



The New Survey Process for Nursing Homes

Presented by Richard Mollot
Long Term Care Community Coalition

www.nursinghome411.org

This program is made possible by the generous support of the NY State Health Foundation

+ What is the Long Term Care Community Coalition?

- **LTCCC**: Nonprofit organization dedicated to improving care & quality of life for the elderly & adult disabled in long term care (LTC). Home to the Hudson Valley LTC Ombudsman Program.
- **Our focus**: People who live in nursing homes & assisted living.
- **What we do**:
 - Policy analysis and systems advocacy in NYS & nationally;
 - Education of consumers and families, LTC Ombudsmen and other stakeholders.
- **Coalition members** include several LTC Ombudsman Programs, the Center for Independence of the Disabled, AARP NY, several Alzheimer's Association chapters, other senior and disabled organizations. Also individuals, including ombudsmen, who join in our mission to protect residents.
- **Richard Mollot**: Joined LTCCC in 2002. Executive director since 2005.



+ What Will We Be Talking About TODAY?

■ Brief Background:

Overview of the Nursing Home
System

■ Focus:

The New Nursing Home Survey
(Inspection) System

Effective
Date:
11/28/17

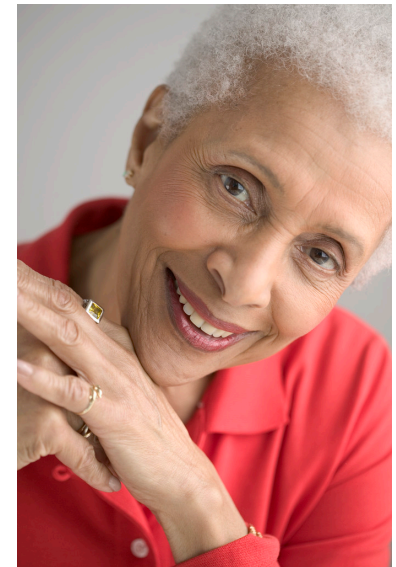
+ The Nursing Home System in a Nutshell

- Virtually all nursing homes participate in Medicaid and/or Medicare.
- In order to participate in Medicaid/Medicare, a facility agrees to meet the standards provided for in the federal **Nursing Home Reform Law**.
- States may have *additional* protections, but no state can have less protections.
- **Federal protections are for all residents** in a facility, whether their care is paid for by Medicare, Medicaid or private pay.
- The federal agency, CMS, contracts with the state DOH to ensure that residents are protected and receive the services they need and deserve.



+ The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain her **highest practicable physical, emotional & social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- Importantly, **the law lays out specific resident rights**, from good care and monitoring to a quality of life that maximizes choice, dignity & autonomy.
- The law passed in 1987. Regulatory standards came out in 1991.



+ **What** Is Happening Now?

For the first time in 25 years, the federal regulatory system has been significantly revised and updated.

This will affect **every aspect of care & quality of life.**

- **All of the Regulations are changing.** For 25 years everyone – nursing homes, surveyors, ombudsmen and advocates – knew what the rules were and where to find them. That entire structure has changed.
- **All of the Guidelines have changed.** The guidelines detail what is expected of nursing homes in relation to each standard – what they are supposed to do and how they are suppose to do it.
- **The nation's Survey System has changed.** As of November 2017, all state survey agencies will be utilizing a new survey process.
- **The F-tag system, used by nursing home inspectors, has changed.** When a surveyor identifies a problem in care or living conditions in a nursing home, she cites the nursing home using a system called “F-tags” – numbers that correlate with the regulatory requirements.



+ Why is CMS Changing the LTC Survey Process?

- Two different survey processes existed to review for a nursing home's compliance with the Requirements of nursing home care (Traditional and QIS)
- Strengths and weaknesses have been identified in the efficiency and effectiveness of both survey processes.
- The two processes appeared to identify slightly different quality of care/quality of life issues.
- CMS set out to build on the best of both the Traditional and QIS processes to establish a single nationwide survey process.

+ Goals of the New Process

- Same survey for entire country
- Combine strengths from Traditional & QIS
- Add new innovative approaches
- More effective and efficient
- More resident-centered
- Improve balance between structure and surveyor autonomy



+ What is in the New Survey Process?

