

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: LTC-R Regional Directors
Section/Unit Managers

FROM: Marc Gold
Section Manager
Long Term Care-Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #98-22

DATE: February 5, 1999

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 98-22 -- Revision to Federal Monitoring Surveys for Nursing Homes; Call Beverly Tucker, Section Manager, Professional Services, at (512) 438-2631.

If you have any questions, please direct inquiries to the individuals or sections listed above.

Original Signature on File~

Marc Gold

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Region VI
1301 Young Street, Room 833
Dallas, Texas 75202

November 24, 1998

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 98-22

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: Revision to Federal Monitoring Surveys for Nursing Homes

This amends our Regional Survey and Certification letter number 99-01 dated November 19, 1998. If you did not receive the enclosures with the previous letter, please contact Dan McElroy at (214) 767-2077.

The purpose of this letter is to share the draft copy of the revision to the Federal Monitoring Surveys (FMS) for Nursing Homes. Two types of FMSs were implemented in October 1, 1998: the Federal Oversight/Support Survey (FOSS) and the Comparative FMS Survey. The Comparative FMS Survey is a duplicate survey of a facility, conducted within two months of the survey completion date by a State team. This type of survey has been conducted since the inception of Health Care Financing Administration. The FOSS is a compilation of several survey protocols used in the past and is evaluative in nature, standardized across regions, and adheres to the Omnibus Budget Reconciliation Act of 1987 (OBRA'87). The FOSS protocol will be the most frequently utilized FMS protocol for the fiscal year of 1999.

The FOSS protocol requires the States to comply with several requests for information. One request involves submitting the HCFA-2567 to the Regional Office. "For each FOSS observed the State is required to submit at least two copies of the HCFA-2567 to the Regional Office for review: (1) a copy of the document presented to the surveyors' supervisor/quality assurance review and (2) a copy of the document sent to the facility. If the findings result in an Informal Dispute Resolution (IDR), the Regional Office is required to review a copy of the resulting HCFA-2567 for the appropriateness of any changes. The Regional Office should also obtain from the States the scope and severity rating for each TAG..." Refer to the enclosed document for information needed by the Federal surveyors.

Beginning October 1, 1998, the State Survey Agency must track FOSS surveys through IDR. The State Survey Agency routes the HCFA-2567s, and any subsequent revisions, to the attention of the Federal team leader. To help this action the Federal surveyor will give the State survey team the enclosed cover sheet to help route the required HCFA-2567 to the Regional Office.

Please share this information with the Long Term Care surveyors. If you have any questions concerning the information, please contact Karen Herbelin (FOSS lead) at (214) 767-4422 or Pat Brown at (214) 767-4422.

Sincerely,

~Signature on File~

Daniel McElroy, Acting Chief
Professional Health Advocacy and Analysis Branch

Division of Medicaid and State Operations

Enclosures

REVISION TO FMS FOR NURSING HOMES

DRAFT 9/23/98

FMS STEERING COMMITTEE

Helene Fredeking, CO, CMSO, Chairperson

Sue Kelly, Northeast Consortium, Region II

Sandra Pace, Southern Consortium, Region IV

Charles Bennett, Midwest Consortium, Region V

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I. PURPOSE AND STATUTE:

A. Purpose: Health Care Financing Administration (HCFA) leadership has committed to the implementation of a Federal Monitoring Survey (FMS) process for Nursing Homes by October 1, 1998, that is evaluative in nature, standardized across regions, and adheres to the Omnibus Budget Reconciliation Act of 1987 (OBRA'87) mandate. A HCFA workgroup has developed the process outlined in this paper to meet the leadership's mandate. The workgroup adopted this FMS Philosophy:

In order to make valid and comparable evaluations about the adequacy and effectiveness of the survey process and state monitoring of quality of care and quality of life in facilities, HCFA through its regional offices shall take a structured and consistent approach in conducting on-site long term care surveys and reporting of state performance. This approach will incorporate the basic premises of being onsite, evaluative in nature, producing written reports, incorporating appropriate follow-up and allow for cross regional comparisons of results. Where state performance has failed to enforce federal standards through its survey and certification process for facilities, appropriate remedies shall be implemented by HCFA to protect the health and safety of Medicare and Medicaid beneficiaries.

B. Statute: The Federal oversight function of State performance in surveying is carried out by Regional Office (RO) surveyors. They conduct FMS' to ensure the quality and consistency of the State Agency (SA) survey process. Sections 1819(g)(3) and 1919(g)(3) of the Social Security Act (the Act) require the Secretary to conduct Federal onsite surveys in at least five-percent of the facilities surveys by the State in the same year. The minimum number of surveys conducted in a State must be five, even if that brings the percentage of facilities surveyed to greater than five percent. The FMS must be conducted within two months of the date of the standard health survey. Additionally, the Statute requires that HCFA use the same survey protocols as the State.

The OBRA'87 as codified in the Act at Title 18, Sections 1819(g)(3)(C) and 1919(g)(3)(C) includes sanctions that the Secretary can take for a State's substandard survey performance. These requirements are further clarified at 42 Code of Federal Regulations sections 488.318 and 488.320. For Medicare, the Secretary can require a plan of correction (PoC), provide training, direct survey scheduling, render technical assistance if she finds that a State has failed to perform surveys as required by law or their performance is otherwise not adequate, or terminate the 1864 agreement in whole or in part. For Medicaid, the Secretary can take a reduction in Federal Financial Participation (FFP) or train survey teams. The formula is applied to the aggregate of facilities surveyed by both the State and HCFA per quarter. HCFA has not pursued any sanctions against States for either Medicare or Medicaid survey performance under this authority.

II. BACKGROUND:

A. History of Federal Monitoring Surveys (FMS)/Comparative Surveys: The comparative survey was the initial method of conducting a FMS. This method provides that a Federal RO Survey Team performs a duplicate survey of a facility within 60 days of the SA exit from a facility. The conclusions drawn are compared to the SA findings and adjusted logically for time. However, this method has several drawbacks: (1) the difficulty of effectively adjusting for the difference in time between the two surveys; (2) the added strain of two surveys on the facility in a short period of time; and (3) most importantly, given the length of time between surveys, the problems the State surveyors have in recalling the onsite survey about which they are receiving feedback. In addition, the comparative surveys are very resource intensive. As a result of these concerns, HCFA developed an additional FMS protocol, the On-site Surveyor Performance Assessment and Training Survey (OSPATS).

B. On-site Surveyor Performance Assessment and Training Survey in Long Term Care (OSPATS-LTC): OSPATS-LTC was piloted during Fiscal Year (FY) 92 following the general format of the previously developed OSPATS-ICF/MR. Instead of conducting the comparative survey up to two months after the State conducted a survey, RO staff were onsite at the same time as the SA surveyors to monitor, but not participate in, the SA survey in the facility. There was no dialogue between the Federal and state agency team members. The Federal team shadowed the state agency through the survey process. This enabled the RO surveyors to observe and rate the individual members of the State team and the team as a whole. Ratings were based on predetermined criteria for general (e.g., supports team decisions, presents findings understandably, and relates to residents in a professional manner) and long term care specific (e.g., conducts long term care tasks per State Operations Manual, collects accurate/valid information, and makes accurate compliance recommendations) factors for individual surveyors and overall team factors. A close out briefing was held at the end of the survey. Ratings were used for feedback and training for the State team and individual team members. Additionally, RO Discrete Tags were specifically identified and evaluated for agreement between the RO and SA findings. The RO would dialogue with the SA team when there were differences in the findings for the Discrete Tags at the time of the SA-RO 2567 review.

These protocols (OSPATS-LTC and comparative) were used for FY 93, FY 94, and FY 95 up until July 1, 1995. All ten regions collectively conducted 325 OSPATS-LTC during FY 93-95. The program also included performance evaluations of almost 1,500 SA surveyors. OSPATS results showed a high level of agreement between Regional and State Agency surveyors and anxiety among both SA and RO surveyors regarding the rating of individual surveyors. There was general agreement that the observational approach was more effective than the comparative survey for assessing State survey performance. After using OSPATS for approximately three years, the regions recommended the discontinuance of individual ratings but continued use of team ratings; additional training for States on observational and investigative skills, decision-making, documentation, and several other areas; continuation of HCFA-2567 reviews; and flexibility for Regional Offices regarding coverage of the entrance and exit conferences.

C. Implementation Monitoring and Support Survey (IMSS): With the imminent implementation of the Survey Certification and Enforcement Regulation (HSQ-156), the IMSS was developed. IMSS was designed to allow for less intensive but more frequent onsite observational assessments of State surveys. The purpose was to assure that the new survey system was being implemented appropriately. The IMSS incorporated some of the recommendations arising from review of OSPATS-LTC, especially in Regional Office training for State survey agency staff. However, it did not include a formal rating system.

The IMSS protocol calls for the RO to observe and record what the State survey team, does as it conducts the various tasks of the survey. The protocol encourages dialogue between the State survey team and the RO surveyor as the survey takes place. The ROs use this protocol to both observe the State's implementation of the survey process and provide immediate onsite training to the State survey team as necessary. Regional Offices also use it to identify areas for future training. Federal surveyors report considerable benefits of the IMSS protocol and continue

to use it because of its interactive nature.

One advantage the IMSS has over both the comparative survey and the OSPATS is that it is less labor intensive. Instead of three Federal surveyors conducting a complete standard survey or two doing OSPATS, one surveyor can accompany the State survey team.

D. Regional Specific Alternative FMS Formats: After a year of experience with the IMSS, several regions enhanced and expanded the IMSS process. RO surveyors, using these improved methodologies, offered to the SA teams their insights and assistance with the LTC survey process, observing the performance of each selected team and providing training as needed. Variations of the FMS observational surveys are the:

- Combined Observation and Training Survey (COTS),
- Quality Evaluation Support and Training Survey (QUEST), and
- Screening Observation Survey (SOS).

The most recent period with complete FMS data is for FY 1997. The data were tabulated for observational surveys, focused surveys, participatory surveys, FMS' using the pre-IMSS protocol, and other kinds of surveys. Focused surveys are partial observational surveys which select or focus on only parts of the survey process such as complaints, changes of ownership, re-visits, or other situations where it makes sense to limit the survey process. In the participatory surveys the RO surveyor becomes an additional member of the SA team.

The congressional mandate of a five percent survey count of all certified Medicare/Medicaid LTC facilities in FY 97 translated into 843 LTC surveys to be performed nationally. In FY 97, the ROs surveyed 865 LTC Facilities. The national average for Federal monitoring of LTC facilities is 102 percent of the mandated number of surveys.

