

**CMS**

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# Keys to Understanding the New LTC Survey Process

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- Gain an understanding of the key changes between the existing survey processes and the updated LTC survey process (LTCSP)
- Recognize different elements of the survey process and how they will be applied to sampled residents
- Learn best practices for achieving good survey outcomes under the new process

## What do we want to accomplish today?

## Traditional Survey

- Paper-based
- Surveyors can ask residents any questions they like
- Sample size based on census – max 30 residents
- Includes complaints

## Quality Indicator Survey

- Computer-based
- Software provides randomly selected resident sample for admission sample, census sample and complaints
- Pathways created to aid investigations

## New Survey Process

- Automated computer-based process
- Software creates consistency in process
- Sample size based on census
- Sample process for for LTCSP is new
- Resident-centered
- More surveyor autonomy

# Current Survey Process vs. New Survey Process

# LTC Survey Process

## Overview

### Offsite Prep

- Surveyors will review pre-selected residents and facility rates during off-site prep
- Surveyors given assigned areas and mandatory Facility Task assignments

### Sample Size

- Determined by facility census
- Maximum sample size:
  - 35 residents for >175 beds or
  - 20% of census for 70-174 beds
- Sample distribution
  - 70% of total sample is MDS pre-selected residents
  - 30% of sample is surveyor-selected
- Sample finalized through:
  - Observations
  - Interviews
  - Limited record review

### Entrance Conference

- Team Coordinator conducts brief Entrance Conference with Administrator
- Surveyors go to assigned units
  - Surveyor assigned to kitchen does brief tour before going to unit
- Copy of updated floor plan if any changes have been made
- Name of Resident Council President

### Info to be provided immediately upon entrance

- Census number
- Complete **matrix** for **new admissions w/in last 30 days** who still reside in facility
- Alphabetical list of all residents (note any resident out of facility)
- List of residents who smoke, designated smoking times and locations

### Info to be provided within 1 hour of entrance

- Dining/Food schedules, locations, menus
- Med admin times, number and location of med rooms/carts
- Staff schedules, list of key personnel, paid feeding assistant info

## Entrance Conference & Entrance Conference Form

### Info to be provided within 4 hours of entrance

- Completed facility matrix for residents not part of 30 day admission matrix
- Admissions packet
- Dialysis info (if applicable)
- Hospice agreements and P&Ps
- Infection Control program standards, antibiotic stewardship program, immunization P&Ps
- QAA/QAPI – QAA committee info, names/meeting frequency and QAPI Plan
- Abuse Prohibition P&Ps
- Description of any experimental research being conducted in the facility
- Facility Assessment
- Nurse staffing waivers and list of rooms meeting a condition that requires a variance

### Info to be provided by the end of the 1<sup>st</sup> day of survey

- Each surveyor needs access to EHR without excluding any info that should be included in the medical record
- Electronic Health Record Information Form should be completed

### Info to be provided within 24 hours of entrance

- Completed CMS-671 Medicare/Medicaid Application
- Completed CMS-672 Census and Condition Information
- Completed Beneficiary Notice Form – Residents Discharged within the Last Six Months

## Entrance Conference Form (cont.)

# Facility Matrix

## Facility Matrix

- Residents admitted within past 30 days
- Alzheimer's/ Dementia
- MD/ID/Related Condition + No PASARR Level II
- Medications
- Pressure Ulcer – Facility-Acquired
- Worsened Pressure Ulcer (Any stage)
- Excessive Weight Loss w/o Prescribed Weight Loss Program
- Tube Feeding
- Dehydration
- Physical Restraints
- Falls, Falls w/ Injury & Falls w/ Major Injury
- Indwelling Urinary Catheter
- Dialysis
- Hospice
- End of Life / Comfort Care / Palliative Care
- Tracheostomy
- Ventilator
- Transmission-Based Precautions
- IV Therapy
- Infections

# LTC Survey Process

## Initial Pool Process

### Initial Pool Process

- No formal tour
- Surveyors go to assigned area to identify approximately 8 residents for the initial pool process
- Surveyors will conduct the following for the initial pool residents:
  - Full observation – all residents in assigned area screened
  - Interview all interviewable residents
  - Complete limited record review for initial pool
    - Offsite selected residents (mandatory)
    - New admissions
    - Vulnerable residents
    - Complaints / Facility reported incidents (restricted to maximum of 5 across team)
    - Any identified concern not listed above



# LTC Survey Process

## Initial Pool Process

### Initial Pool Process

- During initial pool process surveyors may also ask questions as they would like
- **Observation** - Covers all care areas and probes during rounds
- **Interview** - Structured process for interviewable residents
- **Limited Record Review** - Brief review of resident record for advance directives or to clarify specific information based on interviews and observations

