Long Term Care Survey Process (LTCSP) Procedure Guide
Effective May 5, 2019

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I. OFFSITE PREP

Step 1: Create survey shell in ASPEN Central Office (ACO)

- Create a survey shell in ACO according to your state practice.
- Add team members in ACO and designate the team coordinator.
  - Expand the facility's name.
  - Right click on the Event ID.
  - Select Team Roster from the list. It is recommended to add the team in ACO.
  - Select Update.
  - Check the box for each team member that will participate in the survey. Ensure each person has a check next to his or her name. Select **OK**.
  - Highlight the surveyor that is Team Coordinator (TC). Select Leader. The TC will have a diamond in front of their name.
  - Select Done.
- Link any complaints and Facility Reported Incidents (FRIs) to the survey according to your state practice.

LTCSP Application HELP

- Contact the designated state technical lead according to your state procedures for any hardware or software difficulties.
- If an "unhandled exception" error message occurs while using the LTCSP application OR you are having technical issues, make a print screen of the message or technical concern. While still on the screen, press the Function [Fn] key and the Print Screen [Prnt Scrn] key. Open a new Word document and paste the print screen [Ctrl+V]. Describe in the Word document the actions being completed just before the error message or technical concern. Send the document to your state technical lead.
- If the designated state technical lead is not available and the technical difficulty stops the survey process, contact the QTSO Help Desk (1/888/477-7876). Inform the Help Desk responder that the contact is about a LTCSP and immediate assistance is required because the team cannot continue with the survey until the issue is resolved.
  - To send Server Log Files to the QTSO Help Desk, in the navigator menu go to System, click on Email Server Log, use the drop-down next to Log File to select the date(s) of the concern, and click Save. If you have internet access, you will be directed to email the Log Files to the QTSO Help Desk. If you do not have internet access, save the Log Files to email at a later time.

Step 2: Export shell from ACO

- In ACO, export the shell according to your state practice (e.g., flash drive or via Direct Connect) as close to the survey start date as possible but no more than 5

business days before the survey start date so the exported shell has the most up-to-date Minimum Data Set (MDS) data.

- o During the transfer, if there are no residents included in the shell you will receive a warning indicating there is no available MDS assessment data. It is recommended that the SA's MDS/RAI Coordinator resolve the issue if possible (e.g., address submission concerns with the facility) and reschedule the survey once the issue has been resolved. It is critical to have MDS data for the survey, if at all possible. If you decide to continue with the survey, the team will not have offsite-selected residents, MDS indicators, or closed record residents. The initial pool and sample will be comprised of just onsite-selected residents.
- o If the survey shell has already been exported, you will see a warning. You should only overwrite the data if the survey start date has significantly changed (e.g., the survey was postponed or delayed) or if you originally pulled the shell more than 5 working days before the survey start date. Otherwise, you will always answer No to the warning to avoid overwriting the data (e.g., when the SA attaches additional complaints after the survey has begun).

Step 3: Import shell into ASPEN Survey Explorer (ASE-Q)

- In ASE-Q (also referred to as ASE), import the shell according to your state practice (e.g., flash drive or via Direct Connect).
  - o Click on the **Import** button.
  - o Insert the **USB drive** (if using).
  - o Select **Other Zip File Location**.
  - o Click on the binoculars.
  - o Locate the shell.
  - o Switch to **All Files** if you renamed the shell - The default file type is ASPEN Export (ASPENTx.zip).
  - o Click the drop-down and select **All Files** (*.*).
  - o Double click on the survey shell.
  - o Click **OK.**
  - o Select **Continue with Import** in the Survey Import dialog box.
  - o During the transfer (both import and export), a **pop-up** will appear displaying the number of residents included in the shell (i.e., Residents Exported). **Ensure there is an adequate number of residents included in the shell** as compared to the facility bed size. If there are very few residents, again the SA may need to resolve the issue with your SA's MDS/RAI Coordinator and the facility, if appropriate, which means the survey may need to be delayed depending on the specific circumstances. If the number of residents is reasonable, click **OK**.
  - o Click **Apply.**
  - o If there are Complaints or FRIs that will be investigated with the survey, they will appear under the event ID with a COMP or FRI indication.