Five of the ten HCFA regional offices exceeded 100 percent of their particular goals.

III. Intergrated Evaluative Approach to Federal Monitoring for Nursing Homes

During the second quarter of FY 98, HCFA reviewed the need for a standardized national approach to complete FMS'. Three approaches were discussed: (a) completing only comparative surveys, (b) an "Integrated Evaluative Approach" with a limited number of comparative surveys, and (c) a "Flexible Improvement Approach" that allowed each RO to development their own FMS protocols but require the completion of at least a quarterly report. After receiving the opinion statements from the different Regional Offices, on May 15, 1998, the Deputy Administrator directed CMSO to proceed with implementing the Integrated Evaluative Approach with the following guidelines:

1. Comparative Federal Monitoring Surveys will be required for each State. The suggested number is one per year for small states and up to 3 for the largest States.
2. Establish definite national Federal Monitoring Survey protocols with the following components:
 - a. Is conducted on-site,
 - b. Evaluates State performance,
 - c. Provides written reports on findings,
 - d. Includes appropriate follow-up to assure correction,
 - e. Requires standardized FMS approaches which Regions will be required to use and report on the results.
3. Mandates that Regions conduct FMS' which meet the above criteria in five percent of facilities in each State.
4. Requires that there be cross-Regional evaluations and comparisons of results.

A steering committee was formed with a representative from each consortium. On May 1998 five subcommittees were established to work within the aforementioned guidelines and the following agreed upon FMS Project Philosophy Statement:

In order to make valid and comparable evaluations about the adequacy and effectiveness of the survey process and State monitoring of quality of care and quality of life in facilities, HCFA through its regional offices shall take a structured and consistent approach in conducting on-site long term car surveys and reporting of State performance. This approach will incorporate the basic premises of being on-site, evaluative in nature, producing written reports, incorporating appropriate follow-up and allow for cross-Regional comparisons of results. Where State performance has failed to enforce Federal standards through its survey and certification process for facilities, appropriate remedies shall be implemented by HCFA to protect the health and safety of Medicare and Medicaid beneficiaries.

IV. NATIONAL FMS PROTOCOLS

The workgroup evaluated the philosophy of the project, the guidelines of the Integrated Evaluative Approach, and carefully reviewed the various survey protocols of each Region and Central Office's Implementation Monitoring and Support Survey. Two types of Federal Monitoring Surveys were recommended for implementation: the Federal Oversight/Support Survey and the Comparative Survey. Additionally, HCFA will periodically review the various protocols to ensure their validity and usefulness to the objectives of the Integrated Evaluative Approach to FMS for Nursing Homes.

The Federal Oversight/Support Survey (FOSS) (See Appendix for the complete FOSS document) **is intended to do the following:**

- Allow the Regional Office surveyor to observe a full or partial State survey, to focus on specific tasks of the survey process that a Regional Office feels are problematic.
- Can contribute to a Region's required minimum percentage of FMS' in each State by either observing a recertification or initial certification survey.
- When a Regional Office has concerns about a State's ability to accurately complete revisit or complaint surveys, the FOSS guidelines can also be implemented. In no circumstances should revisit and complaint surveys make up more than 20 percent of a Regional Office's required number of FMS surveys for a State during an annual period. In medium and large States (those with more than 200 providers), the number of complaint surveys should never be more than 5 percent of the total amount of required FMS' for the year. A hypothetical medium-sized State:

Total number of providers in State "A"	400
Minimum number of required FMS'	20
Maximum number of FMS' that can be either FMS of revisits or complaint surveys	4
Maximum number that can be complaint surveys	1

Facility Selection for FOSS

Beyond a sampling of facility type, facility size, and geographic location, each Region is to incorporate appropriate data resources when making decisions to select sites to observe State survey completion. Issues to consider include:

- Performance differences between the different district/satellite offices within a State;
- Concerns about a State's implementation of specific portions of the survey process;
- State Agency enforcement variations secondary to the ownership or chain affiliation of the facility.

Description of FOSS

There are eight FMS tasks that can be rated by the Federal surveyors. All tasks except Task 5 have one element. Task 5 has six elements. The tasks are: 1- Off-site Survey Preparation; 2- Entrance Conference; 3- Initial Tour; 4- Sample Selection; Observations made (5A - General Observations of the Facility; 5B - Kitchen/Food Service

Observation; 5C - Resident Review; 5D - Quality of Life Assessment; 5E - Medication Pass; 5F - Quality Assessment and Assurance Review); 6- Information Analysis and Deficiency Determination; 7- Exit Conference; and Statement of Deficiencies. Each of these tasks can be rated on a five point scale and it is expected that for any task that is rated, a narrative explaining the rating will be included. In addition, there are three performance factors that can be rated as well as a rating of how the Federal and State surveyors compare on 2567 Tags.

FOSS Requirements

The following requirements apply to FOSS:

- **On-site:** To be actually at the facility where the State survey is occurring. Although portions of the observation may occur elsewhere, e.g., Task 6 Decision-Making, it is expected that the Regional Office surveyor will spend the majority of his/her time at the facility with the State while it is conducting a survey.
- **FMS length:** A majority of survey process must be observed to contribute to the statutory five percent level. An exception to this standard would occur when the entire State survey is completed in less than two days, e.g., a revisit or complaint survey. In these cases, the Regional Office surveyor would be expected to observe the entire survey as conducted by the State.
- **Required observations:** On each FOSS, the Regional Office surveyor is required to collect enough information to make decisions regarding whether the State team was able to meet the objectives of Elements 5C (Resident Review) and 5D (Quality of Life Assessment), and complete a clear, concise, and accurate Statement of Deficiencies (HCFA 2567). In the majority of surveys for each state, a Region will be expected to be able to complete the worksheets for all elements of Task 5. Further, it is expected that a Region will be able to make evaluative decisions of a State's abilities to complete the following tasks in the stated minimum percentage of Federal Oversight/Support Surveys each year:

Task 4: Sample Selection	40%
Task 6: Information Analysis and Deficiency Determination	80%
Task 7: Exit Conference	20%

- **HCFA-2567 Review:** All FOSS FMS' will include an evaluation of the HCFA-2567 for its accuracy in depicting the findings. Reviews will be conducted on HCFA-2567s prepared by the surveyor, sent to the facility, and after informal dispute resolution.
- **Interaction with State surveyors:** In order to assess its skill level, the Regional Office surveyor should allow the State team to make decisions without RO input. At the same time, the Regional Office surveyor can serve as a resource for information and strengthen a State team's performance during the survey without being intrusive. When there are needs identified, whether from simple clarification to formal training, it is expected the Regional Office and the State Agency personnel will select an appropriate time and place for the information to be discussed.
- **Documentation of findings:** Regional Office surveyors will complete the standardized forms for each Federal Oversight-Support FMS. In most cases this process will only include an evaluation of the observed portions of the State's survey. Occasionally, through interview with the State surveyors and a review of their work sheets, enough information will be collected to evaluate a non-observed task, e.g., Task 1-Off-site Survey Preparation.

Interventions

On a periodic basis, each Regional Office will review all ratings and supportive narratives. If any inadequacies are found in a State's survey and certification performance, appropriate remedies will be applied. HCFA's Central Office will also collect data to conduct cross-Regional evaluations and comparisons.

THE COMPARATIVE FMS:

The comparative FMS is conducted within two months of the survey completion date by a State team, the Comparative FMS allows a Federal survey team to make an independent and binding determination of facility compliance with the Federal regulations. Although labor and cost intensive, this approach has the following benefits:

- At a very basic level, the survey answers the question, "Does the Regional Office accept the State's determination of the facility's level of compliance with the Federal regulations?"
- The survey enables the RO to provide field training for new Federal surveyors.
- The survey provides the opportunity to validate any future proposed changes to the State Operations Manual, Appendix P, survey protocols prior to implementation by the States.

As stated by the Integrated Evaluative Approach to Federal Monitoring Surveys, each Regional Office is required to complete limited numbers of Comparative FMS' for each State. Each Regional Office is encouraged to carefully select these surveys based on either their own or HCFA Central Office's information. Although the criteria to determine the minimum number of this type of survey may change from year to year, the suggested guidelines are as follows:

- Large States: At least three Comparative Surveys will be conducted for each large State. A large State is defined as a State with 600 or more certified Long Term Care providers. [Seven States meet this definition.]
- Medium-sized States: At least two Comparative Surveys will be conducted for each medium-sized State. A medium-sized State is defined as a State with between 200 and 599 certified Long Term Care providers. [22 States meet this definition.]
- Small States: At least one Comparative Survey will be conducted in each small State. A small State is defined as a State with less than 200 certified Long Term Care providers. [21 States meet this definition.]

All comparative FMS' will be completed utilizing the same *State Operations Manual*, Appendix P survey procedures as do the State agencies. A comparative FMS can be done at a facility with either Title 18 or Title 19 certified beds. In most cases, the Federal team will complete a Comparative FMS at only those facilities where a State **did not find** severity level III, severity level IV, or substandard quality of care findings. If a Federal team does complete a Comparative FMS in a facility where the corresponding State survey reported severity level III, severity level IV, or substandard quality of care findings, section 7807 of the *State Operations Manual* should be reviewed.

It is expected that comparison studies between the results of the Federal and State surveys will lead to timely written reports and appropriate follow-up, and allow for cross Regional evaluations of results.

If a Federal team finds significantly different findings than a State team, a Regional Office can consider doing a Federal Observation/Support Survey with the State team for the revisit(s), agree to allow the State team to complete the revisit(s) on their own without a Federal presence, or elect to have the Federal team complete the revisit(s) itself. Due to the strong likelihood that this type of situation leads to a highly favorable training opportunity, when

federal surveyors conduct a Comparative FMS and a Federal Observation/Support Survey on a revisit, each survey contributes to a Region's five percent FMS requirement.

V. FMS ANALYSIS AND REPORTING SYSTEM

In order to objectively assess and provide feedback on State survey agency performance, it is important that the methods proposed be data-driven. This includes review and analysis of Online Survey Certification and Reporting System (OSCAR), Minimum Data Set (MDS), complaint, and other data that are indicative of the quality of care in nursing homes. In addition, the regional office should review data that directly relate to surveyor performance and training, such as Surveyor Employment and Training (SET) reports, which provide detailed information on surveyor composition and training of State surveyor staffs. Finally, the analysis should include the history of scope and severity findings by the survey teams and the results of the new FMS protocol rating system.

