

New Long Term Care Survey Process

A Brief Overview

*Sharon Christor, CCO, AIT,
NP-C*

Long Term Care Survey Process

- Long Term Care Facilities are surveyed by members of Residential Care Services, (RCS), under the direction of Director Candace Goehring.
- RCS is a subsection of the Aging and Long-Term Support Administration (ALTSA) of The Department of Social and Human Services (DSHS) under the direction of Assistant Secretary Bill Moss.

Overview

- Overview of Regulation Reform
- F-Tag Renumbering
- Current Survey Processes vs. New Survey Process
- New LTC Survey Process
- Questions?

Overview of Regulation Reform

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The regulation reform implements a number of pieces of legislation from the Affordable Care Act (ACA) and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, including the following:

- Quality Assurance and Performance Improvement (QAPI)
- Reporting suspicion of a crime
- Increased discharge planning requirements
- Staff training section

Implementation Grid

Implementation Date	Type of Change	Details of Change
Phase 1: November 28, 2016 (Implemented)	Nursing Home Requirements for Participation	New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPEN) under current F Tags
Phase 2: November 28, 2017	F Tag numbering Interpretive Guidance (IG) Implement new survey process	New F Tags Updated IG Begin surveying with the new survey process
Phase 3: November 28, 2019	Requirements that need more time to implement	Requirements that need more time to implement

F Tag Renumbering

F Tag Renumbering

Notice of Proposed Rulemaking | Long-Term Care Rule

NPRM LTC-Rule | F-Tag Crosswalk Report: Original vs. New Regulation

RecID	Orig Reg Group	Reg Tag	F-Tag #		New Reg Group	Reg Tag	F-Tag #
1	483.05 Definitions	483.05(a) Facility Defined - SNF & NF	F150	N/A	483.05 Definitions	483.05(a) Facility Defined - SNF & NF	F540
2	483.10, Resident Rights 483.15 Quality of Life	(1) of	F151, F240, F241	Y1	483.10 Resident Rights	483.10(a) Resident Rights	F550

Old F-Tag **New F-Tag**

The image above is the F Tag Crosswalk showing:

- The original regulatory grouping and the new associated grouping
- The original regulation number and the new associated regulation number
- The original F Tag and the associated new F Tag

F Tag Renumbering, continued

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1	483.05 Definitions	483.05(a) Facility Defined - SNF & NF	F150	N/A	483.05 Definitions	483.05(a) Facility Defined - SNF & NF	F540
2	483.10; Resident Rights; 483.15 Quality of Life	483.10 Resident Rights; 483.10(a)(1)-(2): Right to Exercise Rights-Free of Reprisal; 483.15: Care and Environment Promotes Quality of Life; 483.15(a): Dignity and Respect of Individuality	F151, F240, F241	Y1	483.10 Resident Rights	483.10; 483.10(a)(1)-(2); 483.10(b)(1)-(2)	F550
3	483.10 Resident Rights	483.10(a)(3)-(4): Rights Exercised by Representative	F152	Y2	483.10 Resident Rights	483.10(b)(3) Rights Exercised by Representative	F551
4	483.10 483.10 Resident Rights	483.10(b)(3): Informed of Health Status, Care & Treatments; 483.10(b)(4): Right to Refuse; Formulate Advance Directives	F154, F155	Y3	483.10 Resident Rights	483.10(c)(1) Right to be Informed/Make Treatment Decisions	F552
5	483.10; Resident Rights 483.20 Resident Assessment	483.10(b)(3): Informed of Health Status, Care & Treatments; 483.10(d)(3): Right to Participate Planning Care- Revise CP	F154, F280	Y4	483.10 Resident Rights	483.10(c)(2) Right to Participate Planning Care	F553
6	483.10 Resident Rights	483.10(n): Resident Self-Administer Drugs if Deemed Safe	F176	Y5	483.10 Resident Rights	483.10(c)(7) Resident Self-Administer Drugs if Deemed Safe	F554
7	483.10 Resident Rights	483.10(b)(9): Notice of Rights, Rules, Services, Charges; 483.10(d)(1): Right to Choose a Personal Physician	F156, F163	Y6	483.10 Resident Rights	483.10(d)(1) Right to Choose/Be Informed of Personal Phys	F555
8	483.10 Resident Rights	483.10(l)	None	Y8	483.10 Resident Rights	483.10(e)(2) Right to Have Personal Property	F557
9	483.10 Resident Rights	483.10(m)(1): Right to Reasonable Accommodation	F242	Y9	483.10 Resident Rights	483.10(e)(3) Reasonable Accommodation	F558

Current Survey Processes
vs.
New Survey Process

Why is CMS Changing the LTC Survey Process?

- Two different survey processes existed to review for the Requirements of Participation (Traditional and QIS)
- Surveyors identified opportunities to improve the efficiency and effectiveness of both survey processes.
- The two processes appeared to identify slightly different quality of care/quality of life issues.
- CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.