Step 4: Add team members in ASE-Q (if team composition changes)

Best practice is always to add team members in ACO, but you can add them in ASE-Q when necessary (e.g., team members were changed after the shell was exported or added later in the survey process).

- In ASE-Q, click on the appropriate alphabetical grouping
  - Click on the plus sign next to the facility name
- Right click on the Event ID
- Right click on **Team Roster**.
- Click on **Update Team**.
- Click on the Update button.
- Place a **checkmark next to each team member's name**, when all survey team members are selected, click **OK**.
  - If you are adding more than one surveyor to the team, ensure each team member adds the names in the same order. Adding team members in ASE-Q in different orders could lead to duplicate resident IDs.
  - To confirm there are no issues, every team member should go to the data sharing screen in the LTCSP system and confirm the system ID (last column in the table) is the same for each team member on all computers. If not, in the System ID column for the applicable surveyor, double click on the inconsistent number and manually update the system ID number, so they match.
- **Highlight** the name of the **TC (Team Coordinator)**, click **Leader** (a blue diamond will appear by the TC's name), then click **Done**.
- **Important:** The system will protect the data and not allow a team member to be removed if they have contributed any data to the survey. The only exception is if the team has not entered the facility yet. In that case, the TC should unassign facility tasks from the surveyor and then **remove the surveyor from the team.**

Step 5: Access the survey

- There are two ways to access the LTCSP survey:
  - Right click on the Event ID and select LTCSP from the drop down menu.
  - Right click on the Event ID, select **Citation Manager,** and click the **LTCSP Survey button**.
- If you receive a warning message that the system is unable to connect to the server, click on the LTCSP button again to access the LTCSP survey.

Step 6: TC completes offsite prep screen

- Click on Survey Preparation | Offsite Prep in the navigation menu.
- The administrator's name and previous survey date will automatically populate.
- Review the **CASPER 3** report for pattern of repeat deficiencies. Document your findings in the CASPER 3 report notes field.

- Document the **results** of the **last Standard survey**.
- Review **complaints (COMP)** and **Facility Reported Incidents (FRI) since** the **last Standard survey** to gain a general understanding of repeated issues or concerns that have been reported.
- If you are investigating **complaints or FRIs** with the survey, you will include up to five complaint/FRI residents in the initial pool and the sample. If you are including more than five complaint/FRI residents on the survey, these residents are considered <u>additional</u> complaint/FRIs; do not include these residents in the initial pool or sample. You will only investigate the allegations for these additional (i.e., more than five) complaint/FRI residents.
- The **active/outstanding complaints/FRIs** that were linked from the ASPEN Complaints/Incidents Tracking System **(ACTS)** will be **listed on the Offsite Preparation screen** in the table. The following information is linked to each complaint/FRI: Intake ID with a link to notes entered in ACTS, Type (COMP or FRI), Complaint Resident Name from ACTS, and an indicator if the complaint resident is also an offsite selected resident. Expand the intake ID (using the down arrow) to review the allegations with a link to notes entered in ACTS. State-only complaints will be identified as such.
  - Review the intake ID notes and allegation notes to identify the concern.
  - Unknown/anonymous complaints are when the resident is unknown. The system will default the LTCSP Resident column to the general facility placeholder titled "Facility, Facility." Select Facility, Facility if the complaint resident is listed as anonymous.
    - If a resident is identified but was not added in ACTS, add the resident in ACTS, export the shell, but do not overwrite the data.
  - For any complaint resident identified, link the complaint resident name to the name listed in the LTCSP system by using the drop-down box under LTCSP Resident-Room.
    - If the resident isn't listed in the LTCSP Resident-Room drop-down, add the resident to the resident list by clicking on the Add New Resident icon above the table (be sure to first check the Resident-Room drop-down, as you do not want to add the resident if the resident is already in the system). Mark complaint/FRI as the subgroup. Identify the surveyor who will be assigned to the resident for the initial pool. You do not need to add a room number or admission date at this time. Click Save. Once added, select the resident from the drop-down in the LTCSP Resident-Room column. The resident will be automatically included in the initial pool. If you do not want to include the resident in the initial pool, deselect the checkmark in the In Pool column.
  - Identify the LTCSP areas that require investigation based on the allegations.
    - For residents included in the initial pool with allegations that are covered by the initial pool and for general complaints covered by the initial pool,

add the **Initial Pool Areas**. Select the drop down next to the complaint or FRI intake ID. Click on Add the Initial Pool Area and select the applicable Initial Pool Area for that complaint or FRI. Click on each Intake ID and allegation to review notes (see below for including the resident in a facility task, closed records, or directly to an investigation). Once added, the areas will be listed next to the Care Areas label in the drop-down menu. The initial pool areas identified for general complaints will be flagged as a complaint for all initial pool residents.