The purpose of data analysis is to accomplish the following specific objectives:

- to guide the regional office in its assessment of State agency performance;
- to assist the regional office in setting priorities for its long term care survey work plan;
- to prepare the regional office surveyor(s) prior to going on-site for either a comparative survey or a Federal Oversight/Support Survey;
- to provide the basis for informative feedback to the State survey agencies about their performance; and
- to assist HCFA central office and the regional offices in making valid comparisons of survey results within and between States and across regions nationally.

Evaluation of State survey agency performance and cross-regional evaluations and comparisons will require an in-depth understanding of what various data sources suggest about nursing home resident characteristics, survey outcomes, and surveyor team performance. By late fall 1998 an MDS reporting vehicle should be available for regional use. In addition, in the future, Quality Improvement (QI) software currently being developed by Center for Health Systems Research and Analysis (CHSRA) in Wisconsin may be applicable to this analytical effort. It may also be necessary to create a summary database as a means to identify significant quality indicators and to assist in the assessment of State survey agency performance.

re-survey Analysis

OSCAR Data

One source of pre-survey data is the OSCAR system, specifically Standard Reports 3 and 4:

OSCAR Report 3 - History Facility Profile: shows the current year plus three prior years facility history of deficiencies cited, correction dates, waivers, instances of complaint surveys, and Federal monitoring "comparative" surveys.

OSCAR Report 4 - Full Facility Profile: shows all facility data, including provider number; number of certified and licensure beds; type of ownership; compliance status; resident census profiling health care needs and conditions; specific survey data; deficiencies cited; correction dates; facility comparisons by citation with the State, region, and nation; resident characteristics and comparison with the State, region, and nation.

OSCAR report data should be reviewed and understood prior to each nursing home survey. They can be used by the regional office to map out a survey workplan to detect problems with State survey agency performance.

The regional office should focus attention on the most important measures of resident characteristics as identified in the literature on quality of care. These characteristics or measures include:

Average indicators of resident physical status - focusing on resident needs for assistance with activities of daily living (ADL). Average ADL scores for three essential

measures, assistance with eating, transferring, and toileting will provide insight into resident status. A comparison with changes in average ADL scores over a three year period may be indicative of changes in care resources made available and utilized within the nursing home.

Average indicators of resident mental status - including increases in dementia and depression.

In addition, the regional office should review trend data for special resident characteristics which may be indicative of problems that may have developed in the nursing home as a result of inadequate care (although they may also identify the status of medical conditions prior to nursing home admission). HCFA should conduct pattern analysis to identify nursing homes whose quality indicators are at variance with acceptable trends (e.g., quality indicator findings in the top 90th percentile). The methodology currently under development to identify "select nursing homes" may accomplish this task. The areas of concern include the following resident indicators of special problems:

Percent of residents with contracture - an increase in the rate can be a sign that residents are not receiving appropriate joint exercises and adequate care.

Percent of residents in which restraints are used - while restraint use has declined nationally, it still must be a priority to monitor any change in restraint use.

Percent of residents with pressure sores - an increase in the rate of pressure sores may be indicative of an erosion in nursing care.

Percent of residents with bladder and/or bowel incontinence - requires that residents be assisted in toileting and given care to prevent accidents. The literature reports that incontinence can be reversed in almost half of the individuals who develop it and can be improved in other individuals.

Percent of residents with urinary catheters - catheters should be used only when medically necessary since they are associated with infection and discomfort. An increase in catheter use, without appropriate clinical condition, should be viewed as a negative sign regarding the adequacy of care.

In addition to the analysis of resident characteristics, the regional office should understand the trends in deficiency citations, especially for the most frequently cited deficiencies, including the failure to complete comprehensive assessments and individualized resident care plans; poor food sanitation; failure to accommodate the residents' needs; the failure to provide adequate infection control; failure to prevent pressure sores; and failure to prevent the use of physical restraints, among other problem areas.

In preparing its FMS workplan, the regional office should take special note of facilities with the most serious citations as well as those facilities with the least deficiencies in terms of scope and severity. The average number of deficiencies over a three year period will be indicative of persistent problems, which should be reviewed during survey. Although a declining rate in deficiency citations may be indicative of improved quality of care, it may also raise questions about state survey performance.

The preparatory phase for survey activity will now be enhanced nationally by the collection of and analysis of the MDS, which includes a core set of screening, clinical, and functional status data. These data will provide a comprehensive, standardized assessment for all residents of long term care facilities. The MDS information can be used to compare data about resident problems and conditions within and between facilities. Among the most notable quality indicators are:

- Prevalence of any injury;
- Prevalence of falls;
- Prevalence of bowel or bladder incontinence;
- Prevalence of indwelling catheter;
- Prevalence of urinary tract infections;
- Prevalence of dehydration;
- Incidence of decline in late-loss ADLs;
- Incidence of contracture;
- Prevalence of anti-psychotic drug use in the absence of psychotic related conditions;
- Prevalence of daily restraints;
- Prevalence of little or no activity;
- Prevalence of State 1 to 4 pressure ulcers.

The regional office could choose to do a focused survey on any one or more of these quality indicators if conditions warranted a closer review.

Federal Oversight/Support Survey Data

Under the new FOSS protocol, the State Survey Agency team will be rated by the Federal surveyors conducting the FMS. These ratings can then be used to help select which providers, specific surveyor teams, or composition of teams by areas of specialty should be the object of a FMS. As described in Section IV, the FOSS contains eight tasks that can be rated by the Federal surveyors. **Only three elements are required to be rated for every FMS completed:** Element 5C (Resident Review), Element 5D (Quality of Life Assessment), and the State of Deficiencies. In the majority of surveys for each State, a Region will be expected to complete the worksheets for all elements of Task 5. In addition, it is expected that ratings will be made on the following tasks for a certain percentage of reviews; for at least 40% of the reviews Task 4, Sample Selection, will be rated; for at least 80% of the reviews Task 6, Information Analysis and Deficiency Determination, will be rated; and for at least 20% of the reviews Task 7, Exit Conference, will be rated. Initially, only the three required elements will be included in the selection process. However, Central Office and the Regions will monitor the extent to which the other elements are rated to determine whether and how they should be incorporated into the selection process.

Other Data Sources

Pre-survey activity should include analysis of complaint data and investigation results, State Ombudsman reports, and enforcement history. The regional office should also take into account data on the composition and training needs of State surveyor teams as reported in the SET, including dates of training and total attendees by type of training, and the surveyor turnover rate. The regional office survey workplan should target in the FMS process nursing homes about which there are questions and concerns regarding quality, as well as survey teams which may evidence weaknesses in performance.

Post-Survey Analysis

Post-survey analysis will focus on the rating of State survey teams according to the Federal Oversight/Support Survey protocols. Such analysis of survey team performance should be conducted in the context of the factors that had been highlighted pre-survey through the review of OSCAR and MDS data as well as other information sources

that would flat potential nursing home problems.

If the team performance is rated poorly in a facility which has a high rate of resident problems noted through OSCAR and MDS reports, then the regional office has established a valid basis to raise concerns about survey agency performance in whole or in part. This analysis may trigger more focused reviews of the facility or lead to the initiation of a "comparative" look behind survey.

The completion of these rating analyses and correlations with the factors noted above should enable the regional office to conduct cross-team comparisons within State agencies, as well as State-to-State and cross-regional comparisons nationally.

VI. IMPLEMENTATION PLAN

The date for implementation of the Integrated Evaluative Approach to Federal Monitoring Surveys is October 1, 1998. To make this happen, the following timetables are required:

Objective	Target Date for Implementation
Piloting of FOSS Protocols in sample Regions	08/31/98
Training for all Federal surveyors for FOSS and Comparative FMS	09/30/98
Parameters of national Database system agreed upon	09/30/98
Date all FMS activity will either use FOSS or Comparative FMS protocols exclusively	10/01/98
Picture-tel conference on initial impressions on effectiveness of FOSS/Comparative FMS and introduction of database program	12/10/98
Computerized Database available to accumulate information for Regions and Central Office (periodic updates as needed)	01/01/99
First Regional Office Quarter Report for FY99 due (subsequent quarterly reports will be due one month after the each quarter ends)	02/01/99
Central Office Quarterly Report (subsequent Central Office reports will be due two months after each quarter ends)	03/01/99
Annual Report from each Region	11/15/99
Annual Report from Central Office	12/15/99

VII. SKILL ENHANCEMENT TRAINING

It is important for all Federal surveyors involved in Long Term Care and other Federal employees responsible for tracking FMS data to receive sufficient training prior to the implementation of the Integrated Evaluative Approach to Federal Monitoring for Nursing Homes. A thorough orientation can do much to alleviate concerns and promote a consistent application of the survey protocols and expected reports. A general outline of what such a training program will include is as follows:

- I. Introduction
- II. History
- III. Protocols, including role play/break-out sessions
- IV. Reporting System
- V. Analysis
- VI. Discussion: putting it all together and making it work
- VII. Any other LTC issues.

By the end of the first quarter of the FMS, Central Office and the Regions will review the implementation of the FOSS and Comparative surveys and make needed modifications. This process of review and improvement will continue at agreed upon periods and with all pertinent parties.

APPENDIX: FEDERAL OVERSIGHT/SUPPORT-FMS SURVEY (FOSS) AND EVALUATION WORKSHEETS

FOSS PROCESS

Pre-Survey Procedures: Regional Office staff will review the planned State Agency survey schedule to select a FOSS. The Regional Office reviewer should complete some off-site preparation to identify areas that will likely be of concern to the State team. This may include, for example, the OSCAR Standard Reports 3 and 4, and Regional Office facility files.

Team Size: Ideally, the FOSS will be staffed by the Regional Office with a ratio of one Federal reviewer for two or three State team members. Since the Regional Office reviewer is evaluating the team, not individual performance, a larger team can be observed by one Federal surveyor if he/she observes the State's survey in its entirety or near entirety.

FOSS Review Procedures:

1. The Regional Office reviewer will join the State team. At the discretion of the RO, there may be occasions when the FOSS is unannounced.
2. Meet with the facility's Administrator (preferably accompanied by the State team's coordinator) to introduce self and explain the reason for the Regional Office presence at the survey. The Regional Office reviewer should remind the Administrator that if questions regarding the State's survey arise, facility staff should address them to the State team members.
3. Ask the State team coordinator to relate the progress of the survey to that point, and to introduce the Regional Office reviewer to the other team members as necessary. In order to prioritize time, at the first convenient opportunity the Regional Office reviewer should review the schedules of each State team member.
4. To evaluate the State team, the Regional Office reviewer should, at a minimum:
 - a. review one record reviewed by each surveyor;
 - b. review briefly each surveyor's work sheets as an aid to determine the team's focus;
 - c. observe at least a portion of an interview by each surveyor;
 - d. observe at least a portion of the delivery of care or services to a representative sample of residents;
 - e. observe meetings between surveyor team members and facility department heads and administration;
 - f. observe a portion of each survey task conducted by team members while the Regional Office surveyor is on-site;
 - g. observe all State team meetings while the Regional Office surveyor is on-site and determine if it is necessary to attend any off-site State team meetings; e.g., during meals, at motels, or at the State office; and
 - h. conduct discussions with team members if needed to clarify the team's approach to the survey process.
 - i. evaluate and complete a rating for the team on all required FOSS functions.

