised its guidance to strengthen the management of complaints and facility reported incidents.
- This new guidance went into effect in October 2022 with each new survey.
- New PA state guidance and additions beginning July 1, 2023

OCTOBER 2022 CMS GUIDANCE OVERVIEW

- Complaint and Facility Reported Incidents (FRI's)
- Psychosocial Outcome Severity Guide
- Guidance to Arbitration Agreements
- Infection Preventionist Guidance
- New construction or renovations no more than 2 residents per room
- Guidance to State Operations Manual:
  - Abuse and Neglect
  - Admission, Transfer and Discharge
  - Mental Health/Substance Use Disorders
  - Payroll Based Journal/Nurse Staffing
  - Resident Rights
  - Potential Inaccurate Diagnosis and/or Assessment
  - Pharmacy Services
  - Infection Control

2023 PA State Regulatory Changes:

- Abuse and Neglect definitions to mirror Federal regulations
- Dietician qualifications
- Clinical Laboratory definition
- Clarification of an Interdisciplinary Team for care planning
- Therapeutic Recreation Specialist qualifications
- Resident Representative definition
- Reporting requirement update for serious incidents
- Facility assessment to be reviewed QUARTERLY
- Resident Care Policies must be review annually and share monthly w/ Governing body, medical/nursing
- Resident Care Policies must be created including residents and written acknowledgement entered in medical record.
- New Training for staff in cultural competency under resident rights
- Closure plan changes regarding time frame of notification
- Bed bug infestations to be added to the list of reportables

2023 PA State Regulatory Changes:

- **Newly admitted residents** introduced to one member of nursing staff and direct care staff within 2 hours
- Newly admitted resident must receive a facility orientation and essential services, dining, nurses' station, social worker and complaint officer offices within 2 hours
- Within 24 hours of admission-provide facility routines and discuss resident routines
- Within 72 hours of admission must assist the resident in creating a homelike environment and secure possessions.
- The **medical director** must complete 4 hours of CME's in pertinent post acute and long term care topics
- The **medical director duties** must include assisting in development of education programs for staff, develop infection surveillance and control policies, promote person centered care, identify performance expectations of other providers including feedback, and intervening when practices do not meet standards of care.
- Verbal orders, add consideration for physician delegee and discuss secure electronic transmission of information such as physician signature. Countersignature must be obtained within 72 hours rather than 7 days.
- Retention of records goes from 7 years down to 5 years.
- Facilities are required to post the menu.

2023 PA State Regulatory Changes:

- Orders may be written or verbal for restraints by a physician or NP.
- Non-prescription medication be administered under a physician or NP.
- Written policies for disposition of medication.
- Emergency kit no longer needs a breakaway lock that is replace after each use.
- Facility must have Emergency kit policies and procedures.
- Fewer than 120 beds will be required to employ a qualified Social Worker, 25-59 part time, fewer 25 share.
- Facility must have pet policies and procedures in place to ensure animals are up to date on vaccinations/good health and infection control policies after handling pets.
- Life Safety changes related to construction and renovations approved after July 1 2023.

2023 PA State Regulatory Changes:

- LPN designated by the facility as a “charge nurse” on night shift with census 59 or below which requires an RN on call within 30 minutes driving distance.

- **JULY 1, 2023, Nursing hours per patient day 2.87-specific ratios required.**

  - **1:12 NA to Resident for both day and evening shift**
  - **1:20 NA to Resident for night shift**
  - **1:25 LPN to Resident during day shift**
  - **1:30 LPN to Resident during evening shift**
  - **1:40 LPN to Resident during night shift**
  - **1 RN to 250 residents all shifts**

JULY 1, 2024, Nursing hours per patient day 3.2-specific rations required

1:10 NA to resident for day shift
1:11 NA to resident for evening shift
1:15 NA to resident for night shift

Survey Process Review

- The survey protocols and interpretive guidelines serve to clarify and/or explain the intent of the regulations.
  - All surveyors are required to use them in assessing compliance with Federal and State requirements.
  - Deficiencies are based on violations of the regulations, which are to be based on observations of the nursing home's performance or practices.
- The Office of Health Facilities Licensing & Certification, Division of Health Care Services, of the Department of Health & Social Services, inspects long term care facilities that provide care to Medicare and Medicaid residents using federal standards.
- The State Department of Health surveyors will assess compliance of State requirements.