- If there are more than five complaint/FRI residents, or the initial pool complaint/FRI resident has an allegation area that is not covered by the initial pool (e.g., a tag that is not mapped to the initial pool such as self-administration of meds or blood pressure medications), add the area using the **Directly Add New Investigations** option**.** Once added, the areas will be listed next to the Investigations label. The resident and investigation will be displayed on the assigned surveyor's investigation screen.
- If the allegation is related to a mandatory or triggered **Facility Task**, add the task, which will be displayed on the facility task screen. Triggered facility tasks and sufficient staffing also will be displayed on the initial pool screens.
- If the allegation is related to a **Closed Record**, add the closed record area, which will be displayed on the closed record screen.

o Include up to five complaint/FRI residents in the initial pool by placing a checkmark in the **In Pool** column and assigning the initial pool surveyor. You will receive a warning if you add more than five complaint/FRI residents. The system will automatically assign the subgroup to Complaint or FRI.

- Use the Yes/No drop-down to indicate whether the facility has a **history** of **abuse** allegations, **patterns of abuse**, or **citations** since the prior standard survey. This information can be useful to the survey team to help understand what issues may be present in the facility. Ideally, survey teams would review complaints and FRI's that have been reported since the last recertification survey during offsite prep. We believe this information is very important, but understand that reviewing complaint and FRI information may be difficult, and that States have different ways of documenting these events. Therefore, we encourage States and survey teams to understand this information prior to entering a facility; however, it is not required.
- Note any facility Federal **variances/waivers**.
- Note **active enforcement cases** that should not be investigated (e.g., pending complaints already investigated that have a civil money penalty).
- **Contact the Ombudsman** in accordance with State policy. Notify the ombudsman of the proposed day of entrance into the facility and if applicable, obtain any information/concerns. Ascertain whether the ombudsman will be available if residents wish her/him to be present during the Resident Council Interview. Enter the Ombudsman's name, number, contact date, and areas of concern.

Step 7: TC makes facility unit assignments

- **On the offsite prep screen**, **assign all units** equally across the team members using last year's floor plan.
  - Do not assign the same surveyor to the rehab and Alzheimer's unit.
  - If the facility's rehab unit is large, consider assigning two surveyors to cover it.
  - Consider the location of offsite selected residents and complaint or FRI residents.
  - Keep surveyors on one unit/floor as much as possible. Be mindful of the number of residents in each surveyor's workload. The expectation is that each surveyor screens all residents in their assigned area and includes about eight residents (may be adjusted depending on team size) in the initial pool.
  - Assign units according to surveyor specialty, when applicable (e.g., assign a social worker to the dementia care unit).
  - To attach a copy of the floor plan with assignments in the software, click on the paperclip icon on the far right side and follow the instructions on the screen.

Step 8: TC makes mandatory facility task assignments

- **Assign mandatory facility tasks** by selecting Investigation | Facility Tasks from the Navigation menu:
  - Beneficiary Protection Notification Review
  - Dining Observation (assign all surveyors who are assigned to a dining area or room trays but communicate that one surveyor has primary responsibility)
  - Infection Control (assign all surveyors but communicate that one surveyor has primary responsibility)
  - Kitchen
  - Medication Administration
  - Medication Storage
  - QAA/QAPI
  - Resident Council Meeting
  - Sufficient and Competent Nurse Staffing (assign all surveyors but communicate that one surveyor has primary responsibility)

Note: To enter data on a facility task screen, a surveyor must be assigned to that task. For those tasks where all team members need to enter data, assign to **ALL** (only the TC can assign to All). During the survey, if a surveyor is not assigned to a facility task and identifies a concern related to a specific task, the surveyor can add their name to that task.