On-site Debriefing: During the FOSS, the regional office surveyor will provide feedback to the State team only after the reviewer has collected adequate information on the team's survey performance on that task/function necessary for completing an evaluative rating. Additionally, it is highly desirable to provide a brief summation of the team's performance prior to either the departure of the Regional Office surveyor from the survey site or at the conclusion of the team's Task 6 (Deficiency Determination), whichever comes first. As a courtesy and to encourage positive Regional Office and State Agency communication, the team's Supervisor should be invited to attend,

although actual attendance may not be possible. During the on-site debriefing, the Regional Office surveyor should leave the team with a sense of both observed and inferred performance levels of each of the Long Term Care survey tasks and a synopsis of the pertinent facility regulatory compliance areas. During this review, the Regional Office surveyor should emphasize areas of team strengths and areas where the team might need further clarification or training. If time is available to both the Regional Office surveyor and the State team, it is expected the Regional Office surveyor will provide the instruction on-site, in order to enhance the team's ability to appropriately complete the survey. Prior to leaving the survey site, the Regional Office surveyor should request the required copies of the HCFA-2567 to be forwarded to the Regional Office for review (see below).

HCFA-2567 Review: Since the HCFA-2567 is the culmination of the survey process, it is very important to review for accuracy the State's documented findings of the facility's compliance level with the Federal Regulations and the team's adherence to the *Principles of Documentation*. For each FOSS observed the State is required to submit at least two copies of the HCFA-2567 to the Regional Office for review: (1) a copy of the document presented to the surveyors' supervisor/quality assurance review and (2) a copy of the document sent to the facility. If the findings result in an Informal Dispute Resolution, the Regional Office is required to review a copy of the resulting HCFA-2567 for the appropriateness of any changes. The Regional Office should also obtain from the States the scope and severity rating for each TAG for each of the above States.

The Regional Office surveyor/reviewer should assess the 2567's at each stage to:

- assure that relevant survey findings are included and supporting evidence is present,
- determine if the appropriate TAG is used,
- assess if Principle of Documentation are followed, and
- assess if the appropriate scope severity ratings are applied.

Based on the findings of these reviews, the Regional Office staff/managers should provide a brief discussion by telephone with the team's supervisor and if available, the team members.

Topics to review include:

- Pointing out examples of documentation strengths,
- Clarifications where expected deficiencies were not documented or unexpected regulations were cited,
- Accuracy of severity/scope grid determinations, and if any,
- Indications for training.

Regional Office Documentation: Complete the Federal Oversight/Support FMS by:

1. Determining the required ratings and accompanying specific narrative statements on the Combined Task Objective/Performance Factor Worksheets for all observed tasks.
2. Completing the HCFA-2567 Review Form. Note any significant differences between the various versions of the document on the LTC Task Objective Worksheet titled, "Statement of Deficiencies (HCFA-2567)."
3. Clarify any remaining training needs. If issues remain unsolved, determine a strategy to address them.
4. Complete the HCFA-670 (Surveyor Workload Report) and HCFA-534 (Federal Survey Data Sheet).
5. Fulfill any specific Regional Office tasks or projects. For example, a Regional Office may find it desirable to develop a means for State surveyors to evaluate the skill enhancing benefits of the FMS process.
6. Submit to Central Office FOSS findings.

The Evaluation Worksheet for the Federal Oversight/Support FMS is composed of several parts. The first is a coversheet to capture basic identification information along with areas to summarize the provision of on-site training, simple clarifications, and any remaining concerns of the adequacy of the State's survey.

The second and third portions of the Evaluation Worksheet utilize the two different approaches to determine the

adequacy of each State's surveys:

- How well a team completes the elements and objectives of each of the Long Term Care survey's tasks.
- What is the team's skill level? How effective is the team in performing the various tasks of the survey at detecting performance issues and making decisions about deficiencies and/or scope/severity?

Ratings are applied to each of the various areas to enable each Regional Office and Central Office to track performance over periods of time. Since numerical ratings have little meaning without brief specific supportive statements to indicate why that particular rating was assigned to the team, it is very important for each rating to be supported with such comments.

Each Regional Office should determine how they want to communicate the findings of the surveys to the States. Please keep in mind that HCFA's mission is to evaluate the adequacy of each State's surveys and, if needed, provide appropriate remedies. The Evaluation Worksheet should not be part of any State personnel evaluation action. In most cases it would be appropriate to provide each team and/or their supervisor with the verbal debriefings explained previously. Then the Regional Office may report the averaged team ratings and summarized narrative statements as part of a larger periodic evaluation of overall State performance.

The last evaluation sheet assists the Regional Office surveyor to determine the accuracy of the HCFA-2567 and compliance with the *Principles of Documentation*. The findings of the HCFA-2567 Review Form will assist the Regional Office surveyor to complete the "Statement of Deficiencies (HCFA-2567)" portion of the LTC Task Objective Worksheet.

**WHEN ALL ELSE FAILS:
PROCEDURES FOR RESOLVING DISAGREEMENTS OR
PROCEEDING TO A DIRECT FEDERAL SURVEY**

Where disagreement exists between the Regional Office and the State agency over findings that affect immediate jeopardy or substandard quality of care, the Regional Office may decide to begin proceedings that could lead to an application of the Federal Statutory Look Behind Authority. The basis for this type of intervention is found in the *Social Security Act* at 1919(g)(3) for Medicaid and the Federal Monitoring Authority of 1864, and 1819(g)(3) for Medicare.

The following process should assist the offices in settling their differences:

- Alert the State team that the Regional Office surveyor has a significant disagreement with how the State team is conducting the survey.
- Locate a private room to discuss the concern.
- Briefly, but specifically, relay the Regional Office concern and why it is critical to the accurate determination of the certification status of the facility.
- Encourage a dialogue to resolve the differences.
- Allow time for the team members to consult with one another. Encourage them to consult with their supervisor.
- If after reasonable attempts, the disagreement cannot be resolved, the Regional Office surveyor contacts the Regional Office management to either obtain concurrence to initiate a direct Federal survey or to negotiate further with the State management.
- If the Regional Office management agrees to initiate a direct Federal survey, they will contact the State management to discuss the situation and inform them of the action.
- After the State management has been informed, the Federal surveyor will inform the State team that the survey they are conducting is suspended until a Federal survey team can complete it. All State survey notes, findings, etc., become part of the Federal survey.

- The Regional Office surveyor may extend an invitation to the State team to observe the Federal team while they complete the survey.
- The Regional Office management will draft a Federal survey team to complete the survey. All efforts will be made to expedite this process.

Provider Number _____

Facility Name _____ Facility Bed Size _____ Census _____

Provider Type _____

Survey Information:

SA Survey Start Date _____ SA Survey End Date _____

FOSS Survey Start Date _____ FOSS Survey End Date _____

Survey Type: Initial Recertification Revisit Complaint (Circle one)

Survey Participants:

State Agency _____ District Office _____ Region _____

HCFA Regional Office Evaluators who participated in this Survey:

RO ID# _____	Name: _____	Discipline _____
RO ID# _____	Name: _____	Discipline _____
RO ID# _____	Name: _____	Discipline _____
RO ID# _____	Name: _____	Discipline _____

State Agency Surveyors who participated in this Survey:

SA ID# _____	Name: _____	Discipline _____
SA ID# _____	Name: _____	Discipline _____
SA ID# _____	Name: _____	Discipline _____
SA ID# _____	Name: _____	Discipline _____
SA ID# _____	Name: _____	Discipline _____
SA ID# _____	Name: _____	Discipline _____
SA ID# _____	Name: _____	Discipline _____

List any training that occurred:

[] Check here if no training was provided, otherwise provide details on lines provided below:

Regulation Interpretation:

Reg _____	Information given _____

Survey Protocol Tasks:

Task _____ Information given _____
Task _____ Information given _____
Task _____ Information given _____

Tag Selection - Training occurred (yes or no). If so, identify the Tag and info given:

Tag _____ Information given _____
Tag _____ Information given _____

Investigative Skills Training? (Yes or No) Information given _____
Data Analysis training given? (Yes or No) Information given _____
Scope and Severity training? (Yes or No) Information given _____

List areas of significant State questions and/or Regional Office interpretations given:

List State or Regional Office identified areas of remaining concern/needs:

Y N Regulation Interpretation
Y N Survey Protocol
Y N Tag Selection
Y N Investigative Skills
Y N Data Analysis
Y N Scope and Severity
Y N Other
Y N Follow up Status: (Not Required, Requested by State, Requested by Feds, In Progress, Completed)

List State Agency team strengths:

Long Term Care (LTC) Task Objective Worksheet

In carrying out a FOSS< the role of the RO surveyors is to observe and guide the SA surveyor team as needed. It is not to assume leadership of the survey, unless it is necessary to do so as defined in the *State Operations Manual* (SOM). RO staff is expected to allow the SA team to conduct the survey. The RO should not provide guidance on any issues that the SA has not had the opportunity to review. For example, if the RO surveyor has conducted a record review on a resident the SA has not already reviewed, the RO is not to give guidance until the SA has reviewed the record and reviewed areas of concern. After the SA has done so, if it fails to identify critical issues, it would be appropriate for the RO to provide guidance.

The FOSS evaluation packet is the instrument to be used by the Federal surveyors to guide their evaluation of the SA survey team. For each task and subtask, based on Appendix P of the SOM, there is a separate worksheet. The State team's performance on a task or subtask should be evaluated by the Federal surveyor(s) if the surveyor(s) directly observes the conduct of the task or has sufficient information to assess how the task or subtask was carried out. Sufficient information can be collected by interview with the State Agency surveyors and/or by a review of their worksheets. Tasks or subtasks for which there is insufficient information to accurately determine the level of State team performance should not be evaluated and the Federal surveyor should circle the "Y" next to the phrase "NOT OBSERVED" written at the top of the page. If the surveyor wants to explain why a particular task or subtask was not observed, this can be done in the narrative section of the page but nothing in the "Task Elements" or "Analysis Checklist" sections should be marked.

