

Updates and Operational Strategies for Survey Readiness

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The Public Health Emergency has tested the resilience of the Directors of Nursing in Long Term Care. And It is now essential to re-establish the process for survey readiness.

Objectives

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At the end of this presentation the participant should be able to:

- Discuss the top 10 survey deficiencies
- Examine key updated survey resources
- Define three vital strategies for facility survey preparation

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March 2020- Change in survey process

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PRIORITY SURVEY

- All immediate jeopardy complaints and allegations of abuse and neglect;
- Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses.
- Any re-visits necessary to resolve current enforcement actions;
- Initial certifications
- Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years

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Infection Control and Prevention Update

Requirements for notification of confirmed Covid-19 cases of staff and residents

March 2020

March 2020

March 2020

April 2020

May 2020

CMS suspends non-emergency survey to focus on serious health and safety threats.

Prioritization of survey activities

Nursing home re-opening and notification of COVID-19 cases

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Five Star/QM Data

Nursing home visitation
Emergency Preparedness testing requirements

June 2020

July 2020

August 2020

Sept. 2020

October 2020

CARES ACT
Five Star / QM Posting of NH data

Testing requirements
Revision of focused survey

Nursing shortage
Compliance with resident rights

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Emergency Preparedness
Appendix Z

Interim final rule on
COVID-19 vaccine
requirements for staff and
residents

December
2020

March
2021

April
2021

May
2021

June
2021

- Revised focused infection control survey

F 886 Focused survey
tool update

Surprise ????

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National Citation: 2021

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10# F 656 Development/implement comprehensive plan of care

9# F 609 Reporting of alleged violations

8# F 580 Notification of changes

7# F 677 ADL Care for independent residents

6# F 686 Treatment/Svcs to prevent/health pressure ulcer

5# F 812 Food procurement/store/prepare/serve sanitary

4# F 684 Quality of Care

3# F 689 Free of accident hazards/supervision/devices

2# F 884 National Health Safety Network

National Citation: 2021

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F 880 Infection Prevention and Control

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Minnesota Citation Frequency: 2021

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10# F: 883 Influenza and Pneumococcal Immunization

- F 656 Development/implement comprehensive plan of care

9# F: 600 Free from Abuse and Neglect

- F 609 Reporting of alleged violations

8# F: 755 Pharmacy Services/Procedures/Pharmacist Records

- F 580 Notification of changes

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Minnesota Citation Frequency: 2021

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7# F: 686 Treatment/Svcs to Prevent/Heal Pressure Ulcer

- F 677 ADL Care for independent residents

6# F:684 Quality of Care

- 686 Treatment/Svcs to prevent/health pressure ulcer

5# F: 610 Investigate/Prevent/Correct Alleged Violation

- F 812 Food procurement/store/prepare/serve sanitary

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Minnesota Citation Frequency: 2021

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4# F: 689 Free of Accident Hazards/Supervision/Devices

- F: 684 Quality of Care

#3 F: 609 Reporting of Alleged Violations

- F: 689 Free of accident hazards/supervision/devices

2# F : 880 Infection Prevention & Control

- F: 884 National Health Safety Network

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Minnesota Citation : 2021

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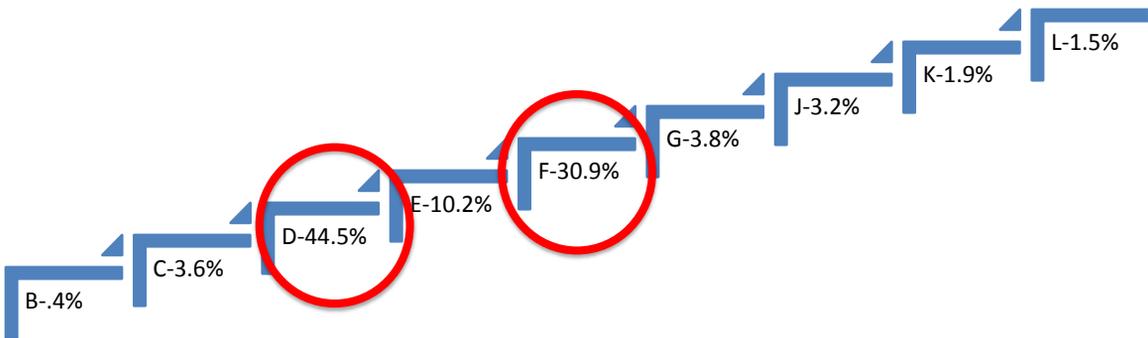
F 884 Reporting National Health Safety Network

