

AdvantageCare Rehabilitation, LLC

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Survey Process

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Managing the New Survey Process

The first two (2) days will be mainly conducted on the units, surveyors will divide and conquer, as a new aspect to the survey process

Why Were Changes Required?

- Changes were required due to:
 - ► The need to develop one process for use across the nation
 - ► To promote consistency
 - ► The need to conduct, organize and systematize investigations
 - ► Focus on person-centered care

What's New?

- Survey sampling
- Focus on resident-centered outcomes
- New triggered tasks
- Resident-centered processes
- Focus on quality care and quality of life

Recommending QAPI: The New Survey Process

- Keeping the Residents in the Loop
 - Providers should take the time to inform the residents and families of the new regulatory changes that govern long-term care
 - Residents an families should be informed about the new survey process itself

- ► Off site-prep
- Survey sampling
- Focus on resident-centered outcomes
- New triggered tasks
- Resident-centered processes
- Focus on quality care and quality of life

- Off-site Prep Inspectors Review and Organize
 - Repeat deficiencies
 - Complaints
 - Variances/waivers
 - Results of last standard survey
 - FRIs (Facility reported incidents federal only)
 - Necessary documents are printed
 - Closed record sample
 - Nine (9) mandatory facility tasks and unit assignment
 - Dining observation
 - Infection control
 - Sufficient and competent nurse staffing

- Facility Entrance Upon entry into the facility, the Team Coordinator (TC) will:
 - Introduce themselves and the survey teams, and request to see the administrator and/or DON
 - Request the facility provide a place where the survey team can work
 - Schedule the entrance conference with the Administrator and/or DON (time for meeting)
 - ► Conduct a brief entrance conference with the administrator/designee
 - Provide a copy of the entrance conference form
 - Request information regarding a full-time DON
 - Request information about the facility's emergency water source (verbal accepted)
 - Provide signs announcing the survey in high-visibility areas
 - Request a copy of an updated facility floor plan, if changes have been made
 - Request the name of the Resident Council President
 - Provide the administrator of designee with a copy of the CASPER 3 report

- Requested information needed immediately upon entrance
 - Facility census number
 - Complete matrix for new admissions in the last thirty (30) days who are still residing in the facility
 - An alphabetical list of all residents
 - A list of residents who smoke and their designated smoking times and location
- Requested information needed within one (1) hour of entrance
 - Schedule of medication administration times
 - Number and location of medication storage rooms and medication carts
 - ► The actual working schedules for LNs and RNs for the survey time-period
 - List of key personnel, location, and phone numbers
 - Information on paid feeding assistants, if applicable
 - Schedule of mealtimes, locations of dining rooms, copies of all current menus, and the policy for visitor-provided food

Dining room and tray observations

- ▶ This is the first full meal after entry into the facility:
 - ► All dining areas are covered, including room trays
 - If there are more dining areas than surveyors, surveyors will monitor dining rooms for those resident who require the most assistance
 - ► Note: Additional dining/room tray observations will be conducted as needed

Initial Pool Process

► Required information needed within four (4) hours of entrance

- Complete Matrix for all other residents
- Admission packet
- Dialysis details and hemodialysis/peritoneal dialysis staff
- Hospice information
- Infection and influenza protocols
- QQQ committee information
- QAPI Plan
- ► Abuse prohibition policy and procedures
- Experimental research
- ► Facility-wide assessment
- Nurse staffing waivers
- Rooms requiring a variance

Information needed at the end of day one

- Facility should provide each surveyor with access to all resident Electronic Health Records (EHRs)
 - > Do not exclude any information that should be a part of the resident's medical record
- Provide specific information on how surveyors can access the EHR outside the conference room
- Providers will complete the "EHR information" form
- Completed Medicare/Medicaid Application (CMS-671)
- Completed census and condition information (CMS-672)
 - Discussion of this changing to part of the pre-survey process and part of the MDS based process
 – (not in effect, just in discussion stage)
- Completed Beneficiary notice worksheet that identifies those residents discharged from Medicare covered Part A stay with benefit days remaining within the last six months

Sample Selection

Resident interviews and observations

- Critical component of resident-centered approach
- Surveyors will request a list of new admissions
- Resident interviews and observations are conducted
 - Screen every resident
 - Suggest questions but not a specific surveyor script
 - Must cover all care areas
 - ► Include rights, QOL, QOC
 - Investigate further or no issue
 - Potential deficient practice

Investigation

Limited record review

- Surveyors will conduct limited record review, including but not limited to:
 - Obtaining specific care area information for non-interviewable residents
 - Verifying information provided by the resident/representative
 - Identifying high-risk medications
 - Clarifying identified discrepancies
 - Reviewing advanced directives
 - ▶ No formal staff interviews are conducted during the initial pool process
 - Special circumstances
 - Inability to access EHRs
 - Time constraints
 - Other considerations

Ongoing and Other Survey Activities

► For the remainder of the survey, surveyors will:

- Continue in-depth investigations
- Complete mandatory facility tasks
- Triggered facility tasks
- Potential citation review

Potential Citations

- Once the survey team has completed all its in-depth investigations and facility tasks, the team will conduct one final meeting to:
 - Discuss pertinent survey findings
 - Discuss potential non-compliance findings
 - ► Determine potential citations
- Exit Conference
 - ► The exit conference is conducted in the same manner as previous surveys
 - ► The exit conference should include key individuals
 - During the exit conference, the TC has specific responsivities

Reminder

- The goal of these changes is not to target facilities but to focus on person-centered care
 - > Your director of nursing plays a vital role in the process
 - ► The Entrance Conference Worksheet will make or break your survey
 - Communication with staff and residents is key
 - Medication reconciliation and disposal is a big-ticket item
 - Resident interviews are a critical component
 - ► Citations can negatively impact licensure, reimbursements, Five-Star Rating, and more
 - It takes only one resident to put your facility at risk

References

- Centers for Medicare and Medicaid Services (CMS, 2017). Long-Term Care Survey Entrance Conference and Provider Matrix.
 - <u>https://www.cms.gov/Medicare/Provider-Enrollment-and-</u> <u>Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html</u>
- Centers for Medicare and Medicaid Services (CMS, 2017). Long-Term Care Pathways.
 - <u>https://www.cms.gov/Medicare/Provider-Enrollment-and-</u> <u>Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html</u>

Resources

- https://www.whca.org/files/2017/10/DOH-Entrance-Conference-Worksheet.pdf
- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Matrixwith-Instructions-Content-Unchanged.pdf
- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTCSPProcedure-Guide.pdf
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- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-andCert-Letter-16-15.pdf
- https://www.cms.gov/Medicare/Medicare-General-Information/BNI/downloads/CMS10055.pdf

Questions?

Thank you!



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