Survey Process

- Surveys are unannounced.
- States conduct standard surveys and complete them on consecutive workdays, whenever possible.
  - They may be conducted at any time including weekends, 24 hours a day.
  - Standard surveys may begin at times beyond the business hours of 8:00 a.m. to 6:00 p.m.
  - Federal survey team may be in direct contact with the state survey team or accompany them on-site.
  - Annual surveys typically occur every 12-15 months
  - Complaint surveys will happen in response to a complaint

Offsite Preparation-Good to Know!

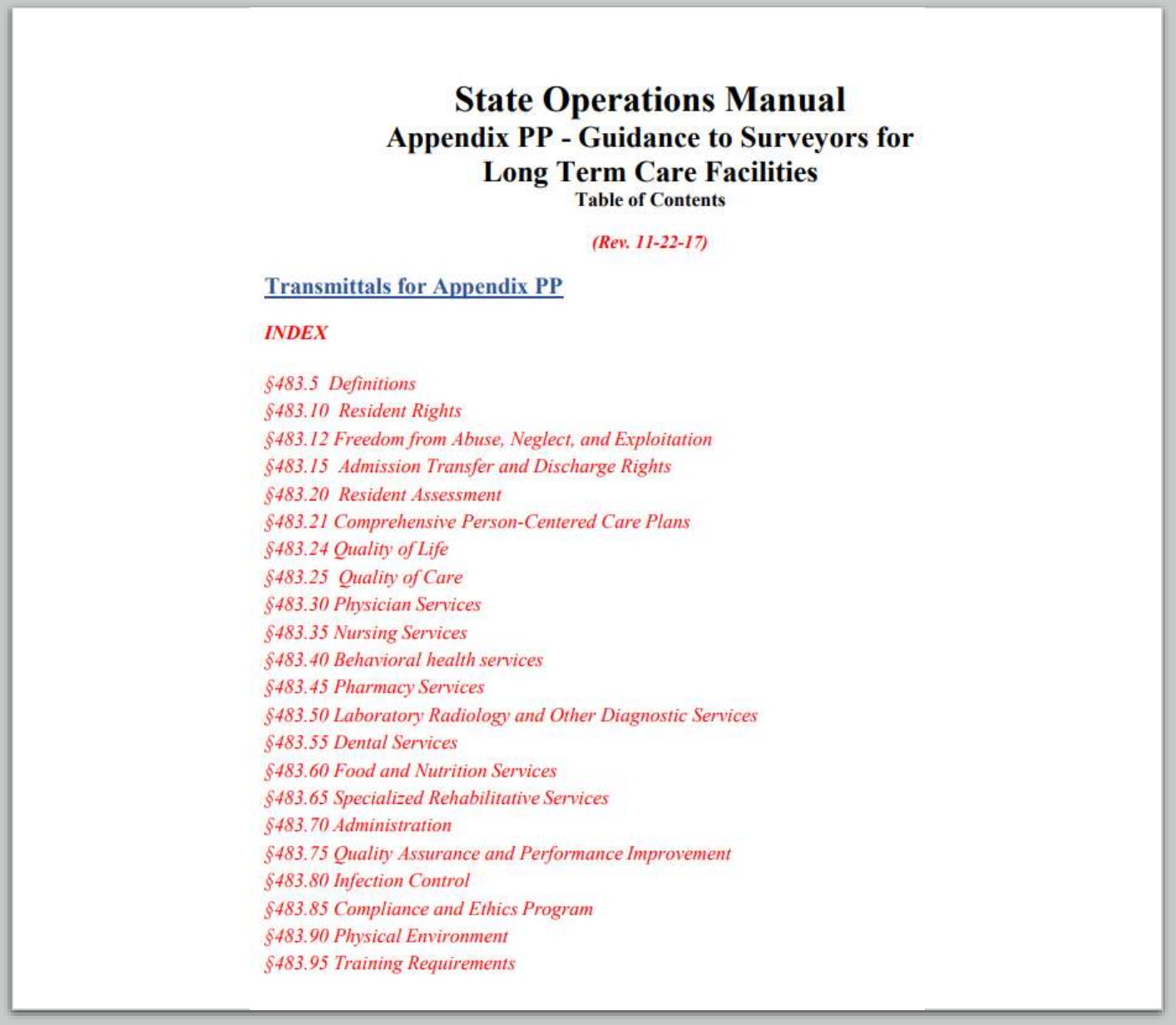
- Team Coordinator (TC) completes offsite preparation
  - Repeat deficiencies
  - Results of last Standard survey
  - Plans of Correction
  - Complaints
  - FRIs (Facility Reported Incidences- federal only)
  - Variances/Waivers
  - CASPER
  - PBJ

When the survey team is on-site

- Surveyors when on site will spend a lot of time observing what is going on in the facility.
- They will spend a lot of time interviewing residents, family members, and staff.
- They will review the medical records and other documents such as policies and procedures and investigative documents.
- When a red flag is found, or evidence of deficient practice, the survey team will continue to dig deeper into the medical records and begin to ask for other supporting documents and conduct many more interviews.