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Minnesota: Scope and Severity

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Minnesota Enforcement Actions

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Number of Providers	155
Enforcement Actions	426
Directed Plan of Correction	101
Denial of payments for new admissions	33
Denial of payment for all residents	3
Civil Money Penalty	289
Standard Surveys	28
Complaint survey's	737

[S&C QCOR \(cms.gov\)](https://www.cms.gov)

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Civil Money Penalty- Minnesota

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Total Number of CMP per instance	75
Total Dollar Amount Per Diem	\$ 3,455,327.75
Total Dollar Amount Per Instance	\$ 1,178,195.00
Average Dollar Amount Per Diem	\$ 16,146.39
Average Dollar Amount Per Instance	\$ 15,709.2
Average Days in Effect Per Diem	9 days

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Abuse Citations

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F600	F 601	F 602	F 603	F 604	F 605	F 606	F 607	F 608	F 609	F 610
15	0	0	0	1	0	2	5	1	52	26
478	0	104	9	67	9	24	305	46	717	472

F600§483.12 Freedom from Abuse, Neglect, and Exploitation

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

F 609 §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse

F610 §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.

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Unforgettable F Tags



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Substantiated Abuse Citations

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V6's (Nurse Practitioner/NP) note on 1/16/21 documents that R1 was admitted to facility on 1/15/21 after a J-tube (Jejunostomy) was inserted on 1/7/21.

Progress notes reviewed from 1/15/21-1/25/21 do not mention that J-tube was not flushed or feeding was unable to be administered. On 1/19/21, V5's

(On 2/22/21 at 3:00pm V2 (Nurse) stated, We could not get R1's tube to flush until a few days before she went to the hospital (on 2/7/21). I know she wasn't getting the tube feeding during this time, so I contacted the Nurse Practitioner (NP) and put the order in on 1/26/21 to give the Nepro supplement orally with each meal. This was an order until we could connect the tube feed and flush it.

Based on interview and record review, the facility failed to notify a physician when a resident's tube feeding was unable to be flushed and failed to provide alternative means of nutritional support as ordered when her feeding tube was not working for 10 days. This deficiency affected one of three residents (R1) reviewed for tube feedings.

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Substantiated Abuse Citations

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Based on interview and record review the facility failed to protect and prevent a resident (R2) from being abused by another resident (R1). The facility also failed to prevent R1 for possessing a firearm while residing in the facility.

As a result, R1 fatally shot R2 with a firearm he possessed while in the facility. R2 later died from multiple gunshot wounds to the chest, arms, and legs.

This was identified as an Immediate Jeopardy.

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F: 689 Accidents and Injuries

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On 2/23/21 at 3:00pm, V15 (Family Member) stated, On January 2nd (2021), I received a phone call from the hospital that (R4) was sent there, but they did not know why. I called the facility and spoke to V14 (Licensed Practical Nurse/LPN) and she stated that she just got to work and **did not have any information and did not know why I wasn't called.**

On 2/25/21 at 11:40am V3 (Director of Nursing) confirmed that there was no indication that family were notified of the fall or any of the circumstances regarding the fall. V3 stated that the nurses can fill out the neurological sheet if they feel they need to, and the packet should be filled out to determine the cause of the fall. **V3 could not recall this fall or provide any other information**

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F 678

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Emergency Medical Personnel (EMS) dispatched to facility and V34 arrived on unit at 1:34am. R4 was nonresponsive. Staff was seen doing compressions. Crew asked staff to discontinue CPR for the moment. Patient is very warm to the touch, crew then asked facility nurse if patient was a full code or DNR.