Basic changes include:

- Automation of surveyor tasks
- Changes in how residents are selected for sampling by surveyors
- Changes in off-site vs on-site surveyor activities
- Changes to expected activities when surveyors enter and tour facility
- Changes to survey structure
- Changes to expectations for engaging resident council

+ How Will State Surveyors Know What to Do?

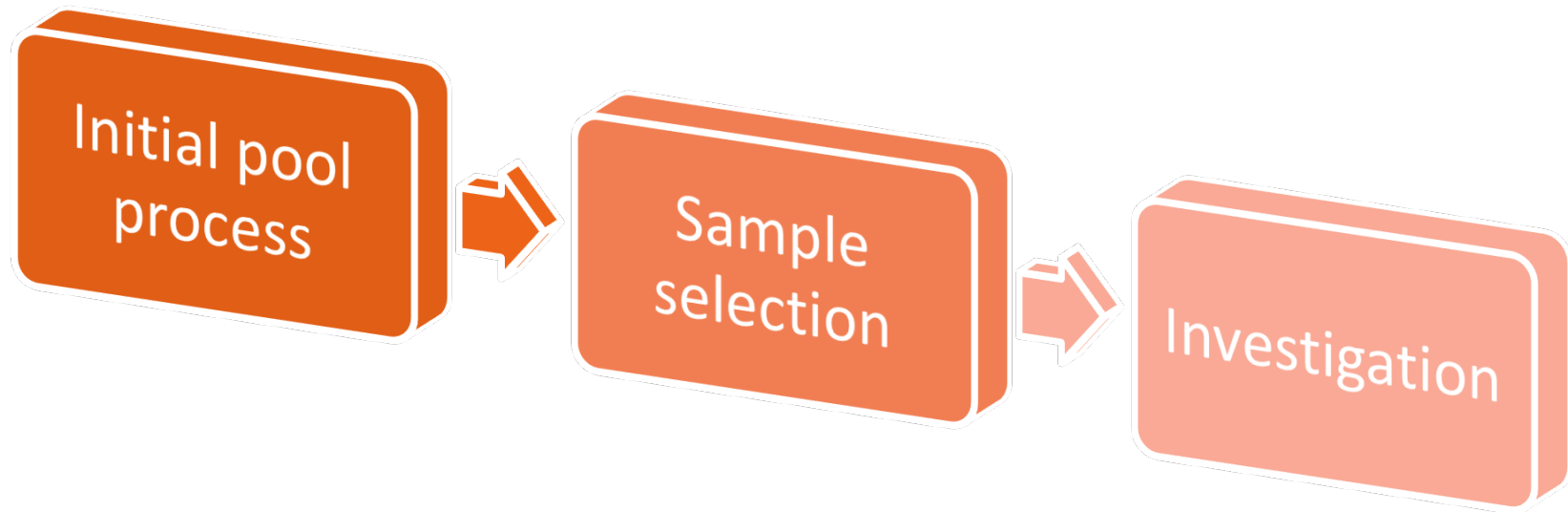
There were mandatory, live, computer-based trainings for all state surveyors over the summer of 2017.

In addition, CMS is providing:

- Computer-Based Training Modules – Available on-demand
- National Calls and Q&As – Summer/Fall 2017
- Access to Surveyor Training Materials (RO/SA management webinar)
- Videos on Highlights of the Interpretive Guidance
- Training Tools access to Survey Forms and CE (Critical Element) Pathways

+ Overview of the New Survey Process

Three parts:



+ Initial Pool Process

Resident sample size based on facility census:

- 70% offsite selected
- 30% selected onsite by the survey team:
 - Vulnerable residents who are dependent on staff
 - New Admissions (within 30 days)
 - Complaints or FRI (Facility Reported Incidents)
 - Identified concern (any resident who has a significant concern but does not fall into any of the above sub-groups)

Why is this important? To address concerns that, too often, residents & families are not spoken to and have little input during the annual survey.

Day 1 of Survey:
Spent conducting observations, interviews, and a limited record review for the residents in the initial pool.

+ Sample Selection & Investigation

Day 2 of Survey & Beyond:

“[T]he remainder of the survey is spent investigating all concerns requiring further investigation for the residents in the sample. Facility tasks and closed-record investigations will also be conducted.”