The "Task Elements" section lists the specific elements of each task or subtask as described in the SOM> The purpose of this column is to evaluate whether the appropriate elements for the tasks or subtasks were accomplished. For each element listed in this column, one of the four options next to the element should be circled:

- (1) "D" element done;
=
- (2) "N" element not done;
=
- (3) "X" element not observed;
=
- (4) "Y" element not done because it was not appropriate for this particular survey;
=
- (5) "Z" = New Element not present in past surveys. This would only be used in the database itself to identify survey where element was not present when survey was conducted. [this is not a selectable item for rating purposes]

In order to help further clarify these categories, it is important to expand on the meaning of the word "guidance." To give guidance is to direct the course or motion; to point out the way; to conduct or lead; to give instruction or train; or, to give advice or assistance. A person who gives guidance directs or serves as the model for another's conduct. Guidance is to be provided for the survey process and regulatory interpretations when the RO surveyor determines it is necessary, such as to improve the quality of surveyor performance as described in the "Analysis Checklist." Professional sharing of information does not qualify as guidance. For example, professional sharing is when the SA performs a task essentially following the SOM and after the task, the RO shares tips that may help the SA be more efficient but the tips would not affect the outcome.

It is important to note that there will be times when the SA survey team will consist of at least one surveyor in training. This surveyor should depend on the SA team for guidance and decision making. The RO surveyor(s) should allow the SA team to work together to guide new surveyors. Only when the RO surveyor(s) determines that a significant issue is not being addressed would they provide guidance, thereby lowering the SA team rating for that item.

The "General Task Objective" paraphrased from the SOM is stated at the bottom of the worksheet. The objectives are covered in the "Task Elements" and "Analysis Checklist." The "Rating " at the bottom of the page is where the overall rating score should be entered (see below).

After the "Task Elements" and "Analysis Checklist" items have been rated and the narrative to support the individual ratings have been written, the RO surveyor must assign an overall rating to the task or subtask. The narrative referred to above should also contain at least one statement supporting this overall rating. The rating is a zero to five scale defined as follows:

5 = Survey team followed SOM instructions in all respects

All task elements appropriate for the survey were done and the analysis checklist items which affect the outcome of the survey are all rated high.

4 = In almost all instances, the survey team followed SOM instructions.

All task elements appropriate for the survey were done and the analysis checklist items which affect the outcome of the survey are rated as a mixture of high and adequate, leaning toward high.

3 = In more times than not, the survey team followed SOM instructions.

All or most task elements appropriate for the survey were done and the analysis checklist items which affect the outcome of the survey are rated as adequate with an occasional high or low.

2 = Survey team followed SOM instructions only in some instances.

Some or most task elements appropriate for the survey were done and the analysis checklist items which affect the outcome of the survey are rated as a mixture of adequate and low, leaning towards low.

1 = Survey team did not follow SOM instructions.

Few or none of the task elements appropriate for the survey were done and the analysis checklist items which affect the outcome of the survey are rated as low with possibility an occasional adequate or high.

0 = Task Not Observed

Below the rating on the worksheet, the RO surveyor will write brief specific narrative statements. These statements should include information on how well the tasks were performed and indicate which elements or items either did not follow SOM instructions or were not performed well. The narrative should also indicate if the team was effective in decision making as related to the task or subtask. These narratives will be used for three major purposes. The first is to support the individual element and item ratings. The second is to support the overall rating. The third is to serve as the basis of the feedback given to the State teams. Allow for an onsite debriefing. The Federal surveyor can focus on salient points that trigger a State Agency team review of the SOM for the proper protocols and survey techniques to be used in future. If the feedback needs to be done at the State Agency by State staff, there has to be enough details in the narrative to define what the State teams need to improve their survey process or to seek additional training from the State Agency trainer.

The items in the "Analysis Checklist" are intended to reflect how well the task or subtask or their elements are performed. For each item listed, one of the five options next to the item should be circled

- (1) "H" = SA survey team had a high level of performance.
A high level of performance is defined as all team members involved with the analysis checklist item carried it out, as stated in the checklist, without error. If even one team member did not carry out the item without error or required RO guidance in order to perform the item correctly, the team cannot receive a rating of high;
- (2) "A" = SA survey team had an adequate level of performance.
An adequate level of performance is defined as all team members involved with the analysis checklist item carried it out, as stated in the checklist, without error but at least one team member required RO guidance in order to perform the item correctly;
- (3) "L" = SA survey team had a low level of performance.
A low level of performance is defined as most team members involved with the analysis checklist item carried it out, as stated in the checklist, with errors. The RO surveyor(s) needed to provide guidance in order for the team member(s) to perform the item. The item would not have been conducted properly at any quality level without RO guidance;
- (4) "X" = item not observed;
- (5) "Y" = item not done because it did not affect the outcome(s) of this particular survey;
or,
- (6) "Z" = New Element not present in past surveys. This would only be used in the database itself to identify survey where element was not present when survey was conducted. [this is not a selectable item for rating purposes]

Task 1 -- Off-Site Preparation X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 1 Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

D	N	X	Y	Z	--	T1C1a.	Prior year's 2567 and statement of isolated deficiencies
D	N	X	Y	Z	--	T1C1b.	OSCAR reports 3 and 4
D	N	X	Y	Z	--	T1C1c.	Results of complaint information
D	N	X	Y	Z	--	T1C1d.	Waiver/variance information
D	N	X	Y	Z	--	T1C1e.	Ombudsman report (if received)
D	N	X	Y	Z	--	T1C1f.	Where available: PASSER reports, M.D.S. data, other info.
D	N	X	Y	Z	--	T1C1g.	HCF-801 Off-site Preparation Worksheet completed

Task 1 Analysis Checklist - Circle the level of Performance H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

H	A	L	X	Y	Z	--	T1A1a.	Accurately summarize data from required information?
H	A	L	X	Y	Z	--	T1A1b.	Determined significance of required information?
H	A	L	X	Y	Z	--	T1A1c.	Used data to focus concerns and information?
H	A	L	X	Y	Z	--	T1A1d.	Used data to identify potential residents for sample?
H	A	L	X	Y	Z	--	T1A1e.	Areas of concern are identified based on facts obtained from resource utilized during Off-site Preparation?

Task 1 General Objectives:

- A. The team appropriately identifies potential areas of concern and special features of the facility to use to focus the initial tour and information gathering.
- B. The team identifies the most appropriate potential residents for the sample.

Task 1 Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects.
- 4 = In almost all instances, the survey team followed SOM instructions.
- 3 = In more times than not, the survey team followed SOM instructions.
- 2 = Survey team followed SOM instructions only in some instances.
- 1 = Survey team did not follow SOM instructions.
- 0 = *Not Observed.*

Task 1 = Narrative to support rating:

Task 2 -- Entrance Conference X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 2 Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

Obtained the following Lists and Paperwork:

- D N X Y Z -- T2C1a. Completed Roster / Sample Matrix (HCF-802)
- D N X Y Z -- T2C1b. Copy of Admissions for last month
- D N X Y Z -- T2C1c. Copy of Transfers & discharges for last 3 mos.
- D N X Y Z -- T2C1d. Identified Hospice residents
- D N X Y Z -- T2C1e. Identified Dialysis residents
- D N X Y Z -- T2C1f. Identified Residents <55 y.o.
- D N X Y Z -- T2C1g. Identified Residents who communicate nonverbally
- D N X Y Z -- T2C1h. Copy of Key Personnel List
- D N X Y Z -- T2C1i. Meal times
- D N X Y Z -- T2C1j. Facility Layout if not obtained during Task 1
- D N X Y Z -- T2C1k. Medication Times
- D N X Y Z -- T2C1l. Copies of menus
- D N X Y Z -- T2C1m. Copy of facility admission contract and resident rights information
- D N X Y Z -- T2C1n. Copy of Activity calendar for past 3 months (if available)
- D N X Y Z -- T2C1o. Facility monitoring of accidents/incidents

Within 24 hrs. received:

- D N X Y Z -- T2C2a. Completed HCFA 671 (Long Term Care Facility Application for Medicare and Medicaid)
- D N X Y Z -- T2C2b. Completed HCF 672 (Resident Census and Conditions of Residents)
- D N X Y Z -- T2C2c. List of demand billing
- D N X Y Z -- T2C2d. Rooms <required sq. ft.
- D N X Y Z -- T2C2e. Rooms with >4 residents
- D N X Y Z -- T2C2f. Emergency water
- D N X Y Z -- T2C2g. Rooms below ground level or without access to an exit corridor

On-site Prep. Activities:

- D N X Y Z -- T2C3a. Posted Required Signs
- D N X Y Z -- T2C3b. Contacted the Resident Council President to announce the survey
- D N X Y Z -- T2C3c. Provided a copy of group interview questions
- D N X Y Z -- T2C3d. Requested permission to review the past 3 mos. of Council minutes
- D N X Y Z -- T2C3e. Asked if the ombudsman can attend
- D N X Y Z -- T2C3f. Arranged date, time and private meeting space for the Group Interview

Task 2 Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- H A L X Y Z -- T2A1a. Survey team uses clear and concise language
- H A L X Y Z -- T2A1b. Survey team effectively and accurately explains OSCAR data
- H A L X Y Z -- T2A1c. Survey team gives clear expectations for completion of paperwork in required time frames
- H A L X Y Z -- T2A1d. Survey team gives list of necessary items in an organized, understandable format
- H A L X Y Z -- T2A1e. Survey team allows for dialogue with facility staff
- H A L X Y Z -- T2A1f. Survey team's tone of voice is respectful and non threatening
- H A L X Y Z -- T2A1g. Interaction is effective and elicit necessary and pertinent information

Task 2 General Objective: The survey team informed the facility's administrator about the survey and introduced team members, explained the survey process, answered questions and obtained information necessary for the survey. The team completed onsite preparation activities.