State Operations Manual

- Appendix PP outlines the regulations and interpretive guidelines the facility must follow.
- *https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf*



State Operations Manual
Appendix PP - Guidance to Surveyors for Long Term Care Facilities
Table of Contents

(Rev. 11-22-17)

Transmittals for Appendix PP

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Critical Element Pathways (CEP)

- A tool used by CMS to guide observation and investigation during the survey process – a tool that facilities can use in their quality improvement program as they monitor and improve practices in their nursing home.
- Forty-one Critical Element Pathways.
- There are 9 mandatory critical elements to address, and they are:
  - Medication Administration Observation
  - Medication Storage and Labeling
  - Kitchen Observation
  - SNF Beneficiary Protection Notification Review
  - Infection Prevention, Control, and Immunizations
  - Quality Assurance and Performance Improvement (QAPI)
  - Sufficient and Competent Nurse Staffing Review
  - Dining Observation
  - Resident Council Review

Critical Pathways

- SNF Beneficiary Protection Notification Review
- Dining Observation
- Infection Prevention, Control & Immunizations
- Kitchen Observation
- Medication Administration Observation
- Resident Council Interview
- Quality Assessment and Assurance (QAA) and Quality Assurance and Performance Improvement (QAPI) Plan Review
- Abuse Critical Element Pathway
- Environmental Observations
- Sufficient and Competent Nurse Staffing Review
- Personal Funds Review
- Activities Critical Element Pathway
- Activities of Daily Living (ADL) Critical Element Pathway

Critical Pathways

- Behavioral and Emotional Status Critical Element Pathway
- Urinary Catheter or Urinary Tract Infection Critical Element Pathway
- Communication and Sensory Problems (Includes Hearing and Vision) Critical Element Pathway
- Dental Status and Services Critical Element Pathway
- Dialysis Critical Element Pathway
- General Critical Element Pathway
- Hospice and End of Life Care and Services Critical Element Pathway
- Death Critical Element Pathway
- Nutrition Critical Element Pathway
- Pain Recognition and Management Critical Element Pathway
- Physical Restraints Critical Element Pathway
- Pressure Ulcer/Injury Critical Element Pathway
- Specialized Rehabilitative or Restorative Services Critical Element Pathway
- Respiratory Care Critical Element Pathway

Critical Pathways

- Unnecessary Medications, Psychotropic Medications, and Medication Regimen Review Critical Element Pathway
- Medication Storage and Labeling
- Preadmission Screening and Resident Review Critical Element Pathway
- Extended Survey
- Hydration Critical Element Pathway
- Tube Feeding Status Critical Element Pathway
- Positioning, Mobility & Range of Motion (ROM) Critical Element Pathway
- Hospitalization Critical Element Pathway
- Bladder or Bowel Incontinence Critical Element Pathway
- Accidents Critical Element Pathway
- Neglect Critical Element Pathway
- Resident Assessment Critical Element Pathway
- Discharge Critical Element Pathway
- Dementia Care Critical Element Pathway

Facility Task Investigations-Mandatory

- Dining
- Infection Control
- SNF Beneficiary Protection Notification Review
- Kitchen
- Med administration
- Med storage
- Resident Council meeting
- Sufficient and competent nursing staff
- QAPI

Infection Control

- Throughout survey, all surveyors will observe for infection control practices.
- Surveyor will review of influenza, pneumococcal and COVID vaccinations.
- Surveyor will review infection prevention and control plan, practices, surveillance, reporting, and antibiotic stewardship program.
- Prepare for the post pandemic priorities
- Surveyors will want to be sure that facilities are ensuring visitation while preventing community associated spread of infections and communicable diseases.
- Revised enhanced enforcement for infection control deficiencies.
  - Level 2-D,E,F-directed in-service, RCA, discretionary denial of payment for new admit-30-day notice
  - Level 3-G,H,I-directed in-service, RCA, discretionary denial of payments for new admit-15-day notice, and CMP-10% increase adjust
  - Level 4-J,K,L-directed in-service, RCA, discretionary denial of payments for new admits 15-day notice, and CMP-20% increase adjust

SNF Beneficiary Protection Notification Review

- List of residents (home and in-facility).
- Randomly select three residents.
- Facility completes worksheet.
- Review worksheet and notices.
- Two forms reviewed.
  - Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN)—Form CMS-10055;
  - Notice of Medicare Non-coverage-- Form CMS 10123-NOMNC, also referred to as a "generic notice."