Crew was **originally told he was an active DNR.**

Nursing home staff could not find the DNR, therefore patient resuscitation was delayed.

Crew was then told patient does not have a DNR. **Patient has been down for 15 minutes but nurse states it was unwitnessed and found on the floor.** Crew then initiated CPR at 1:43am and was discontinued at 1:57am with no results. R4 was pronounced dead.

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F 880 Infection Prevention

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On 7/15/2020 at 10:42am, V3 (Nurse) was observed passing oral medication to R1 in R1's room. R1 was on contact and droplet precaution related to a positive Covid-19 test.

V3 was observed wearing a surgical mask under her nose without gloves, and resting her ungloved left hand on R1's bed side table which was directly adjacent to R1's bed.

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Key Updates to Survey Process



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F 886 Infection Control Covid 19 Testing consulting | Talent | Training | Resources

1. Conduct testing based on parameters set forth by the Secretary, including but not limited to:

- (i) Testing frequency;
- (ii) The identification of any individual specified in this paragraph diagnosed with COVID19 in the facility;
- (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;
- (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;
- (v) The response time for test results
- (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.

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F 886 Infection Control Covid 19 Testing consulting | Talent | Training | Resources

2. Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;

3. For each instance of testing:

- (i) Document that testing was completed and the results of each staff test; and
- (ii) (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.

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F 886 Infection Control Covid 19 Testing

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4. Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.
5. Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.
6. When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.

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F 886 Definitions

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1. Fully vaccinated” refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.
2. “Unvaccinated” refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purposes of this guidance

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F 886 Testing

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Trigger Testing	Staff	Residents
Symptomatic individual identified	Staff, vaccinated and unvaccinated, with signs and symptoms must be tested	Residents, vaccinated and unvaccinated, with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Staff, vaccinated and unvaccinated, with signs and symptoms must be tested	Test all residents, vaccinated and unvaccinated, that previously tested negative until no new cases are identified*
Outbreak (Any new case arises in facility)	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

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Routine Testing by Community

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Community Covid-19	County Positivity Rate	Minimum Testing Frequency of unvaccinated staff
Low	< 5%	Once a month
Medium	5 % - 10%	Once a week*
High	>10%	Twice a week*

+Vaccinated staff do not need be routinely tested. *This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is

[QSO-20-38-NH Testing Regs PROPOSED Revisions.pdf](#)

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Revision History for LTC Survey Process Consulting | Talent | Training | Resources

Effective Date	Document/File Name	Description of Change
04/08/2021	Survey resource folder	<ol style="list-style-type: none"> Updated F tag waiver Guide <ul style="list-style-type: none"> Crossed out waivers that have been terminated
2/05/2021	Survey resource folder	<ol style="list-style-type: none"> LTCSP Procedure Guide <ul style="list-style-type: none"> Expansion of complaints/FRIs in LTCSP during recertification survey LTCSP 11.9.5 User Guide <ul style="list-style-type: none"> Expansion of complaints/FRIs in LTCSP during recertification survey
1/04/2021	Survey resource folder	<ol style="list-style-type: none"> Added FAQ on Resumption of LSC, EP, and LTC Health Surveys Added F tag Waiver Guide Added K tag Waiver Guide

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Revision History for LTC Survey Process Consulting | Talent | Training | Resources

Effective Date	Document/File Name	Description of Change
12/22/2020	<ol style="list-style-type: none"> LTC Survey Pathways COVID 19 FIC Survey Protocol 	<ol style="list-style-type: none"> CMS-20054 Infection Prevention, Control and Immunizations <ul style="list-style-type: none"> Changed regulatory reference on page 1 from 483.475 to 483.73 COVID 19 Focused Survey Protocol <ul style="list-style-type: none"> Changed regulatory reference on page 1 from 483.475 to 483.73