Task 2 Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 2 - Narrative to support rating:

Task 3 -- Initial Tour X <<<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 3 - Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

D N X Y Z -- T3C1a. Tour began as soon as possible after entering the facility

The survey team observed, identified and/or solicited information about these resident groups and the environment:

D N X Y Z -- T3C2a. Residents with quality of care concerns

D N X Y Z -- T3C2b. Residents with quality of life concerns

D N X Y Z -- T3C2c. Emotional and behavioral conduct of the residents and the reactions/interventions by the staff

D N X Y Z -- T3C2d. Interviewable residents

D N X Y Z -- T3C2e. Family members of non-interviewable residents

D N X Y Z -- T3C2f. Residents who have no family

D N X Y Z -- T3C2g. Newly admitted residents

D N X Y Z -- T3C2h. Residents for whom discharge is planned within 30 days

D N X Y Z -- T3C2i. Environmental concerns

The survey team used the appropriate forms:

D N X Y Z -- T3C3a. Resident concerns recorded on *Worksheet* (HCF-807) or *Roster* (HCF-802)

D N X Y Z -- T3C3b. Environmental concerns on *Worksheet* (HCF-807) or *General Observation* (HCF-803)

Task 3 - Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

H A L X Y Z -- T3A1a. Survey team uses clear and concise language

H A L X Y Z -- T3A1b. Survey team gives clear expectations for completion of tour

H A L X Y Z -- T3A1c. Survey team allows for dialogue with facility staff

H A L X Y Z -- T3A1d. Survey team's tone of voice is respectful and non-threatening

H A L X Y Z -- T3A1e. Survey team asks probing questions to elicit further information in follow-up to staff initial responses

H A L X Y Z -- T3A1f. Enough information was gathered to identify issues impacting on quality of care

H A L X Y Z -- T3A1g. Enough information was gathered to identify issues impacting on quality of life

H A L X Y Z -- T3A1h. Survey team members introduced themselves to residents and family

H A L X Y Z -- T3A1i. Survey team made environmental observations

Task 3 General Objectives: The team conducts an initial review of the facility, the residents, and staff; conducts and initial evaluation of the environment; identifies areas of concern to be investigated; confirms or invalidates any pre-survey information about potential areas of concern; identifies residents for possible inclusion in the sample; identifies interviewable residents; if possible, identifies family members of non-interviewable residents;

has staff identify residents without family or significant others, newly admitted residents, and nay residents for whom transfer or discharge is planned within the next 30 days. In performing these functions the team gathers all information relevant to effective next steps in the survey process.

Task 3 Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 3 - Narrative to support rating:

Task 4 -- Initial Tour X <<<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 4 - Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

The survey team used the following information to identify areas of concern:

- D N X Y Z -- T4C1a. Facility tour
- D N X Y Z -- T4C1b. Off-site preparation
- D N X Y Z -- T4C1c. Resident rosters (if available)

The survey team ensured that the sample selection met the following criteria:

- D N X Y Z -- T4C2a. Reflected the selected areas of concern
- D N X Y Z -- T4C2b. Sample size requirements
- D N X Y Z -- T4C2c. Case-mix stratification
- D N X Y Z -- T4C2d. Special factors (State Operations Manual (SO), Revision 274, P-14) considered

At the survey team meeting, each team member contributed the following information prior to the initiation of Phase 2 sample selection:

- D N X Y Z -- T4C3a. Status of Phase 1 workload completion
- D N X Y Z -- T4C3b. Potential findings that were identified
- D N X Y Z -- T4C3c. New areas of concern
- D N X Y Z -- T4C3d. Concerns resolved

The survey team conducted Phase 2 sample selection based on identified areas of concern that needed or required further investigation using:

- D N X Y Z -- T4C4a. Information gathered during Phase 1
- D N X Y Z -- T4C4b. Resident and/or family interview information
- D N X Y Z -- T4C4c. Other sources of information (logs, reports, policies, procedures, staff interviews, admission packets, etc.)

Other Phase 2 tasks:

- D N X Y Z -- T4C5a. The survey team investigated at least two L.C. requirements not routinely reviewed during the standard survey
- D N X Y Z -- T4C5b. Other items on P-17 of Rev. 274

Task 4 Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- H A L X Y Z -- T3A1a. Each team member brought relevant information to the team discussion about the findings from the initial tour
- H A L X Y Z -- T3A1b. Survey team determines if residents identified during off-site needs to be included in the sample
- H A L X Y Z -- T3A1c. Survey team selected a sample of residents from each unit or section of the facility

- H A L X Y Z -- T3A1d. Survey team included in the sample residents who were receiving specialized care (Hospice, Dialysis, Ventilator Dependent, etc.)
- H A L X Y Z -- T3A1e. Survey team compared the facility generated Resident Roster with their tour findings
- H A L X Y Z -- T3A1f. Survey team utilized the facility generated Resident Roster in the sample selection
- H A L X Y Z -- T3A1g. Survey team utilized and compared information from the Resident Census and Condition form to validate and formulate the sample selections
- H A L X Y Z -- T3A1h. Survey team utilized information from computerized M.D.S. data in the sample selection
- H A L X Y Z -- T3A1i. The survey team selected a case-mixed, stratified resident sample
- H A L X Y Z -- T3A1j. Survey team expanded sample based on findings
- H A L X Y Z -- T3A1k. The survey team was able to identify the need to discontinue further investigation of areas of concern during Phase II sample selection
- H A L X Y Z -- T3A1l. The survey team was able to identify the need to continue areas of concern during Phase II sample selection
- H A L X Y Z -- T3A1m. The survey team was able to accurately determine if new areas of concern existed

Task 4 General Objective: The survey team selected a case-mixed, stratified resident sample in order to assess compliance with the resident-centered long term care requirements. Sample selection decisions are appropriate.

Task 4 Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 4 - Narrative to support rating:

Task 5A -- General Observations of the Facility X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 5A Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- D N X Y Z -- T5aC1a. Followed up on environmental concerns identified during the initial tour
- D N X Y Z -- T5aC1b. Observed facility environment at different times during the day
- D N X Y Z -- T5aC1c. Observed common areas while in use by residents
- D N X Y Z -- T5aC1d. Team members shared environmental concerns identified throughout the survey
- D N X Y Z -- T5aC1e. Completed the HCF-803, General Observations Worksheet

Task 5A Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- H A L X Y Z -- T5aA1a. Each team member conducted random observations of the facility environment
- H A L X Y Z -- T5aA1b. Survey team members provide environmental information to the surveyor assigned to the general observation task
- H A L X Y Z -- T5aA1c. Survey team member conducted a formal tour with facility staff
- H A L X Y Z -- T5aA1d. Survey team uses clear and concise language
- H A L X Y Z -- T5aA1e. Survey team informs facility of information needed during tour
- H A L X Y Z -- T5aA1f. Survey team allows for dialogue with facility staff
- H A L X Y Z -- T5aA1g. Survey team's tone of voice is respectful and non-threatening
- H A L X Y Z -- T5aA1h. Survey team considered off-site information during environmental tour
- H A L X Y Z -- T5aA1i. Survey team asks probing questions to elicit further information in follow-up staff initial responses
- H A L X Y Z -- T5aA1j. Survey team accurately identified environmental concerns

Task 5A General Objective: The survey team observed the physical features in the facility's environment that affect residents' quality of life, health and safety.

Task 5A Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 5A - Narrative to support rating:

Task 5B -- Kitchen/Food Service Observation X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 5B Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

The survey team evaluated dietary services by:

- D N X Y Z -- T5bC1a. Observing food storage
- D N X Y Z -- T5bC1b. Observing food preparation
- D N X Y Z -- T5bC1c. Observing food service/sanitation
- D N X Y Z -- T5bC1d. Investigating nutritional concerns identified by the team
- D N X Y Z -- T5bC1e. Completing the HCF-804 (Kitchen/Food Service Observation)

Task 5B Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- H A L X Y Z -- T5bA1a. Survey team members provide dietary information to the surveyor assigned to the kitchen/food service observation task
- H A L X Y Z -- T5bA1b. Survey team member conducted a formal tour with facility staff
- H A L X Y Z -- T5bA1c. Survey team uses clear and concise language
- H A L X Y Z -- T5bA1d. Survey team informs facility of information needed for kitchen/ food service observation
- H A L X Y Z -- T5bA1e. Survey team allows for dialogue with facility staff
- H A L X Y Z -- T5bA1f. Survey team's tone of voice is respectful and non-threatening
- H A L X Y Z -- T5bA1g. Survey team asks probing questions to elicit further information in follow-up staff initial responses
- H A L X Y Z -- T5bA1h. Survey team questions are related to the requirement to prevent the contamination of food and the spread of food-borne illness
- H A L X Y Z -- T5bA1i. Survey team conducted interviews with dietary staff based on concerns
- H A L X Y Z -- T5bA1j. Survey team accurately determines need for test tray
- H A L X Y Z -- T5bA1k. Survey team makes accurate conclusions from use of test tray

Task 5B General Objective: The survey team determined if the facility stored, prepared, distributed, and served food in a manner that prevented food borne illnesses.

Task 5B Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 5B - Narrative to support rating:

Task 5C -- Resident Review X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 5C Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

The survey team used observation to focus on resident outcomes in quality of life and care. The team observed:

- | | | | | | | | |
|---|---|---|---|---|----|---------|---|
| D | N | X | Y | Z | -- | T5cC1a. | At various times of the day |
| D | N | X | Y | Z | -- | T5cC1b. | Activities of daily living |
| D | N | X | Y | Z | -- | T5cC1c. | Dining |
| D | N | X | Y | Z | -- | T5cC1d. | Rehabilitative and restorative services |
| D | N | X | Y | Z | -- | T5cC1e. | Treatments and medications |
| D | N | X | Y | Z | -- | T5cC1f. | Activities |
| D | N | X | Y | Z | -- | T5cC1g. | Room environment (accommodation of needs, homelike, privacy, call light, comfort, etc.) |
| D | N | X | Y | Z | -- | T5cC1h. | Special care needs (dialysis, hospice) |

The survey team used interviews to gather data to establish if resident quality of life and quality of care supported the highest practicable level of function and well-being. Sources at a minimum included:

- | | | | | | | | |
|---|---|---|---|---|----|---------|------------------------------|
| D | N | X | Y | Z | -- | T5cC2a. | Group interview |
| D | N | X | Y | Z | -- | T5cC2b. | Resident interviews |
| D | N | X | Y | Z | -- | T5cC2c. | Family interviews |
| D | N | X | Y | Z | -- | T5cC2d. | Direct care staff interviews |
| D | N | X | Y | Z | -- | T5cC2e. | Other staff interviews |

The survey team reviewed residents' clinical records (SO, revision 274, pp. 28-29) to evaluate quality of life and quality of care. Reviews included:

