

## **DIVISION OF HEALTH CARE FACILITY LICENSURE AND CERTIFICATION**

### **WEBINAR ON LONG TERM CARE SURVEY PROCESS (LTCSP) ON OR AFTER NOVEMBER 28, 2017**

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# TRAINING OBJECTIVES

The purpose of this training is to provide nursing homes administrators, directors of nursing and medical directors with information on the new survey process for nursing homes developed by the Centers for Medicare and Medicaid Services (CMS) for implementation beginning November 28, 2017.

As a result of this training, administrators, directors of nursing and medical directors will be aware of changes to the survey process and new federal requirements which include:

- Changes to the entrance conference and initial tour activity by surveyors;
- Key documents that must be provided to the survey team on arrival, and within one, four, and twenty-four hours of arrival;
- How survey activity will be standardized through the use of new survey software; and,
- Changes to key areas of the federal regulations effective beginning November 28, 2017.

November 28, 2016:

- Phase 1 changes to federal LTC regulation effective

November 15, 2017:

- CMS Emergency Preparedness Rule effective

November 28, 2017:

- Phase 2 changes to federal LTC regulation effective
- States survey using new long term care survey process (LTCSP)
- States survey using new LTCSP application

November 28, 2019:

- Phase 3 changes to federal LTC regulation effective

## SOME THINGS STAY THE SAME

- Surveys remain unannounced.
- Frequency of recertification surveys is unchanged.
- The survey team still finalizes the sample, identifies care areas to be investigated further and determines findings.
- Investigation process has not changed.
- Residents and at least 3 resident representatives will be interviewed. The resident representative interviews can occur by telephone.
- Scope and severity remains the same and is determined by surveyors/supervisors.
- Findings continue to be documented using Principles of Documentation.

# SOME THINGS CHANGE

- Using Software - Improves efficiency and workflow and includes regulations, probes, and prompts.
- Floor Time - More direct observations and resident interview time.
- Entrance - Team no longer conducts initial tour with staff.
- Systematic - Improved consistency, accuracy of problem identification, and reporting accuracy.
- Updated Regulations & F tags – Surveyors observe, evaluate, and document a wider range of care areas and issues.
- F Tag Numbering – All of the current F tags will be renumbered.

## UPON ENTERING THE FACILITY

Entrance will occur with administration and the Survey Team Coordinator only. ***The staff person in charge*** must be able to provide the following information to the Team Coordinator immediately upon entrance:

- Census number
- Completed Matrix for all new admissions within last 30 days who are still residing in the facility.
- Alphabetical list of all residents – note those not in-house (on MLOA, SLOA, & out at appointments).
- List of residents who smoke, and designated smoking times and locations.

## UPON ENTERING THE FACILITY, CONT'D

- The other survey team members will report to their assigned locations to screen all residents and begin interviews and observations.
- One surveyor will go to the kitchen before going to his/her assigned units.
- Staff may not accompany the surveyor unless determined necessary by the surveyor.

# THE ENTRANCE CONFERENCE

Completed with Facility Administration and Survey Team Coordinator only.

The Team Coordinator will ask the Administrator for the following information:

- Confirm there is a full time Director Of Nursing;
- Information about emergency water source;
- Copy of updated floor plan, if changes made; and
- Name of Resident Council President.



## Team Coordinator will provide:

- Copy of Casper 3 Reports;
- Signage announcing the survey to post in high visibility areas;
- Electronic Medical Record Information and Medicare Beneficiary Notification Review Forms – for residents discharged in previous 6 months; and
- Copy of the Entrance Conference Worksheet
  - Outlines time frames:
    - Immediately
    - Within one hour
    - Within four hours
    - End of first day of survey
    - Within 24 hours