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Revision History for LTC Survey Process

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Effective Date	Document/File Name	Description of Change
11/21/2020	COVID 19 Focused Survey folder	<p>Updated the following</p> <ol style="list-style-type: none"> COVID 19 Focused Survey folder • Change the folder name to COVID 19 FIC survey folder COVID 19 FIC survey protocol • Update the survey protocol COVID 19 FIC survey entrance conference worksheet • Update the FIC survey entrance conference worksheet Summary table of COVID 19 Focused Survey <ul style="list-style-type: none"> Remove from the folder. CMS-20054 Infection Prevention Control and Immunization <ul style="list-style-type: none"> The probes and information in the COVID-19 Focused Survey tool is integrated with the infection control pathway
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Special Focus



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Special Focus Facilities

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- Health Deficiencies: Health Deficiencies are scored and weighted,
- Revisits: If the facility required more than one revisit to demonstrate substantial compliance, additional points are added to the SFF score,
- Weighting by Year: Results are totaled, and weights are assigned to each period, with more recent results weighted more heavily,
- List per State based on scope and severity
- State Recommendation and Selection to CMS

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Substandard Quality of Care

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Severity	Scope		
	Isolated	Pattern	Widespread
Immediate Jeopardy to resident health or safety	J-50 points (75 points)	K-100 points (125 points)	L 150 points (175 points)
Actual harm that is not immediate jeopardy	G-10 points	H-20 points (25 points)	I-30 points (35 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D- 2 points	E-4 points	F-6 points (10 points)
No actual harm with potential for minimal harm	A- 0 point	B-0 point	C-0 point

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Revisit Scoring

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Revisit Number	Noncompliance Points
First	0
Second	50 points
Third	75 additional points
Fourth	100 additional points

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Every day is a survey day”

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- Ongoing education with all departments
- Daily interdepartmental rounding
- Transparent communication
- Effective QAA/QAPI Committee
- Promote service excellence for internal and external customers

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Entrance Conference Worksheet

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INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE	
<input type="checkbox"/>	1. Census numbers.
<input type="checkbox"/>	2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/>	3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/>	4. A list of residents who smoke, designated smoking times, and locations.
ENTRANCE CONFERENCE	
<input type="checkbox"/>	5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	6. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/>	7. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/>	8. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	9. A copy of an updated facility floor plan, if changes have been made.
<input type="checkbox"/>	10. Name of Resident Care Coordinator.
<input type="checkbox"/>	11. Provide the facility with a copy of the CASPER 3.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE	
<input type="checkbox"/>	12. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served during the survey time period, and the policy for food brought in from visitors.
<input type="checkbox"/>	13. Schedule of Medication Administration times.
<input type="checkbox"/>	14. Number and location of med storage rooms and med carts.
<input type="checkbox"/>	15. The actual working schedules for licensed and registered nursing staff for the survey time period.
<input type="checkbox"/>	16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
<input type="checkbox"/>	17. If the facility employs paid feeding assistants, provide the following information: <ol style="list-style-type: none"> 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; The names 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; A list of staff who are engine for assistance and who are currently assisting with assistance from paid feeding assistants.
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE	
<input type="checkbox"/>	18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
<input type="checkbox"/>	19. Admission packet.
<input type="checkbox"/>	20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
<input type="checkbox"/>	21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/>	22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/>	23. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/>	24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

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Entrance Conference Worksheet

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<input type="checkbox"/>	25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
<input type="checkbox"/>	26. Influenza / Pneumococcal Immunization Policy & Procedures.
<input type="checkbox"/>	27. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/>	28. QAPI Plan.
<input type="checkbox"/>	29. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/>	30. Description of any experimental research occurring in the facility.
<input type="checkbox"/>	31. Facility assessment.
<input type="checkbox"/>	32. Nurse staffing waivers.
<input type="checkbox"/>	33. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"> Less than the required square footage More than four residents Below ground level No window to the outside No direct access to an exit corridor
INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY	
<input type="checkbox"/>	34. Provide each surveyor with access to all resident electronic health records – do not include 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 4 which is titled "Electronic Health Record Information."
INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE	
<input type="checkbox"/>	35. Completed Medicare/Medicaid Application (CMS-671).
<input type="checkbox"/>	36. Completed Census and Condition Information (CMS-672).
<input type="checkbox"/>	37. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