- | | | | | | | | |
|---|---|---|---|---|----|---------|--|
| D | N | X | Y | Z | -- | T5cC3a. | Assessments |
| D | N | X | Y | Z | -- | T5cC3b. | Plans of care |
| D | N | X | Y | Z | -- | T5cC3c. | Determination of avoidable/unavoidable |
| D | N | X | Y | Z | -- | T5cC3d. | Evaluation of highest level of functioning/well-being |
| D | N | X | Y | Z | -- | T5cC3e. | Evaluation of medication usage, behaviors, and/or restraints |
| D | N | X | Y | Z | -- | T5cC4a. | The survey team used multiple sources to validate information obtained through observation, interviews, and record reviews |

Task 5C Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

Observations

- | | | | | | | | | |
|---|---|---|---|---|---|----|---------|--|
| H | A | L | X | Y | Z | -- | T5cA1a. | Observation of interventions based on plan of care are conducted |
| H | A | L | X | Y | Z | -- | T5cA1b. | Observations are conducted to validate or invalidate resident assessment identified in clinical record |
| H | A | L | X | Y | Z | -- | T5cA1c. | Team members share relevant information with survey team |

H	A	L	X	Y	Z	-- T5cA1d. Survey team conducted observations of individual resident meals in comparison to identified interventions from care plans
H	A	L	X	Y	Z	-- T5cA1e. Survey team conducted group dining observations at times based on concerns

Interviews

H	A	L	X	Y	Z	-- T5cA2a. Survey team used clear and concise language
H	A	L	X	Y	Z	-- T5cA2b. Survey team gives clear expectations for use of information obtained in the formal resident/family interview
H	A	L	X	Y	Z	-- T5cA2c. Survey team allows for dialogue with resident/family
H	A	L	X	Y	Z	-- T5cA2d. Survey team's tone of voice is respectful and non-threatening
H	A	L	X	Y	Z	-- T5cA2e. Survey team asks probing questions to elicit further information in follow-up to initial responses
H	A	L	X	Y	Z	-- T5cA2f. Survey team conducted interviews with residents, families and staff based on concerns

Record Review

H	A	L	X	Y	Z	-- T5cA3a. Survey team spends short amount of time for initial record review
H	A	L	X	Y	Z	-- T5cA3b. Care plan interventions noted for observations
H	A	L	X	Y	Z	-- T5cA3c. Survey team accurately determines if Comprehensive Assessment was completed
H	A	L	X	Y	Z	-- T5cA3d. Survey team is able to distinguish relevant information to determine compliance
H	A	L	X	Y	Z	-- T5cA3e. If a discrepancy is identified between documentation and observation, further investigation is conducted
H	A	L	X	Y	Z	-- T5cA3f. Survey team able to determine avoidable vs. unavoidable changes in condition
H	A	L	X	Y	Z	-- T5cA3g. Survey team able to determine the highest practicable level of functioning is identified by facility
H	A	L	X	Y	Z	-- T5cA3h. Survey team uses closed record reviews to assist in validating identified area concern

Task 5C -- General Objective: The survey team conducted outcome oriented resident reviews that focused on quality of life and quality of care, and ascertained facility accountability for residents attaining or maintaining their highest practicable level of function and well being.

Task 5C Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 5C - Narrative to support rating:

Task 5D -- Quality of Life Assessment X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 5D Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

The survey team conducted individual resident interviews:

- D N X Y Z -- T5dC1a. Based on required sample size and residents who agreed to be interviewed
- D N X Y Z -- T5dC1b. As privately as reasonably possible
- D N X Y Z -- T5dC1c. In part based on identified resident and facility concerns
- D N X Y Z -- T5dC1d. Using resident interview protocols (HCFA-806A) and allowing sufficient time to conduct the interview
- D N X Y Z -- T5dC1e. And shared concerns with team members

The survey team conducted the group interview:

- D N X Y Z -- T5dC2a. That included the resident council if one exists
- D N X Y Z -- T5dC2b. That included a reasonable number of interviewable residents
- D N X Y Z -- T5dC2c. And discussed concerns identified prior to the group interview
- D N X Y Z -- T5dC2d. That was held according to the protocol (HCF-806B)
- D N X Y Z -- T5dC2e. Communicated the group's concerns to the team
- D N X Y Z -- T5dC2f. Identified concerns were investigated as necessary

The survey team conducted family (friend) interviews of non-interview able residents:

- D N X Y Z -- T5dC3a. Based on required sample size
- D N X Y Z -- T5dC3b. Obtained resident's prior social history and past/current activities and preferences
- D N X Y Z -- T5dC3c. Completed the observation and family interview sections of the HCFA-806C
- D N X Y Z -- T5dC3d. Shared concerns with the team
- D N X Y Z -- T5dC4a. The survey team used multiple sources to validate information obtained

Task 5D Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- H A L X Y Z -- T5dA1a. Survey team introduces themselves
- H A L X Y Z -- T5dA1b. Survey team uses clear and concise language
- H A L X Y Z -- T5dA1c. Survey team gives clear expectations for use of information obtained in the formal resident/family interview
- H A L X Y Z -- T5dA1d. Survey team allows for dialogue with resident/family
- H A L X Y Z -- T5dA1e. Survey team's tone of voice is respectful and non-threatening
- H A L X Y Z -- T5dA1f. Survey team asks probing questions to elicit further information in follow-up to initial responses

- H A L X Y Z -- T5dA1g. Survey team validates or invalidates information obtained during interviews
- H A L X Y Z -- T5dA1h. Survey team is able to determine if the facility was assisting the resident in attaining or maintaining their highest practicable level of functioning

Task 5D General Objective: The survey team determined if the facility protected and promoted the rights of its residents, assisted residents to achieve and maintain their highest practicable well-being, and whether the facility provides equal access to quality care regardless of residents' payment source. The team additionally assessed the impact of the facility's environment, schedules and policies, and staff interaction with residents on the quality of residents' lives.

Task 5D Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 5D - Narrative to support rating:

Task 5E -- Medication Pass X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 5E Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

The survey team observed medication pass and included:

- D N X Y Z -- T5eC1a. Observation of a minimum of 20-25 medication administrations
- D N X Y Z -- T5eC1b. Observation of at least two facility staff
- D N X Y Z -- T5eC1c. Observation of different routes of administration
- D N X Y Z -- T5eC1d. Reconciliation to detect medication errors
- D N X Y Z -- T5eC1e. Documentation of the med. pass on Form HCF-677
- D N X Y Z -- T5eC1f. The survey team observed another 20-25 medication administrations when one or more non-significant errors were identified
- D N X Y Z -- T5eC2a. The survey team determined a deficiency existed when one or more significant errors occurred or when the error rate was 5% or greater

Task 5E Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- H A L X Y Z -- T5eA1a. Survey team asks probing questions to elicit further information in follow-up to observations
- H A L X Y Z -- T5eA1b. Survey team allows for dialogue with facility staff
- H A L X Y Z -- T5eA1c. Survey team med pass observation conducted in a variety of resident care areas
- H A L X Y Z -- T5eA1d. Survey team uses observation techniques properly

Task 5E General Objective: The survey team observed the actual preparation and administration of medications in order to assess compliance with 42 CFR 483.25(m).

Task 5E Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 5E - Narrative to support rating:

Task 5F -- Quality Assessment and Assurance Review X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 5F Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

The survey team, after completion of the Phase 2 sample selection, obtained the information and:

D N X Y Z -- T5fC1a. Determined a committee of the regulatory specified members existed and met quarterly

D N X Y Z -- T5fC1b. Determined if the facility had a method to identify issues which required quality assessment and activities

D N X Y Z -- T5fC1c. Determined if facility had a method to respond to quality issues

D N X Y Z -- T5fC1d. Determined the need to complete Part 2 of the quality assessment and assurance review

To evaluate compliance, the survey team, if necessary, interviewed facility staff to determine:

D N X Y Z -- T5fC2a. If the QA committee had identified and responded to identified quality issues

D N X Y Z -- T5fC2b. If facility had a method to evaluate the effectiveness of the planned implementation

Task 5F Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

H A L X Y Z -- T5fA1a. Survey team asks probing questions to elicit further information in follow-up to initial responses

H A L X Y Z -- T5fA1b. Survey team allows for dialogue with facility staff

H A L X Y Z -- T5fA1c. Survey team able to determine whether or not the facility demonstrates a functioning QA program

Task 5F General Objective: The survey team determined that the facility had a quality assurance committee, it meets in accordance with the regulatory requirements, and the committee has a method to identify, respond to, and evaluate its response to issues which require quality assessment and assurance activity.

Task 5F Rating - using the following scale:

5 = Survey team followed SOM instructions in all respects

4 = In almost all instances, the survey team followed SOM instructions

3 = In more times than not, the survey team followed SOM instructions

2 = Survey team followed SOM instructions only in some instances

1 = Survey team did not follow SOM instructions

0 = *Not Observed*

Task 5F - Narrative to support rating:

Task 6 -- Information Analysis and Deficiency Determination X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 6 Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

The survey team met as a group before the exit to discuss each team member's findings in relation to specific regulatory requirements by:

- | | | | | | |
|---|---|---|---|---|--|
| D | N | X | Y | Z | -- T6C1a. Coming prepared to participate and share concerns and evidence |
| D | N | X | Y | Z | -- T6C1b. Reviewing team meeting notes, concerns and issues |
| D | N | X | Y | Z | -- T6C1c. Systematically reviewing all requirements and guidelines |
| D | N | X | Y | Z | -- T6C1d. Using consensus decision making for each requirement for which a problem is raised |
| D | N | X | Y | Z | -- T6C1e. Recording the substance of deficiency decision on HCF-807 |
| D | N | X | Y | Z | -- T6C1f. Determining if there is substandard quality of care |

Extended Survey Determination

The survey team conducted an extended survey subsequent to a standard survey whenever substandard quality of care was determined.

- | | | | | | |
|---|---|---|---|---|---|
| D | N | X | Y | Z | -- T6C2a. Was an extended survey conducted? |
|---|---|---|---|---|---|

If Done, proceed with the evaluation indicators.

- | | | | | | |
|---|---|---|---|---|--|
| D | N | X | Y | Z | -- T6C3a. Reviewing Nursing Services, 483.30 |
| D | N | X | Y | Z | -- T6C3b. Reviewing Physician Services, 483.40 |
| D | N | X | Y | Z | -- T6C3c. Reviewing Administration, 483.75 |

When an extended survey was triggered by deficiencies related to quality of care, the team evaluated resident assessments for accuracy by:

- | | | | | | |
|---|---|---|---|---|---|
| D | N | X | Y | Z | -- T6C4a. Reviewing a sample of comprehensive resident assessments completed no more than 30 days prior to the survey |
|---|---|---|---|---|---|

Task 6 Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- | | | | | | | |
|---|---|---|---|---|---|--|
| H | A | L | X | Y | Z | -- T6A1a. Survey team identifies non-compliant practice |
| H | A | L | X | Y | Z | -- T6A1b. Survey team assigns scope accurately |
| H | A | L | X | Y | Z | -- T6A1c. Survey team assigns severity accurately |
| H | A | L | X | Y | Z | -- T6A1d. Survey team accurately determined whether an extended survey was indicated |
| H | A | L | X | Y | Z | -- T6A1e. Survey team makes accurate compliance decisions |
| H | A | L | X | Y | Z | -- T6A1f. Survey team accurately determined presence of immediate jeopardy |

Task 6 General Objectives: The survey team reviewed and analyzed all information collected to determine whether or not the facility failed to meet one or more regulatory requirements and determined whether to conduct an extended survey.