### Finalizing the Sample

- Surveyors meet to discuss and select sample
- Additional identified concerns can be added
- Remainder of survey spent on investigations and facility tasks

# Facility Tasks

## Mandatory Tasks & Triggered Tasks

### Mandatory Tasks

- Beneficiary Protection Notification Review
- Dining Observation
- Kitchen Observation
- Infection Control
- Sufficient / Competent Staffing
- Medication Storage
- Medication Administration
- QAA / QAPI
- Resident Council Meeting

### Triggered Tasks

- Environment
- Personal Funds
- Resident Assessments

# Investigation

Triggered Tasks / Care Areas

## Investigation

- Each surveyor conducts investigation for every resident assigned to him/ her in sample
- Record review to guide observations and interviews:
  - MDS
  - Physician's orders
  - Care plan
- Observations and interviews with residents and staff

# Critical Element Pathways

## Investigation Tools

Critical Element Pathways  
(CE)

- Abuse
- Unnecessary Medications, Psychotropic Medications, & Medication Regimen Review
- Behavioral and Emotional Status
- Dementia Care
- Preadmission Screening and Resident Review
- Activities
- Communication and Sensory Problems
- Dental Status and Services
- Dialysis
- Pain Recognition and Management
- Physical Restraints
- Pressure Ulcer/Injury
- Specialized Rehabilitative or Restorative Services
- Respiratory Care
- Nutrition
- Hydration
- Tube Feeding Status
- Activities of Daily Living (ADL)
- Positioning, Mobility & Range of Motion (ROM)
- Urinary Catheter or Urinary Tract Infection
- Bladder or Bowel Incontinence
- Accidents
- Discharge
- Hospitalization
- Hospice and End of Life Care and Services
- Death
- General
- Extended Survey (for SQC)

## Closed Record Review

3 records

### Closed Record Review

- Death
- Hospitalization
- Community Discharge
- 3 closed record reviews conducted
  - May include discharged offsite residents, complaints, or other resident with identified concern as long as the discharge type matches
  - If system does not ID records, surveyors will not complete review for that area

# Resident Council Interview

Mandatory Task

## Resident Council Meeting

- Completed with active members of Resident Council early in survey
- Review of Resident Council Minutes
- Review Grievance Policy and evidence of 3 year retention of grievances

## Staffing

- **“Sufficient”** is determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the Facility Assessment
- **“Competent”** - Facility Assessment must include/address an evaluation of staff competencies necessary to provide the level and types of care needed for the facility’s unique resident population
- **Change in Condition** - Nursing staff must be aware of each resident’s current health status and regular activity, and promptly identify change in condition and take appropriate action
- Documentation of attending training, listening to a lecture or watching a video is **not sufficient**
  - Staff must be able to “use and integrate” the knowledge/skills learned during the training
- Each day, a surveyor collects and consolidates staffing info from all surveyors that includes examples with either potential/actual negative outcomes or harm

## Things to Think About for Good Survey Outcomes

### Infection Control

- Hand hygiene
- Personal Protective Equipment (PPE)
- Transmission- Based Precautions
- Laundry Services
- IPCP P&Ps
- Infection Surveillance
- Antibiotic Stewardship
- Influenza and Pneumococcal immunizations

### Medication Storage

- Half of med storage rooms will be reviewed
- Half of med carts on units where med rooms were not observed will be reviewed
- If concerns identified, review expanded to more med rooms/carts

### Medication Administration

- 25 med admin opportunities observed (different routes/ shifts / units) – residents **not** pre-selected
- If controlled substance administered, surveyor reconciles med count and checks to make sure med not expired

## Things to Think About for Good Survey Outcomes



## Behavioral Health

- New section in RoPs – will be a big focus going forward

## Dementia Care

- Staff understanding of dementia care principles and person-centered interventions and care

## Activities

- “Meaningful activities” is mentioned throughout the CE Pathways

# Things to Think About for Good Survey Outcomes

Observations

- Staff responsiveness to residents – distress, requests for assistance, etc.
- If care planned interventions are being used
- Staff attempting non-pharmacological interventions
- Infection control

Interviews

- Resident/ Rep asked about involvement in CP process, ability to make choices, staffing levels
- Staff asked specific questions about residents, their care, interventions, preferences, etc. – they need to know the individual residents

Record Review

- CMS expects surveyors to review records while out on units, not in a conference room, so record review will really be about validating what is being seen
- Application of person-centered care principles in care plans

## Common Themes in the LTCSP

# Thank you!

## Thank you

- Thank you to Pharmscript for having CMS Compliance Group present today on the new LTC survey process
- For info on the LTCSP, new Ftags and other compliance information, visit the CMSCG Blog:  
[cmscompliancegroup.com/blog](https://cmscompliancegroup.com/blog)