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Beneficiary Notice- Last 6 months

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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.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

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Electronic Health Record

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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	

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Mandatory Tasks

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- Dining Observation (assign all surveyors who are assigned to a dining area or room trays but communicate that one surveyor has primary responsibility)
- Infection Control (assign all surveyors but communicate that one surveyor has primary responsibility)
- Kitchen
- Medication Administration
- Medication Storage
- QAA/QAPI
- Resident Council Meeting
- Sufficient and Competent Nurse Staffing (assign all surveyors but communicate that one surveyor has primary responsibility)

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Common Additional Requests

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- CLIA Waiver
- Surety Bond
- CPR Policy and Certified Employees
- Current Activity Schedule
- List of Volunteers
- Current Employees
- Discharge, transfer and admissions last 3 months

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Life Safety and Emergency Preparedness Consulting | Talent | Training | Resources



- Documentation of automatic fire alarm system
- Annual fire door and sprinkler inspection
- Range hood suppression system
- Fire drills last 12 months
- Documentation of flame resistant materials
- Generator logs
- Fire Watch
- Smoking policy
- Water outages
- Disaster Plan

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Weekly Update in Survey Window Consulting | Talent | Training | Resources

Provider No.	Medicare	Medicaid	Other	Total Residents
	F75	F76	F77	F78
ADL	Independent	Assist of One or Two Staff	Dependent	
Bathing	F79	F80	F81	
Dressing	F82	F83	F84	
Transferring	F85	F86	F87	
Toilet Use	F88	F89	F90	
Eating	F91	F92	F93	
A. Bowel/Bladder Status				
F94 ___ With indwelling or external catheter				
F95 Of the total number of residents with catheters, how many were present on admission ___?				
F96 ___ Occasionally or frequently incontinent of bladder				
F97 ___ Occasionally or frequently incontinent of bowel				
F98 ___ On urinary toileting program				
F99 ___ On bowel toileting program				
B. Mobility				
F100 ___ Bedfast all or most of time				
F101 ___ In a chair all or most of time				
F102 ___ Independently ambulatory				
F103 ___ Ambulation with assistance or assistive device				
F104 ___ Physically restrained				
F105 Of the total number of residents with restraints, how many were admitted or readmitted with orders for restraints ___?				
F106 ___ With contractures				
F107 Of the total number of residents with contractures, how many had a contracture(s) on admission ___?				
C. Mental Status				
F108-114 – Indicate the number of residents with:				
F108 ___ Intellectual and/or developmental disability				
F109 ___ Documented signs and symptoms of depression (exclude dementia and depression)				
F110 ___ Documented psychiatric diagnosis (exclude dementia and depression)				
F111 ___ Dementia: (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases), or Alzheimer's Disease				
F112 ___ Behavioral healthcare needs				
F113 Of the total number of residents with behavioral healthcare needs, how many have an individualized care plan to support them ___?				
F114 ___ Receiving health rehabilitative services for MI and/or ID/DD				
D. Skin Integrity				
F115-118 – Indicate the number of residents with:				
F115 ___ Pressure ulcers (exclude Stage 1)				
F116 Of the total number of residents with pressure ulcers excluding Stage 1, how many residents had pressure ulcers on admission ___?				
F117 ___ Receiving preventive skin care				
F118 ___ Rashes				

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Weekly Update in Survey Window