**Create a process that SNF and NOMNC's are reviewed and audited so no surprises.

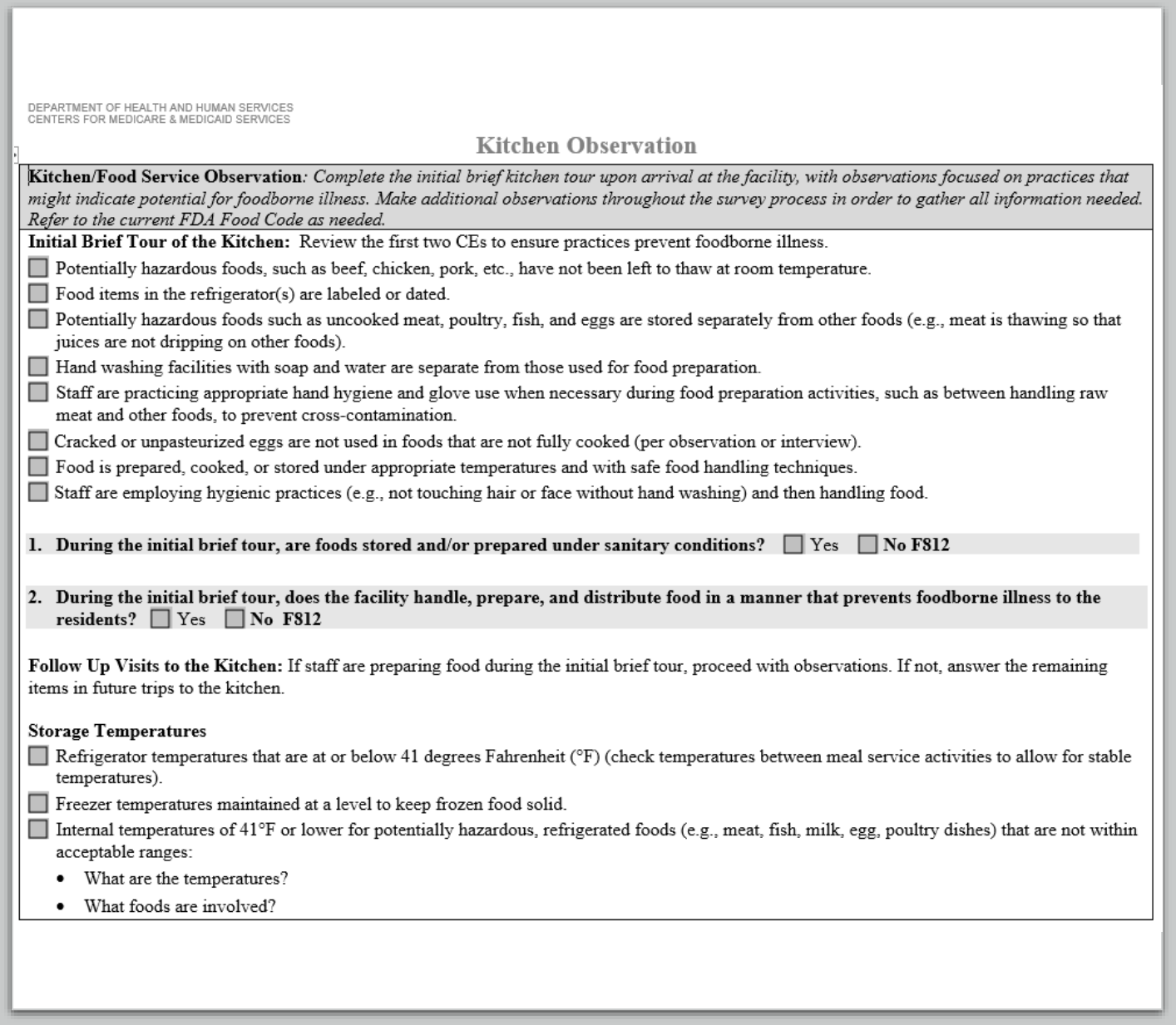
SNF Beneficiary Protection Notification Review

- Facility completes form for three residents chosen by surveyor, then surveyor reviews completed worksheet.

