Offsite Preparation

• Team Coordinator (TC) completes offsite preparation
  ▪ Repeat deficiencies
  ▪ Results of last Standard survey
  ▪ Complaints
  ▪ FRIs (Facility Reported Incidences- federal only)
  ▪ Variances/waivers
• Necessary documents are printed
Offsite Preparation, continued

- Unit and mandatory facility task assignments
  - Dining
  - Infection Control
  - Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
  - Resident Council Meeting
Offsite Preparation, continued

- Unit and facility task assignments, continued
  - Kitchen
  - Medication administration and storage
  - Sufficient and competent nurse staffing
  - QAA/QAPI
- No offsite preparation meeting
Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
  - Updated entrance conference worksheet
  - Updated facility 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)

- Brief visit to the kitchen
- Surveyors go to assigned areas
Initial Pool

Initial Pool Process

• Surveyors screen all residents in their assigned area.
• Conduct interviews, observations, and limited record review
  – ~8 residents/surveyor
  – Offsite, preselected residents
  – Residents identified onsite as a result of screens (prioritized by new admissions, vulnerable residents)
  – Facility Matrix used to identify other specific concerns (e.g., dialysis, hospice, smoking, ventilator, infection, etc.)
- 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
Sample size based on census (approximately 20% of census):

- 70% offsite selected
- 30% selected onsite by team:
  - Vulnerable
  - New Admission
  - Complaint
  - FRI (Facility Reported Incidents- federal only)
  - Identified concern
Complaints

~30% of standard surveys included complaints
– Of surveys with complaints, 94% included no more than five complaint residents

Policy
– States may add *up to five* residents associated with a complaint or FRI
– If more than five residents are added to the sample, team size or survey time is extended
Investigations

- All concerns for sample residents requiring further investigation
- CE 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)
- Closed records
- Facility tasks
Investigations

- Majority of time spent observing and interviewing with relevant review of record to complete investigation

- Use Appendix PP and critical elements (CE) pathways
Closed Record Reviews

- Complete timely during the investigation portion of survey
- Unexpected death, hospitalization, and community discharge last 90 days
- System selected or discharged resident
- Use Appendix PP and CE pathways
• 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
• 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
SNF Beneficiary Protection Notification Review

• A new pathway has been developed
• List of residents (home and in-facility)
• Randomly select three residents
• Facility completes new worksheet
• Review worksheet and notices
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

- 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

- 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
• Investigate specific concerns
• Eliminate redundancy with LSC
  ▪ Disaster and Emergency Preparedness
  ▪ O2 storage
  ▪ Generator
Team Meetings

• Brief meeting at the end of each day
  ▪ Workload
  ▪ Coverage
  ▪ Concern
  ▪ Synchronize/share data (if needed)
Survey Team Composition

<table>
<thead>
<tr>
<th>Census</th>
<th>Sample Size</th>
<th>% of Census</th>
<th># of Surveyors</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 48</td>
<td>&lt; 12</td>
<td>&gt; 25%</td>
<td>2</td>
</tr>
<tr>
<td>49 - 95</td>
<td>13 - 19</td>
<td>20% – 27%</td>
<td>3</td>
</tr>
<tr>
<td>96 - 174</td>
<td>20 - 34</td>
<td>20%</td>
<td>4</td>
</tr>
<tr>
<td>≥ 175</td>
<td>35</td>
<td>≤ 20%</td>
<td>5</td>
</tr>
</tbody>
</table>

- Survey time onsite is expected to be similar to current time spent onsite
- Expect some lengthening while surveyors learn the new process
- Number of surveyors and time onsite also impacted by other factors such as State licensure, facility history, or complaints
- Continuous monitoring and dialogue
Available Training for Providers and the Public

• National Calls and Q&As – Summer/Fall 2017
• Training available through ISTW
• Specific provider training
• Survey documents
  • Entrance worksheet
  • Facility Matrix
  • Procedure guide
• Frequently Asked Questions
New Survey Process Websites

• [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)

• **Phase II Enforcement:**
  • Focus on education for phase II requirements (e.g., facility assessment, antibiotic stewardship, etc.)
  • Directed Plan of Correction, directed in-service training
  • Enforcement of Phase I requirements remains unchanged

• **Five Star Quality Rating System:**
  • Surveys conducted using the new survey process not included in five star quality rating system
  • “Apples to Apples” comparison
  • Transparency and user-friendliness to consumers
Focused Surveys

- Focused Surveys:
  - MDS surveys discontinued in FY’18
  - Dementia surveys will continue by contractor
 Updates

• QCOR - focused on increased transparency and access to data, to providers, suppliers, and stakeholders [https://qcor.cms.gov](https://qcor.cms.gov)

• Mandatory Imposition of Remedies – CMS reviewing; may be changes coming

• CMPs – revised CMP tool resulting in per-instance CMPs for G level deficiencies