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E. Special Care F119-132 – indicate the number of residents receiving: F119 ___ Hospice care F120 ___ Radiation therapy F121 ___ Chemotherapy F122 ___ Dialysis F123 ___ Intravenous therapy, IV nutrition, and/or blood transfusion F124 ___ Respiratory treatment F125 ___ Tracheostomy care F126 ___ Ostomy care	F127 ___ Suctioning F128 ___ Injections (exclude vitamin B12 injections) F129 ___ Tube feedings F130 ___ Mechanically altered diets including pureed and allchopped food (not only meat) F131 ___ Rehabilitative services (Physical therapy, speech-language therapy, occupational therapy, etc.) Exclude health rehabilitation for MI and/or ID/DD F132 ___ Assistive devices with eating
F. Medications F133-139 – indicate the number of residents receiving: F133 ___ Any psychoactive medication F134 ___ Antipsychotic medications F135 ___ Antianxiety medications F136 ___ Antidepressant medications F137 ___ Hypnotic medications F138 ___ Antibiotics F139 ___ On pain management program	G. Other F140 ___ With unplanned significant weight loss/gain F141 ___ Who do not communicate in the dominant language of the facility (include those who use American sign language) F142 ___ Who use non-oral communication devices F143 ___ With advance directives F144 ___ Received influenza immunization F145 ___ Received pneumococcal vaccine

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Develop a Pre-Survey Check List

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Area Review	Date	Action Steps	Responsibility
Previous Survey			
QM/QI (6 month history)			
Fall and Accident logs			
Pressure ulcer documentation			
Care Plan for Falls/Accidents			
Catheters with proper diagnosis			
Med room storage (expired/labeled)			
Med administration review			
Call lights answered and within reach			

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Develop a Pre-Survey Check List

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Area Review	Date	Action Steps	Responsibility
MD/Family notification			
Observe meal assistance			
Food storage practices			
Environment rounds			
Staffing list posted			
Emergency Preparedness Program (reviewed annually)			
Dressing change observation			
Vaccination			
Infection Prevention			

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Think Survey Preparedness

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- ✓ Review QA Committee minutes, Grievance Log and Incidents for trends to focus on.
- ✓ Review fall log and care plans interventions.
- ✓ Schedule Medication Pass Audits with consultant pharmacist.
- ✓ Monitor dining service and room trays.
- ✓ Interventions for residents with weight loss and gain? Are they care planned?
- ✓ Infection control practices during meal service
- ✓ Menu on meals posted, food served as indicated on menu
- ✓ Assessments completed as per facility policy
- ✓ Oxygen tubing dated and clean
- ✓ Oxygen cylinders have adequate levels of O₂

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- ✓ Wheelchairs and seat cushions clean and free from odor?
- ✓ Is your staff answering call lights within 3-5 minutes?
- ✓ Are call lights within reach?
- ✓ Are noise levels low - excessive overhead paging, staff chatter, unnecessary noise?
- ✓ Do your employees know how to respond to complaints, concerns, resident grievances?
- ✓ Are there background checks on all employees?
- ✓ Are licenses/certifications current?

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- ✓ Are glucometers being cleaned between residents?
- ✓ Do resident's each have their own glucometer
- ✓ Check for good resident grooming i.e., post-meal grooming, good oral care, no facial hair (men and woman - unless residents choice and care planned), dirty nails, long finger and toe nails, etc.
- ✓ Urinary catheter care and storage
- ✓ Insulin's dated
- ✓ Lab tests are tracked timely

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- ✓ Disaster/Emergency Preparedness. Does your staff know what to do?
- ✓ Med carts clean?
- ✓ Disposed of all expired meds?
- ✓ Oxygen cylinders properly stored and chained?
- ✓ O2 tubing off floors?
- ✓ All O2 concentrators have clean filters.

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Next Steps

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Focus Audits on high- risk areas

- Infection Prevention
- Abuse Prevention
- Falls/Accidents and Injuries
- Wound Care
- Food Storage and Procurement



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Team Building Strategies

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- Scavenger Hunt for Survey Preparedness
- Question and Answer
- Mock Survey
- Survey Quiz
- Topic of the Week
- Frequent Rounding

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