Last covered day of Part A Service: _____ (Part A terminated/denied or resident was discharged) How was the Medicare Part A Service Termination/Discharge determined? ☐ Voluntary, i.e., self-initiated in consultation with physician, family, or AMA. ☐ The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. ☐ Other (explain):	
1. Was an SNF ABN, Form CMS-10055 provided to the resident?	☐ Yes →If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative. ☐ No →If no, explain why the form was not provided: ☐ The resident was discharged from the facility and did not receive non-covered services. ☐ Other Explain: ☐ ***If NOT issued and should have been: F582**
2. Was a NOMNC (CMS 10123) provided to the resident?	☐ Yes→ If yes, provide a copy of the form(s) that were acknowledged by the beneficiary or the beneficiary's representative. ☐ No → If no, explain why the form was not provided: ☐ 1. The beneficiary initiated the discharge. If the beneficiary initiated the discharge, provide documentation of these circumstances (examples: Resident asked doctor to go home, got orders, & discharged in the same day; Resident discharged AMA). ☐ 2. Other Explain: ☐ ***If NOT issued and should have been: F582**

Kitchen Observation

- In addition to the brief kitchen observation upon entrance, conduct full kitchen investigation.
- Follow Appendix PP and Facility Task Pathway to complete kitchen investigation.
- Create a process that the kitchen observation is done randomly as an audit.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Kitchen Observation

Kitchen/Food Service Observation: *Complete the initial brief kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Make additional observations throughout the survey process in order to gather all information needed. Refer to the current FDA Food Code as needed.*

Initial Brief Tour of the Kitchen: Review the first two CEs to ensure practices prevent foodborne illness.

- ☐ Potentially hazardous foods, such as beef, chicken, pork, etc., have not been left to thaw at room temperature.
- ☐ Food items in the refrigerator(s) are labeled or dated.
- ☐ Potentially hazardous foods such as uncooked meat, poultry, fish, and eggs are stored separately from other foods (e.g., meat is thawing so that juices are not dripping on other foods).
- ☐ Hand washing facilities with soap and water are separate from those used for food preparation.
- ☐ Staff are practicing appropriate hand hygiene and glove use when necessary during food preparation activities, such as between handling raw meat and other foods, to prevent cross-contamination.
- ☐ Cracked or unpasteurized eggs are not used in foods that are not fully cooked (per observation or interview).
- ☐ Food is prepared, cooked, or stored under appropriate temperatures and with safe food handling techniques.
- ☐ Staff are employing hygienic practices (e.g., not touching hair or face without hand washing) and then handling food.

1. **During the initial brief tour, are foods stored and/or prepared under sanitary conditions?** ☐ Yes ☐ **No F812**

2. **During the initial brief tour, does the facility handle, prepare, and distribute food in a manner that prevents foodborne illness to the residents?** ☐ Yes ☐ **No F812**

Follow Up Visits to the Kitchen: If staff are preparing food during the initial brief tour, proceed with observations. If not, answer the remaining items in future trips to the kitchen.

Storage Temperatures

- ☐ Refrigerator temperatures that are at or below 41 degrees Fahrenheit (°F) (check temperatures between meal service activities to allow for stable temperatures).
- ☐ Freezer temperatures maintained at a level to keep frozen food solid.
- ☐ Internal temperatures of 41°F or lower for potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges:
  - What are the temperatures?
  - What foods are involved?

Medication Administration

- Medication Administration
  - Recommend nurse or pharmacist.
  - Include sample residents, if opportunity presents itself.
  - Reconcile controlled medications if observed during medication administration.
  - Observe different routes, units, and shifts.
  - Observe 25 medication opportunities.
  - Create a process for medication administration observations by staff development, RN supervisor, ADON, DON.

Medication Storage

- Observe the medication storage rooms and medication carts.
- If issues, observation of medication room/cart will be expanded.
- Create policy/procedure/process for medication storage rooms and medication carts to be routinely checked
- Create a checklist for the process so that it is consistent.
- Random spot audits should be performed by ADON, DON or designee.

Resident Council Meeting

- Group interview with active members of the council.
- This will be completed early to ensure investigation if concerns identified.
- Make sure your resident council meeting minutes are complete and organized.
- Make sure residents are aware that when survey team is in the building, they will want to participate.
- Follow-up on complaints, grievances, concerns within the meeting minutes is critical. Make sure all address and there is a process for this.