Step 9: TC prints documents

- **Print the following documents** (click the Reports icon – the clipboard without a pencil - on the right side of the screen or press **Alt+P**). If you are not printing the

reports from the LTCSP system, ensure you are using the most recent version of the reports.

- o Facility Matrix with instructions (1 copy of instructions, multiple copies of the blank matrix)
- o Entrance Conference worksheet (1 copy)
- o Beneficiary Notices worksheet (3 copies) – The worksheet is titled, "Beneficiary Notification Review" in the Reports window

Step 10: TC shares offsite prep data with team members

The TC should **share the completed offsite prep data** with team members using the Data Sharing screen. **The Data Sharing Methods** instructions below **should be used for all data sharing throughout the survey.**

Data Sharing is always performed between the TC and team members. Team members cannot share data between themselves.

To **access the Data Sharing screen** click on the **flash drive icon** on the right tool bar menu or use **ALT + D**.

DATA SHARING METHODS

Using the File method

- **IMPORTANT:** TC should always receive data from all team members before sending the consolidated data back to the team if the team members have updated information. If team members share data with the TC, make additional changes in their system, and then receive data from the TC without sharing their newly added information, any newly added information may be lost.
- Some data sharing steps only require the TC sending out data (e.g., offsite prep or investigation assignments), so the sharing of data from team members can be skipped. For example, the TC shares offsite preparation data to team members without needing to receive any data from team members.
- File used for data sharing can be written to a USB device, to a central location accessible by all surveyors, or to another location where it can be sent by secured email**.** The file browser will default to the USB device if one is entered and the desktop if no USB device is found**.**
- In order to send or receive data, team members need to be on the Survey Team Data Sharing screen.
  - o To send data to TC, all team members should:
    - o Insert a flash drive.
    - o Click **Send Data**.
    - o A file browser will open and default to the flash drive folder with the correct file name entered.

- o Click **Open**.
- o Message will confirm that data was successfully sent.
- o To receive team member data, the Team Coordinator should:
  - o Insert the flash drive containing one or more files from the team members.
  - o Place a checkmark next to the team members' names.
  - o Select **Receive Data**.
  - o The flash drive folder should automatically appear. If not, browse to the flash drive.
  - o The title of the browser window will contain the name of the survey team member it is currently processing.
  - o Ensure the correct flash drive is entered and the correct file for that surveyor is selected. File name will default to the correct name for the team member currently being processed.
  - o Click **Open**.
  - o Message will confirm that data was successfully received.
- o To **send consolidated data to team members** the Team Coordinator should:
  - o Insert a flash drive.
  - o Place a checkmark next to the team members' names.
  - o Click **Send Data**.
  - o The flash drive folder should automatically appear. If not, browse to the flash drive.
  - o Click **Open**.
  - o Message will confirm that data was successfully sent.
- o To **receive consolidated data from the TC**, all Team Members should:
  - o Insert the flash drive containing TC file.
  - o Click **Receive data**.
  - o The flash drive folder should automatically appear. If not, browse to the flash drive.
  - o The TC's data file will automatically appear
  - o Click **Open**.
  - o Message will confirm that data was successfully received.

Using Secured Wireless method or using Wired method with a switch:

- If using other wireless network(s) during the survey (e.g., a facility provided network) ensure that all team members have disconnected from those networks prior to sharing data.
- All team members must be connected to the same secured wireless or wired router your state is using for data sharing.
- To ensure that all team members receive data from all the other team members, it is recommended that all team members share data through the TC at the same time. This

may not be possible when a team member has to leave the survey, but is recommended at all other times.

- The **Team Coordinator should**:
  - o Ensure everyone is connected to the same secured wireless connection or plugged into the same wired switch.
  - o Select all the team members' names you want to share data with.
  - o Ensure the team members have a server defined:
    - o Use the pull-down to find the team members' machine.
    - o The **Reload Server List** button can be used to refresh the pull-down list
  - o *OR* have entered the Machine Address (IP).
  - o Enter the IP address exactly as it is written on the team member's machine.
  - o Click **Share Data Now**.
  - o The TC will receive a message noting each team member that successfully sent data to the TC and each team member that successfully received data back from the TC.