+ Sample Selection:

- Based on resident census
- The survey team should “include any resident who has a potential harm identified”
- Prioritize using sampling considerations:
 - Replace discharged residents selected offsite with those selected onsite
 - Can replace residents selected offsite with rationale
 - Harm, SQC if suspected, IJ if identified
 - Abuse Concern
 - Transmission based precautions
 - All MDS indicator areas if not already included.
- Sample includes Unnecessary Medication Review:
 - Considers all psychotropic medications, insulin, anticoagulants, opioids, diuretics and antibiotics [Some exceptions, such as for residents with schizophrenia.]
 - Considers adverse consequences, including falls, weight loss, and sedation.

+ Relevant Details of the New Survey...

15

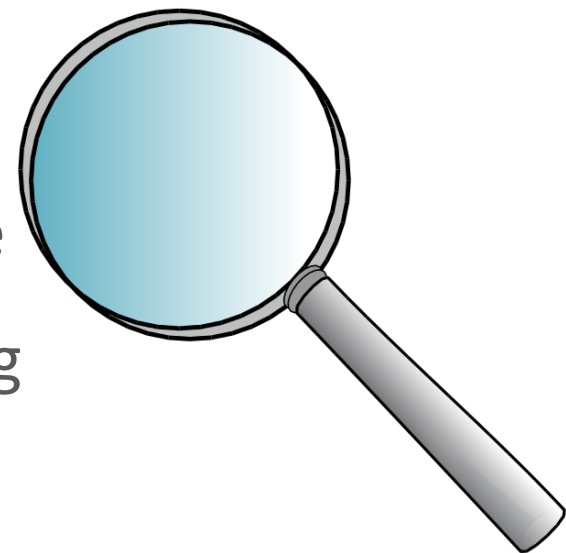
Offsite Preparation & Review:

- Facility data to identify patterns of repeat deficiencies
- Results of the last Standard survey
- Complaints since the last survey, including active complaints
- Facility reported incidents

+ Relevant Details of the New Survey...

Mandatory Tasks for the Survey Team:

- Dining
- Infection Control
- Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
- Resident Council Meeting
- Kitchen
- Medication administration and storage
- Sufficient and competent nurse staffing
- QAA/QAPI



+ Facility Completes & Provides to Survey Team a “Facility Matrix”

Note: Following is a draft which may change.

- *Residents Admitted within the Past 30 days*
- *Alzheimer’s/Dementia*
- *Mental Illness, Developmental Disability, or Intellectual Disability & No PASARR Level II*
- *Medications – certain medications such as insulin, anticoagulants*
- *Facility Acquired Pressure Ulcers (any stage):*
- *Worsened Pressure Ulcer(s) at any stage*
- *Excessive Weight Loss*
- *Tube Feeding*
- *Dehydration*
- *Physical Restraints*
- *Fall(s)*
- *Indwelling Urinary Catheter*
- *Dialysis*
- *Hospice*
- *End of Life/Comfort Care/Palliative Care*
- *Tracheostomy*
- *Ventilator*
- *Transmission-Based Precautions*
- *Central venous line/Intravenous therapy*
- *Infections*

- + Facility Completes & Provides to Survey Team a “Facility Matrix”

Note: Following is a draft which may change.

[illegible]

+ Components of Resident Interview:

Surveyors must complete a full observation, interview, and limited record review for each resident included in the initial pool.

- Screening to see if resident is interviewable
- Suggested questions are available, but surveyors have discretion
- However, all care areas should be addressed
- Care areas cover quality of life, resident rights & quality of care

Interviews
are
expected
to take
about 20
minutes.

Scenario from CMS surveyor training:

For any concern expressed by the resident, you will ask additional questions until you can determine whether the concern can be ruled out or needs to be investigated further, which means you think there may be deficient practice.

For example, if the resident says they had an issue with their roommate but the facility addressed the concern to their satisfaction, you would not need to investigate further; conversely, you would want to investigate a concern if the resident says they have lost weight recently because of their loose dentures unaddressed by the facility.

+ Resident Representative or Family Interview:

- To be done if resident is not interviewable
- The individual should be familiar with the resident's care
- The goal is to complete at least three interviews for the team on the first day

Note in CMS surveyor training:

If you are unable to complete three representative/family interviews during the initial pool process, you have until the end of the survey to complete them; however, the team should complete the interviews early enough in the survey to have enough time to follow up on any concerns.