Sufficient and Competent Nurse Staffing Review

Is a mandatory task, refer to revised Facility Task Pathway.

Sufficient and competent staff.

Throughout the survey, Surveyors will consider if staffing concerns can be linked to QOL and QOC concerns

QAA/QAPI

- This facility task should take place at the end of the survey; however, with enough time to investigate and follow-up potential concerns.
  - Prior to interviewing the facility staff about the QAA program, the Facility Rates for MDS Indicators, prior survey history, FRIs, and complaints will be reviewed to remind surveyors of present concerns and repeat deficiencies.
  - The QAPI plan will be reviewed.
  - QAPI agenda may be reviewed including sign in sheets.
  - Make sure required individuals are at the QAPI table for meetings and sign the sign-in sheets.
  - Use data collected in audits to make improvements

Dining Observation

- Surveyors will observation at least one meal and often two separate meal-time observation.
- Use the critical elements pathways to do random meal-time dining audits
- Review the findings and correct items as needed
- Monitor dining service and room trays. Ask for a test tray and monitor hot food and cold food temperatures.
- Ensure all meals are served timely.
- Make sure interventions for residents with weight loss and gain are they care planned.
- Make sure your staff is not handling food with bare hands.
- Monitor meals for accuracy and completeness with an alternative menu posted and offered.

Survey Readiness-Where to start

- Assess the situation-Is your team ready for a survey?
- Have an Interdisciplinary meeting to discuss readiness
- Look at past surveys, deficiencies, plans of corrections, any new guidance and survey changes that have been recently updated and the most commonly cited deficiencies for nursing homes.
- Now, is your team ready?

Survey Readiness-Where to start

- Create a survey readiness plan with your IDT team
- Form a survey readiness team/committee
- Who will lead this team/committee?
- Make it a multidisciplinary team/committee
- Meet frequently to get started then vary meeting frequency as you get further into your plan.
- Create committee agenda and action items to move forward.

Survey Readiness-Where to start

- Some action items would include:
  - Preform a gap analysis to identify gaps assessing current performance against regulatory requirements
  - Prioritize weakness or gaps in compliance
  - Identify what is needed to reach compliance
  - Review, create and revise policies/procedures/and process
  - Keep updated on current and new regulations
  - Preform audits
  - Educate, Educate, Educate
  - Interview residents
  - Mock survey
  - Report out to QAPI
  - Communicate
  - Create a survey readiness binder

Create a Survey Readiness Binder

- Put together a survey book if you do not already have one.
- Update it frequently, weekly, bi-weekly, monthly
- Take updating this binder very seriously as it will assist you and your team in being prepared
- Keep it organized and neat
- What to put into the binder
- Please refer to the Entrance Conference Form which is available at *https://www.cms.gov/Medicare/ProviderEnrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html.*

Entrance Conference Worksheet

- ❑ 12. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
- ❑ 13. Name of Resident Council President.
- ❑ 14. Provide the facility with a copy of the CASPER 3.
- ❑ *15. Does the facility offer arbitration agreements? If so, please provide a sample copy.*
- ❑ *16. Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?*
- ❑ *17. Name of the staff responsible for the binding arbitration agreements.*
- ❑ 18. Schedule of mealtimes, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
- ❑ 19. Schedule of Medication Administration times.
- ❑ 20. Number and location of med storage rooms and med carts.
- ❑ 21. The actual working schedules for all staff, separated by departments, for the survey time period.
- ❑ 22. 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. *Include staff responsible for water management. Include the Medical Director.*
- ❑ 23. If the facility employs paid feeding assistants, provide the following information:
  - a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;
  - b) A list of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;
  - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.

Entrance Conference Worksheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
❑ 1. Census number
❑ 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
❑ 3. An alphabetical list of all residents (note any resident out of the facility).
❑ 4. A list of residents who smoke, designated smoking times, and locations.
❑ 5. A list of residents who are confirmed or suspected cases of COVID-19.
❑ 6. Name of facility staff responsible for Infection Prevention and Control Program.
❑ 7. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.
❑ 8. Conduct a brief Entrance Conference with the Administrator. *Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.*
❑ 9. Information regarding full time DON coverage (verbal confirmation is acceptable).
❑ 10. Information about the facility's emergency water source (verbal confirmation is acceptable).
❑ 11. Signs announcing the survey that are posted in high-visibility areas.