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

# TIME FRAMES: ONE HOUR

## Within one hour:

- Schedule of meal times
  - Copies of current menus
  - Policy on food brought in from visitors
  - Medication pass times
  - Number of medication storage rooms and carts
  - Actual working schedules for licensed and registered nursing staff for survey duration
  - List of key personnel, including their location and phone numbers. Include vendors such as rehab staff.
- If paid feeding assistants used:
- Training
  - Names of those who completed the training
  - Names of residents being fed or assisted by paid assistants

# TIME FRAMES: FOUR HOURS

## Within four hours:

- Completed Matrix
- Admission Packet
- Dialysis: contract, care, and transport policies; names of staff providing hemo/peritoneal dialysis
- Hospice: Agreements & Policies for each contracted hospice provider
- Infection Control Program and Standards, policies, and Antibiotic Stewardship Program information
- Flu and pneumococcal vaccination
- QAA – name of members, name of primary contact, and meeting times
- QAPI plan
- Abuse Prevention policies
- **Facility Assessment**
- Nursing Staff Waivers
- List of rooms requiring waivers
- Does facility:
  - Have on-site ESRD center
  - Participate in experimental research

## TIME FRAMES: BY END OF DAY ONE

### By end of day one:

- All surveyors must have access to all parts of the residents' Electronic Health Records (EHR)
- Surveyors must have same access as staff (in read-only)
- Provide information for how to access the EHR outside the conference room in resident care areas
- Provide completed EHR Form to include IT contact and their back up

### Within 24 hours:

- Completed Medicare/Medicaid Application (CMS- 671 Form)
- Completed Census and Condition Information (CMS-672 Form)
- Completed Medicare Beneficiary Notice Form for residents discharged in the last 6 months

## Initial pool process:

- The software pre-selects 70% of initial pool based on MDS data submitted by facilities.
- Remaining 30% is determined onsite through a brief screening and review of resident-specific data.
- Each surveyor selects 8-10 residents to bring into the initial survey pool.
- Surveyors may include residents identified as being vulnerable or with identified concerns, including those based on complaints or facility reported incidents (up to 5 per survey) or new admissions in the last 30 days.

## INITIAL POOL, CONT'D

For all residents in the initial pool, the surveyor briefly reviews records for:

- Advanced directives;
- Concerns;
- High risk medications - includes diuretics, anticoagulants, opioids, insulin, and residents with dementia and prescribed antipsychotics;
- Resident-specific information – e.g. residents diagnosed with mental illness with level II PASARR screen; and
- Current weight and recent prior weights.

Additional residents must include one of each of the following:

- one with dialysis;
- one on hospice;
- one ventilator dependent; and
- one on transmission-based precautions, even if no concern identified on Day #1.

## SAMPLE SELECTION

After completing all initial pool activities, the survey team will meet to determine the final sample of residents for further investigation based on:

- Concerns from interviews;
- Observation and/or limited record review; and
- Resident specific data and documentation.

The survey team will not base this determination on statements from staff.



- Those selected for closed record review include:
  - Unexpected death
  - Hospitalization
  - Community discharge
- Closed records are additional records reviewed and are not included final sample size.

Critical Element Pathways provide a more structured process and guides investigations and interviews.

Will include interviews with:

- Residents;
- Staff from various departments;
- Family members or other resident representatives;
- Resident Council members; and
- Others – friends, volunteers, consultants, physicians, hospice personnel, etc.

- Mandatory Survey Tasks:
  - Dining and Kitchen
  - Infection Control
  - SNF Medicare Beneficiary Protection Notification Review
  - Medication Administration, Storage, & Labeling
  - Resident Council Group Meeting
  - Sufficient & Competent Staff
  - QAA/QAPI (completed at end of survey)

- Additional or Triggered Tasks:
  - Environment
  - Personal Funds
  - Resident Assessment

# KITCHEN AND MEDICATION TASKS

- **Kitchen:** Initial review at entrance and followed later by a more focused survey, nourishment kitchens done by unit-assigned surveyor.
- **Medications:** Observe residents whose medication regimen review is pre-selected, or any resident the nurse is administering to at time of observation.
- **Medication Storage:** Review half of the medication storage locations and half of the medication carts where storage room was not observed.