Goals of New Process

- Same survey for entire country
- Strengths from Traditional & QIS
- New innovative approaches
- Effective and efficient
- Resident-centered
- Balance between structure and surveyor autonomy



Automation

Traditional	Quality Indicator Survey (QIS)	New Survey Process
<ul style="list-style-type: none">Survey team collects data and records the findings on paperThe computer is only used to prepare the deficiencies recorded on the CMS-2567	Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software	Each survey team member uses a tablet or laptop PC throughout the survey process to record findings that are synthesized and organized by new software

Sample Selection

Traditional	QIS	New Survey Process
<ul style="list-style-type: none">• Sample size determined by facility census• Residents are pre-selected based on QM/QI percentiles (total sample)• Sample may be adjusted based on issues identified on tour• Maximum sample size is 30 residents• Includes complaints	<p>The ASE-Q provides a randomly selected sample of residents for the following:</p> <ul style="list-style-type: none">• Admission sample is a review of up to 30 current or discharged resident records• Census sample includes up to 40 current residents for observation, interview, and record review• With QIS 4.04, complaints can be included in census sample	<ul style="list-style-type: none">• Sample size is determined by the facility census• 70% of the total sample is MDS pre-selected residents and 30% of the total sample is surveyor-selected residents. Surveyors finalize the sample based on observations, interviews, and a limited record review.• Maximum sample size is 35 residents

New LTC Survey Process Overview

New Survey Process (continued)

Three parts to new Survey Process:

1. Initial pool process
2. Sample Selection
3. Investigation

Overview

- Initial Pool Process
 - Sample size based on census:
 - 70% offsite selected
 - 30% selected onsite by team:
 - Vulnerable
 - New Admission
 - Complaint
 - FRI (Facility Reported Incidents- federal only)
 - Identified concern

Overview, continued

- Select Sample
 - Survey team selects sample
- Investigations
 - All concerns for sample residents requiring further investigation
 - Closed records
 - Facility tasks

Section II. Facility Entrance

Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
 - Updated Entrance Conference Worksheet
 - Updated facility matrix
- Brief visit to the kitchen
- Surveyors go to assigned areas



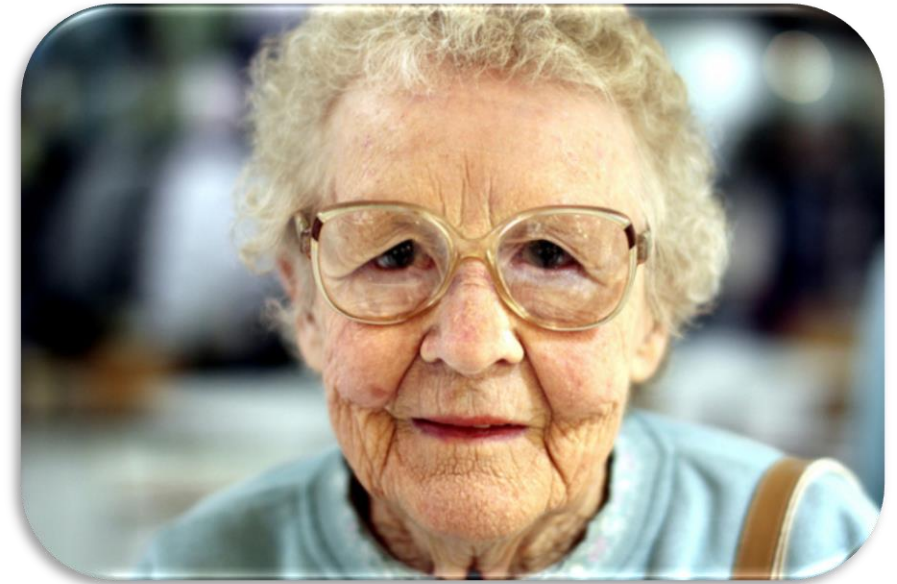
Updated Facility Matrix (Draft)

	Resident Room Number																					
		Date of Admission if Admitted within the Past 30 Days		Alzheimer / Dementia	I, DD, ID & No PASARR level II services	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), (RESP) Respiratory	Facility Acquired Pressure Ulcers (any stage)	Worsened Pressure Ulcer (any Stage)	Excessive Weight Loss w/out Prescribed Weight Loss Program	Tube Feeding	Dehydration	Physical Restraints	Falls (F), Fall with Injury (FI), or Fall w/Major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or outside (O)	Hospice	End of Life Care /Comfort Care/Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Central venous line/Intravenous therapy	Infections (M,WI, FI, P, TB, VH, UTD)
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

Section III. Initial Pool Process

Initial Pool Process

- Surveyor request names of new admissions
- Identify initial pool—about eight residents
 - Offsite selected
 - Vulnerable
 - New admissions
 - Complaints or FRIs (Facility Reported Incidences- federal only)
 - Identified concern



Resident Interviews

- Screen every resident
- Suggested questions—but not a specific surveyor script
- Must cover all care areas
- Includes Rights, QOL, QOC
- Investigate further or no issue