Entrance Conference Worksheet

❑	24. 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.
❑	25. Documentation related to COVID-19 testing, which may include the facility's testing plan, logs of the level of community transmission (after 09-10-2021), testing schedules, list of staff who have confirmed or suspected cases of COVID-19 over the last 4 weeks, and if there were testing issues, contact with state and local health departments.
❑	*26. Name of the facility's infection preventionist (IP). Documentation of the IP's primary professional training and evidence of completion of specialized training in infection prevention and control.*
❑	27. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
❑	28. Admission packet.
❑	29. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
❑	30. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
❑	31. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.

❑	32. Does the facility have an onsite separately certified ESRD unit?
❑	33. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
❑	34. Infection Prevention and Control Program Standards, Policies and Procedures, to include the Surveillance Plan, Procedures to address resident and staff who refuse COVID-19 testing or are unable to be tested, and Antibiotic Stewardship Program.
❑	35. Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.
❑	36. List of residents and their COVID-19 vaccination status.
❑	37. COVID-19 Healthcare Staff Vaccination Polices and Procedures (if applicable for a full review of F888).
❑	38. COVID-19 Staff Vaccination Matrix. Note: Facilities may complete the COVID-19 Vaccination Matrix for Staff or provide a list containing the same information as required in the staff matrix (if applicable for a full review of F888).
❑	39. List of contract companies that will provide services to the facility/residents during the survey period. Identify the name of the contract company; whether the company provides direct care of non-direct care; how often services are provided (e.g., daily, weekly); the approximate number of contract staff provided by the company; and information on how the facility ensures contractor staff are compliant with the vaccination requirement (if applicable for a full review of F888).

Entrance Conference Worksheet

- ☐ 40. QAA committee information (name of contact, names of members and frequency of meetings).
- ☐ 41. QAPI Plan.
- ☐ 42. Abuse Prohibition Policy and Procedures.
- ☐ 43. Description of any experimental research occurring in the facility.
- ☐ 44. Facility assessment.
- ☐ 45. Nurse staffing waivers.
- ☐ 46. 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

- ☐ 47. 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 5 which is titled "Electronic Health Record Information."
- ☐ *48. Provide a list of residents who entered into a binding arbitration agreement on or after 9/16/2019.*
- ☐ *49. Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.*

INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE

- ☐ 50. Completed Medicare/Medicaid Application (CMS-671).
- ☐ 51. Completed Census and Condition Information (CMS-672).
- ☐ 52. Please complete the attached form on page 4 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

Beneficiary Notice

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.			

Electronic Health Record

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:

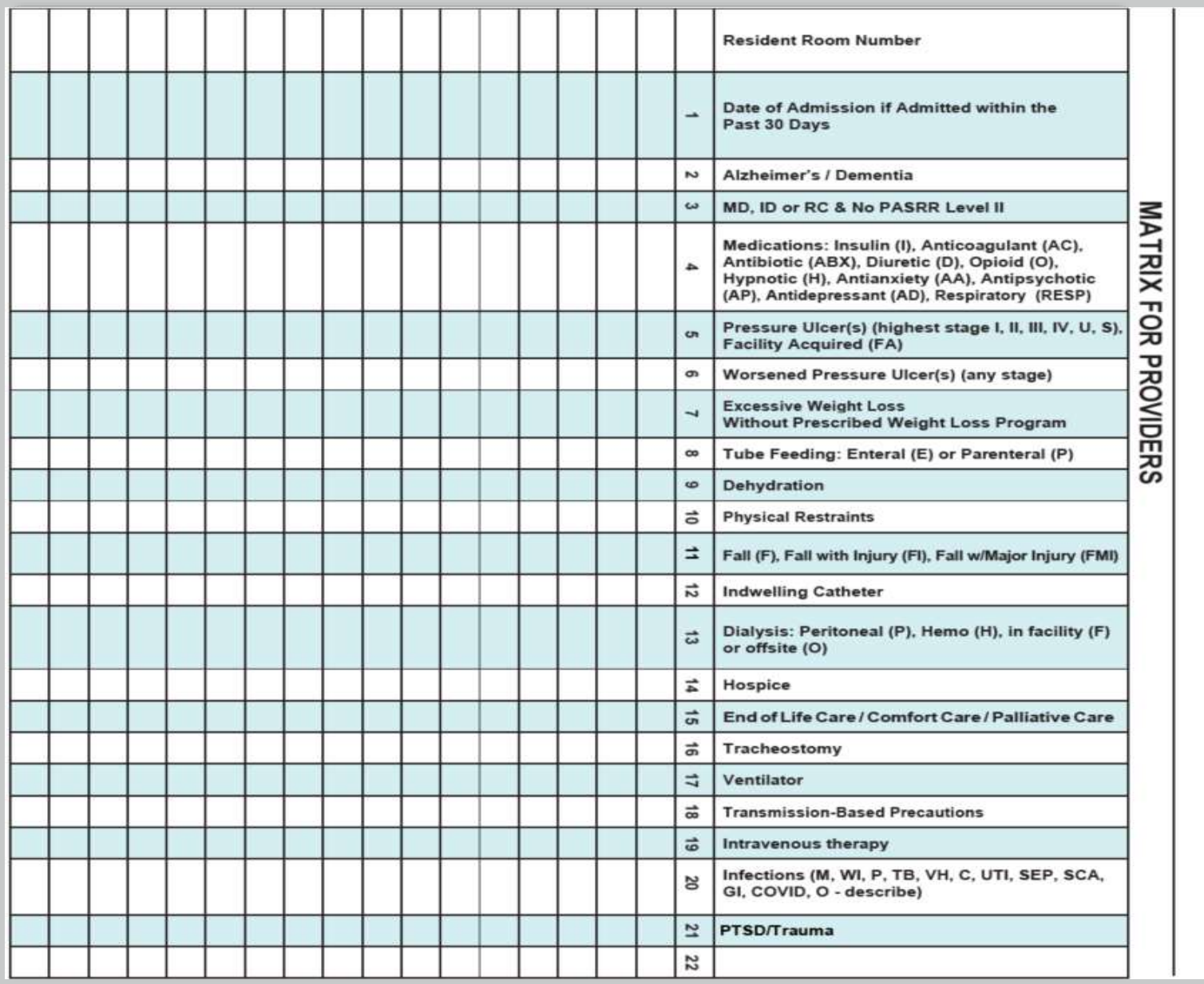
IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