- Will obtain permission from Resident Council President to review meeting minutes.
- Surveyor may invite those residents who are able to converse and provide information, even if not an active member of the Resident Council.

# SUFFICIENT STAFFING AND COMPETENT NURSE STAFFING

Throughout the process, surveyors will consider whether care issues or complaints are linked to staff numbers, training, or competencies:

- Are staff overloaded and unable to meet residents' needs?
- Are care plans not being implemented?
- Are medications or treatments performed per care plan?
- Is there poor communication to the administrator for instance – for example: related to injuries of unknown source?
- Are Infection Control protocols not followed because staff are unaware of where to obtain information?

- Now a more robust review at every recertification survey
- Quality Assurance and Performance Improvement (QAPI) is combined with Quality Assessment and Assurance (QAA)
- Surveyors using Appendix PP and Critical Element Pathways to guide investigation
- Review of facility rates for quality indicators from MDS data, prior surveys, facility reported incidents, and complaints
- The review is completed at end of the survey



## CITATION DETERMINATION AND EXIT

- Survey team reviews all concerns together on last day
- The exit for the facility will not change
- Specific tag numbers will not be provided but areas of concern will be highlighted
- Findings will be documented on 2567
- Findings provided through ePOC
- Timeframes and format for plan of corrections will not change

- New or updated requirements specifically for nursing homes (Phase I, II, and III changes)
- New or expanded definitions for key terms within the requirements including, but not limited to:
  - Abuse
  - Neglect
  - Substandard Quality of Care
- Emergency Preparedness Rule effective 11/15/17:
  - 42 CFR § 483.73(e): *Emergency and standby power systems*. The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.

# SUBSTANDARD QUALITY

- Citations which trigger substandard quality of care have changed and now include regulations under:
  - Resident Rights, Quality of Life, and Quality of Care
  - Freedom from Abuse, Neglect, and Exploitation
  - Administration
  - Infection Control
  - Pharmacy Services
  - Behavioral Health and Services

# ABUSE & NEGLECT

- *Abuse* is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. *Willful*, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
- *Neglect* is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

## PHASE 1: CHANGES

Changes effective in Phase 1 (November 28, 2016):

- Abuse reporting requirements
- Side Rail Use: consents, assessment, and preventative maintenance
- Grievance Process changes
- CPR requirements
- Care Plan Meeting Composition changes
- Discharge Planning Process

## PHASE 2: CHANGES

- Antibiotic Stewardship
- Information and Communication Requirements to Residents and their Representatives
- Baseline Care Plans within 48 hours of admission
- Psychotropic Medication
- Dental Services
- Facility Assessment

# FACILITY ASSESSMENT

- Each facility must annually conduct a facility-wide assessment of both its resident population and the resources needed to provide care to its residents.
- The Facility Assessment must be conducted using a competency based approach focused on ensuring each resident is provided the care needed to maintain or attain his or her highest practical physical, mental, and psychosocial wellbeing.
- A link to an assessment tool format that may be used or modified is available on the CMS website included in the references at the end of this presentation.

## PHASE 2: F TAGS CHANGE

Effective for all surveys begun on or after 11/28/17, the F Tag numbers will change.

Information is available online, including the crosswalk for the tags, through the links we will provide you.



- Revised Regulation and Guidance (SOM Appendix PP):  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>
- Reform of Requirements for Long-Term Care Facilities:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- Long-term Care Survey Process Training:  
[https://s3.amazonaws.com/surveyor-training-content2/data/60/Phase\\_1\\_Implementaion\\_of\\_New\\_LTC\\_Regulations\\_Slides.pdf](https://s3.amazonaws.com/surveyor-training-content2/data/60/Phase_1_Implementaion_of_New_LTC_Regulations_Slides.pdf)
- CMS Emergency Preparedness Rule:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf>

# QUESTIONS?