Surveyor Observations

- Cover all care areas and probes
- Conduct rounds
- Complete formal observations
- Investigate further or no issue



Resident Representative/Family Interviews

- Non-interviewable residents
- Familiar with the resident's care
- Complete at least three during initial pool process or early enough to follow up on concerns
- Sampled residents if possible
- Investigate further or no issue

Limited Record Review

- Conduct limited record review after interviews and observations are completed prior to sample selection.
- All initial pool residents: advance directives and confirm specific information
- If interview not conducted: review certain care areas in record
- Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer's or dementia, and PASARR (Pre-Admission Screening and Resident Review)

Limited Record Review, continued

- New admissions – broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue

Dining – First Full Meal

- Dining – observe first full meal
 - Cover all dining rooms and room trays
 - Observe enough to adequately identify concerns
 - If feasible, observe initial pool residents with weight loss
 - If concerns identified, observe another meal

Dining – Subsequent Meal, if Needed

- Second meal observed if concerns noted
- Use Appendix PP and CE Pathway for Dining
- Dining task is completed outside any resident specific investigation into nutrition and/or weight loss

Infection Control

- Throughout survey, all surveyors should observe for infection control
- Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- Assigned surveyor reviews infection prevention and control, and antibiotic stewardship program

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



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

Medication Storage

Medication Storage

- Observe half of medication storage rooms and half of medication carts
- If issues, expand medication room/cart

Resident Council Meeting

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Refer to updated Pathway



Sufficient and Competent Nurse Staffing Review

- Is a mandatory task, refer to revised Facility Task Pathway
- Sufficient and competent staff
- Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns

Environment

- Investigate specific concerns
- Eliminate redundancy with LSC
 - Disaster and Emergency Preparedness
 - O2 storage
 - Generator

Section VII. Potential Citations

Potential Citations

- Team makes compliance determination.
 - Compliance decisions reviewed by team
 - Scope and severity (S/S)
- Conduct exit conference and relay potential areas of deficient practice

History of Previous Citations

- During last year's unannounced Quality Indicator Survey (QIS) on 8/21/2017, 48 residents were sampled of a census of 167.
- F-223 SS=G Abuse and Neglect
- F-225 SS=E Investigate/Report
- F-226 SS=E Develop/Implement Abuse/Neglect Policies
- F-280 SS=D Right to Participate Planning Care

History of Previous Citations, (cont.)

- F-323 SS=D Free from Accident Hazards/Supervision/Devices
- F-371 SS=E Food Procure, Store/Prepare/Serve-Sanitary
- F-441 SS=D Infection Control, Prevent Spread, Linens
- F-464 SS=E Requirements for Dining & Activity Rooms

Scope and Severity Chart Review

Scope and Severity

HCFA Final Rule on Survey, Certification and Enforcement (11/94)

IMMEDIATE JEOPARDY to resident health or safety	Plan of Correction Required: Category 3 Optional: Category 1 Optional: Category 2 J	Plan of Correction Required: Category 3 Optional: Category 1 Optional: Category 2 K	Plan of Correction Required: Category 3 Optional: Category 1 Optional: Category 2 L
ACTUAL HARM that is not immediate jeopardy	Plan of Correction Required: Category 2 Optional: Category 1 G	Plan of Correction Required: Category 2 Optional: Category 1 H	Plan of Correction Required: Category 2 Optional: Category 1 Optional: Temporary Management I
NO ACTUAL HARM with POTENTIAL FOR MORE THAN MINIMAL HARM that is not immediate jeopardy	Plan of Correction Required: Category 1 Optional: Category 2 D	Plan of Correction Required: Category 1 Optional: Category 2 E	Plan of Correction Required: Category 2 Optional: Category 1 F
NO ACTUAL HARM with POTENTIAL FOR MINIMAL HARM	No Plan of Correction No Remedies Commitment to Correct Not on HCFA-2567 A	Plan of Correction B	Plan of Correction C
	ISOLATED	PATTERN	WIDESPREAD

Substandard Quality of Care is defined as any deficiency in §483.13 Resident Behavior and Facility Practices, §483.15 Quality of Life, or in §483.25 Quality of Care that constitutes: Immediate jeopardy to resident health or safety; or, a pattern of or widespread actual harm that is not immediate jeopardy; or, a widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.

Substantial Compliance

Remedy Category 1 Directed Plan of Correction State Monitoring; and/or Directed In-Service Training	Remedy Category 2 Denial of Payment for New Admissions; Denial of Payment for all Individuals; Imposed by HCFA; and/or Civil Money Penalties of \$50 to \$3,000/Day	Remedy Category 3 Temporary Management; Termination Optional: Civil Money Penalties of \$3,050 to \$10,000/Day
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Source: Federal Register 11/10/94, p. 56183

Additional Information

Submit all questions about the new survey process to

NH Survey Development mailbox: NHSurveyDevelopment@cms.hhs.gov

Information about the survey process and implementation can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>