Facility Matrix

- The Matrix (CMS-802) is used to identify pertinent care categories for:

1) Newly admitted residents in the last 30 days who are still residing in the facility.
2) All other residents. The facility completes the resident name, resident room number and columns 1–21.



Survey Readiness-Audits

- Observation of care provided
  - Med adm, med storage, wound care, IV care
- Resident and family interviews
- Conduct in depth medical record reviews
  - ABN, NOMNIC, Antibiotics, Antipsychotics
- QAPI minutes review
- Policies and procedures review
- Incident and grievance reports
- Resident council – issues identified
- Review MDS completeness and accuracy
- Review CAA's and care plans
- Assessments completed per protocol.
- MRR's completed with actions in medical record

What would your residents and families say to the surveyors?

- Interview residents and families
- Take an opportunity to educate them about the survey process
- Inform them what types of questions they will be asking
- Listen and act if hear any quality of care and quality of life issues and concerns
- Continuous communication is important

Survey Readiness

- Systematic plan for rounding examples:
  - Cleanliness of building
  - Call bell response time
  - Staff interaction with residents
  - Use of PPE
  - Hand Hygiene
  - Linen carts
  - Housekeeping carts
  - Cleaning of equipment
  - Kitchen/pantries – storage and sanitation, refrig, and freezer and dishwash temps
  - Activities – schedule, interruptions
  - Residents are well groomed, engaged in life
  - No risk or hazard present

Survey Readiness-Staff engagement

- Include all staff in survey readiness
- Work to create a culture where survey readiness and compliance is a priority
- Share information
- Be transparent
- Be positive
- Ask for ideas-how can they help
- Listen
- Celebrate small improvements
- Share the why
- Educate, Educate, Educate

Survey Readiness-Summary

- Consider performing a mock survey, either internally or externally a few months before your annual survey is due.
- External surveyors provide an impartial review.
- Mock surveys will provide your team with an action plan of where to begin.
- Start early-continuous year-round efforts will pay off when survey time comes around
- Communicate improvement efforts and progress
- Hold each other accountable
- Create a culture of compliance, quality, and safety

References

- https://nursinghomehelp.org/wp-content/uploads/2022/03/SECT-1-Survey-Preparedness.pdf
- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/NHs
- The Quality Improvement Program for Missouri (QIPMO).
- https://nursinghomehelp.org/wp-content/uploads/2022/03/SECT-1-Survey-Preparedness.pdf
- https://www.cms.gov/files/document/qso-22-19-nh-revised-long-term-care-surveyor-guidance.pdf