EXPECTATIONS:

1. At least 3 family interviews.
2. Conducted early in survey to provide time for investigation.

+ Limited Review of Resident Records:

After observations and interviews are completed, surveyors will complete a “limited record review for certain conditions.” **The intent is to ensure that the survey team spends the majority of its time on interview and observation.**

- For all residents in initial pool: a brief review for “advance directives or to confirm or clarify specific information based on your interviews and observations, such as confirming the presence of a pressure ulcer.”
- For any resident not interviewed: review relevant care areas in the resident’s record. Example: “if a resident is not interviewable... review the record for pressure ulcers, infections, and elopements.”
- “For any resident in the initial pool who is receiving insulin, an anticoagulant, or an antipsychotic with a diagnosis of Alzheimer’s or dementia, or if a resident has an appropriate diagnosis but is not receiving PASARR Level II services, ...review the record to confirm the information.”
- For newly admitted residents: review for high-risk medications.

+ Dining:

Surveyors are required to observe the first scheduled full meal that takes place in the facility.

- Expected to have surveyors covering all dining areas in the facility and room trays. If there are more dining areas than surveyors, prioritize the dining areas with the most dependent residents.
- Observe enough of the dining experience to adequately identify concerns.
- If feasible, observe the meal for initial pool residents who have weight loss.
- If concerns are identified, observe a subsequent meal.



+ Investigations:

- Majority of time should be spent **observing** and **interviewing**, with relevant review of record to complete investigation
- Use Appendix PP and critical elements (CE) pathways

Instructions from CMS on CE pathways:

The pathways include guidance on the areas (e.g., MDS, physician's orders and care plan) that should be reviewed initially to help guide your observations and interviews. The pathways include observation, interview, and record review investigative probes for a number of care areas, including pressure ulcers and dialysis.

“The CEs are critical components of care—they cover provision of care and services, as well as the facility assessment and care planning.”

+ Medication

- Recommend being done by nurse or pharmacist
- If possible, observe medication administration for a sampled resident whose medication regimen is being reviewed
- Otherwise, observe medications for any resident to whom the nurse is ready to administer meds
- Observe during different units and shifts
- Observe 25 medication opportunities
- If observing administration of controlled medications, reconcile the count of the medication & ensure the medications haven't expired
- Observe half of medication storage rooms + half of medication carts. If issue identified? – Expand sample.



+ Resident Council Interview

- Conduct a group interview with active members of the Resident Council
- Interview should occur early enough in the survey to afford enough time to investigate any concerns
- interview is focused on specific areas related to the functioning of the council and a few resident specific areas, such as abuse and sufficient staffing
- In addition, ask the group about any identified concerns from the survey.



+ Sufficient & Competent Care Staff

- It is a “**mandatory task**” that surveyors review to ensure that facility has sufficient and competent nurse staffing
- CMS says...”surveyors are always considering whether staffing issues can be linked to resident complaints, or quality of life (QOL) and care (QOC) concerns”



+ When Will We See The Results?

CMS issued a memorandum in November 2017 stating that the health inspection star rating will be frozen for one year.

Memorandum Summary

- **Freeze Health Inspection Star Ratings:** Following the implementation of the new Long-Term Care survey process, the Centers for Medicare & Medicaid Services (CMS) plans to hold constant the current health inspection star ratings on the *Nursing Home Compare* (NHC) website for a period of one year, surveys occurring between November 28, 2017 and November 27, 2018.
- **Findings Available:** The findings from the new Long-Term Care survey process will be reported on NHC but will not yet be incorporated into the *Five-Star Quality Rating System*. CMS will add indicators to NHC that summarize survey findings and deficiency free survey findings.
- **Methodological Changes:** In early 2018, NHC health inspection star ratings will be based on the two most recent cycles of findings for standard health inspection surveys and the two most recent years of complaint inspections.



Thank You!

28

Email info@ltccc.org or call **212-385-0355** if you would like to...

- To get alerts & materials for future programs or
- Sign up for our newsletter and action alerts.



You can also...

Join us on Facebook @ www.facebook.com/ltccc.

Follow us on Twitter @ www.twitter.com/LTCconsumer.



Questions?

Comments?