Task 6 Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 6 - Narrative to support rating:

Task 7 -- Exit Conference X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

Task 7 Survey Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

Did the team:

- D N X Y Z -- T7C1a. Invite the ombudsman and an officer of the residents group or other residents
- D N X Y Z -- T7C1b. Protect the confidentiality of residents as they presented their findings
- D N X Y Z -- T7C1c. Describe to the facility the deficiencies that were identified and the findings to substantiate these deficiencies
- D N X Y Z -- T7C1d. Provide an ongoing dialogue with the facility staff and therefore, there were few instances where the facility was not aware of surveyor concerns

Task 7 Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- H A L X Y Z -- T7A1a. Survey team presented preliminary findings in a manner that is non-threatening, understandable, objective, and professional
- H A L X Y Z -- T7A1b. Survey team allows opportunity for questions
- H A L X Y Z -- T7A1c. Survey team gives accurate regulation and policy interpretation

Task 7 General Objective: The team accurately informed the facility of the survey team's observations and preliminary findings.

Task 7 Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

Task 7 - Narrative to support rating:

HCFA-2567 -- Statement of Deficiencies X <<< Circle if this Task was NOT OBSERVED and Skip to Next Section

HCFA-2567 Elements: - Circle D = Done, N = Not Done, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

The deficiencies cited had a deficient practice statement that included:

- | | | | | | |
|---|---|---|---|---|---|
| D | N | X | Y | Z | -- T8C1a. Sources of evidence |
| D | N | X | Y | Z | -- T8C1b. Failed facility practice |
| D | N | X | Y | Z | -- T8C1c. Universe (when applicable) |
| D | N | X | Y | Z | -- T8C1d. Identification of the fraction of the universe affected by the deficient practice |
| D | N | X | Y | Z | -- T8C1e. Identifiers unless the information was identified during confidential resident interviews |

The deficiencies cited had findings to support the deficiency's practice statement. Findings included:

- | | | | | | |
|---|---|---|---|---|---|
| D | N | X | Y | Z | -- T8C2a. Dates, times, locations of observations |
| D | N | X | Y | Z | -- T8C2b. Dates, who, and what of interviews |
| D | N | X | Y | Z | -- T8C2c. Dates on source document(s) and "what" of record reviews |
| D | N | X | Y | Z | -- T8C2d. "How" the findings relate to the deficient practice |
| D | N | X | Y | Z | -- T8C2e. Outcomes or potential outcomes (where possible) |
| D | N | X | Y | Z | -- T8C2f. Severity and scope determinations are clearly supported by the deficiency documentation |
| D | N | X | Y | Z | -- T8C2g. Documented deficiencies provided an accurate representation of State findings during the on-site federal presence |

HCFA-2567 Analysis: Circle the level of Performance, H = High Level, A = Adequate Level, L = Low level, X = Not Observed, Y = Not Applicable and Z = New Element [this is not a selectable item for rating purposes]:

- | | | | | | | |
|---|---|---|---|---|---|--|
| H | A | L | X | Y | Z | -- T8A1a. Survey team documented non-compliant practices following the Principles of Documentation |
| H | A | L | X | Y | Z | -- T8A1b. Survey team's documentation supports the citation |
| H | A | L | X | Y | Z | -- T8A1c. Documentation supported each scope and severity selection |

HCFA-2567 General Objective: The survey team wrote a clear and concise statement of deficiencies that effectively communicated the aspects of each requirement which was not met and supported each severity and scope selection.

HCFA-2567 Rating - using the following scale:

- 5 = Survey team followed SOM instructions in all respects
- 4 = In almost all instances, the survey team followed SOM instructions
- 3 = In more times than not, the survey team followed SOM instructions
- 2 = Survey team followed SOM instructions only in some instances
- 1 = Survey team did not follow SOM instructions
- 0 = *Not Observed*

HCFA-2567 - Narrative to support rating:

C. PERFORMANCE FACTORS WORKSHEET

To further the evaluation process beyond a set of task objectives, the performance factor worksheet was developed to assist the Regional Office surveyor to evaluate the State team's competency at applying skills expected of all surveyors, whether Long Term Care or not. It provides an assessment of team performance throughout the survey process.

To eliminate redundancy with the LTC Task Objective Worksheet, HCFA Central Office's original list of "Core Performance Based Expectations for Basic Surveyor Skills" has been reduced to three categories. Each category has performance factor statements that address different surveyor skills. The Regional Office surveyor provides brief specific statements at each performance factor. If applicable, these statements can refer the reviewer to specific areas of the LTC Task Objective Worksheet. Ratings of each of the three categories are also on a five point scale, but please note the descriptions differ from those of the LTC Task Objective Worksheet. The ratings are as follows:

- 5 = Demonstrated an exceptionally high competency level of knowledge, skills, and ability in the survey process elements, including complex elements.
- 4 = Demonstrated a high level of knowledge, skills, and ability in MOST survey process elements.
- 3 = Demonstrated competency in knowledge, skills, and ability by determining compliance and seldom, if ever, required prompting from outside the SA survey team.
- 2 = Required specific prompting, guidance, or other information from outside the SA survey team in a variety of areas to achieve competency in determining compliance.
- 1 = Lacked specific knowledge, skills, and ability demonstrated by inability to utilize prompting, guidance or other information from outside the SA survey team to complete the survey.

Survey Team Investigation Skills

Rating

1. Demonstrates flexibility and creativity necessary to enhance the survey process identified in the Appendices of the State Operations Manual (SOM). [For example: When the team was met with the unexpected, were they able to cope and make the needed adjustments?]
2. Gathers information within the context of the regulations, interpretive guidelines, other written official policy directives and discipline specific standards of practice. [Throughout the time which the Regional Office surveyor was on-site survey, how well was the State team able to complete this?]
3. Primarily focuses on health and safety, quality of care issues, quality of life issues, and outcomes within the context of the survey process. Refrains from emphasizing structure and process details unless there are specific survey requirements for this type of review. [Again, the Regional Office surveyor is requested to look at the overall team performance while the Federal surveyor was on-site.]

Survey Team Evaluation Skills

Rating

1. Synthesizes a large amount of disparate information into concise facts which address individual provider compliance requirements. [Whether related to the Phase II sample selection or other team meetings, while the Regional Office surveyor was on-site, was the team able to pull together all the different pieces of information in terms of relevant compliance requirements?]
2. Determines whether there is a need for further investigation/data collection to validate or disprove concerns, a need for further investigation/data collection to identify frequency and severity of information, and implements appropriate actions based on this evaluation. [Once the team put the pieces together, did they initiate appropriate actions?]
3. Determines immediate jeopardy to health and safety in an appropriate, defensible context according to SO guidelines. [When faced with potential or actual situations of immediate jeopardy to the health and safety of residents, was the team able to appropriate evaluate the situation and make the proper decisions?]

Survey Team Professional Behaviors

Rating

1. Presents factual information about the survey process to providers, consumers or families in a manner that is non-threatening, understandable, objective, and professional.
2. Recognizes the personal and professional responsibilities inherent in the surveyor's role to protect the confidentiality of information and the integrity of the survey process as defined by Federal directives.
3. Describes the content and intent of provider specific regulations to administrative representatives, staff, and beneficiaries appropriately.
4. Does not substitute personal preferences, agendas, feelings, or professional preferences for the prescribed methods that are Federally determined to evaluate compliance with Federal regulations.
5. Team members function effectively by sharing information, findings, and helping the team make its collective determinations.

D. HCFA-2567 REVIEW FORM

- use to compare surveyor's copy to copy sent to facility
- use to compare copy sent to facility to results of informal dispute resolution
- complete for each tag

Surveyor Copy	Facility Copy	IDR Copy		
Tag Number _____		Appropriate Tag:	YES	NO
Findings Support Citation:		YES NO		
SA S/S _____		RO S/S _____		
Comments:				

Surveyor Copy	Facility Copy	IDR Copy		
Tag Number _____		Appropriate Tag:	YES	NO
Findings Support Citation:		YES NO		
SA S/S _____		RO S/S _____		
Comments:				

Surveyor Copy	Facility Copy	IDR Copy		
Tag Number _____		Appropriate Tag:	YES	NO
Findings Support Citation:		YES NO		
SA S/S _____		RO S/S _____		
Comments:				

Surveyor Copy	Facility Copy	IDR Copy		
Tag Number _____		Appropriate Tag:	YES	NO

Findings Support Citation: YES NO
SA S/S _____ RO S/S _____
Comments:

Surveyor Copy Facility Copy IDR Copy
Tag Number _____ Appropriate Tag: YES NO
Findings Support Citation: YES NO
SA S/S _____ RO S/S _____
Comments:

Surveyor Copy Facility Copy IDR Copy
Tag Number _____ Appropriate Tag: YES NO
Findings Support Citation: YES NO
SA S/S _____ RO S/S _____
Comments:

Surveyor Copy Facility Copy IDR Copy
Tag Number _____ Appropriate Tag: YES NO
Findings Support Citation: YES NO
SA S/S _____ RO S/S _____
Comments:

FOSS

This survey was subject to a FEDERAL OVERSIGHT SURVEY (FOSS).

Please use this page as a cover sheet.

The following Form HCFA-2567 Lists of Deficiencies must be sent to the FOSS Team Leader *at the same time the facility is sent* the final HCFA-2567:

1. The survey team's final HCFA-2567 List of Deficiencies*
2. The HCFA-2567 List of Deficiencies sent to the facility.
3. Any revision to the HCFA-2567 due to an Informal Dispute Resolution

Please send the original HCFA-2567 and any revisions of the HCFA-2567 to:

FOSS Team Leader
Health Care Financing Administration
1301 Young Street Room 833
Dallas, Texas 75202

***The HCFA-2567 written before there is input from anyone who was not onsite.**

Prov Name _____ Prov# _____