Using Secured Wired method using a cable to connect two machines:

- If using other wireless network(s) during the survey (e.g., a facility provided network) ensure that all team members have disconnected from those networks prior to sharing data.
- Since this method involves connecting a single team member's machine to the TC at a time, multiple passes will be required to ensure everyone has received all data.
- The **Team Coordinator should**:
  - o Connect the wire between a team member's machine and their machine.
  - o Select the team member's name from the list.
  - o Click **Share Data Now**.
  - o The TC will receive a message indicating the team member was successful in sending data to the TC and the team member successfully received data back from the TC.
  - o Repeat for each team member.
  - o To send consolidated data back, perform the same steps as above but reverse the order of the team members.
  - o You can skip the last team member since they have all team member data.

Note: **Surveyors should not export and import the survey shell in ASE-Q**. Instead, they should **share data within the LTCSP system**. The only time during the survey that an export is completed is when a team member is added to the team after the survey has begun and the TC exports the shell from ASE-Q to that surveyor.

Step 11: Team reviews offsite information

- **Team members independently review the Offsite Prep information prior to entering the facility.** There is no required offsite prep team meeting.

- o Review all information on the **Offsite Preparation screen** including the details for any general complaint or complaint/FRI residents assigned to you.
- o **MDS Indicator Facility Rate Report**. Review the report to get a sense of how many residents and which MDS indicators are of potential concern at the facility. Click on the Reports icon – the clipboard without a pencil - on the far right side of the screen. Check the box in front of MDS Indicator Facility Rate Report, and then click the Run Reports button at the bottom of the page.
- o **Offsite selected residents**. Review the list of offsite selected residents and their MDS indicators. To access this list, click on the Reports icon, select Offsite Selected Resident List and click Run Reports. You also can review this information by going to Interview | Resident Manager in the Navigation menu, then filtering by group and choosing Offsite Selected. Next, click on Sort residents and choose Room to see the names of the offsite selected residents who are on your unit (based on the MDS-provided room number). Double click each resident's name to review their MDS indicators listed at the top right of the screen.

- **Assign yourself (in the software) to the offsite-selected residents** in your assigned unit/area, **if desired, or wait to do this onsite** when you know that the MDS room numbers are accurate. Once onsite, if you find the MDS room numbers are inaccurate, update the room numbers in the system with the room numbers provided by the facility.

- Ensure the electronic **Survey Resource Folder** is downloaded and saved to your desktop. The folder is located at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html. The folder includes the following:
  - o LTCSP Procedure Guide
  - o List of Revised FTags/Substandard Quality of Care (SQC) FTags
  - o F-Tag-Crosswalk
  - o Appendix PP – Guidance to Surveyors for LTC Facilities
  - o Appendix Q – Core Guidelines for Determining Immediate Jeopardy
  - o Chapter 7 of the State Operations Manual
  - o Psychosocial Outcome Severity Guide
  - o Principles of Documentation
  - o Survey Instructions if you Encounter Software or Hardware Issues
  - o Editing and Finalizing Statements of Deficient Practice
  - o LTCSP Mapping Document - Streamlined
  - o Severity and Scope Guide
  - o Survey Forms (Word and PDF): Initial Pool Care Areas, LTC Survey Pathways, CMS-802, Editing and Finalizing Statements of Deficient Practice, Entrance Conference Form, Immediate Jeopardy Template, Offsite Prep Worksheet, Surveyor Notes Worksheet

- **Supplies**

o The team should bring a power strip with surge protector for use as needed (do not use an extension cord).

II. FACILITY ENTRANCE

Step 12: Enter the facility and go to your assigned area

- TC: **After entering the facility, discuss with the Administrator items 1 – 4** on the Entrance Conference screen (located under Survey Preparation | Entrance Conference in the Navigation menu) and ensure the facility is making efforts to address those areas **prior to conducting the brief Entrance Conference**.
- TC: Conduct a brief **Entrance Conference** (under Survey Preparation | Entrance Conference in the Navigation menu) and then go to your assigned area.
  - o The first time you click on the Entrance Conference screen, the date and time will populate at the top of the screen. To reflect the current **date and time,** click on the **Set** button. You cannot change the date or time to an earlier time period.
  - o **Cover items 5 - 11** during the conference and ensure the administrator/facility representative understands what is needed in **items 12 – 37**.
  - o The facility should **exclude** bed holds from the facility census number (item 1).
  - o While you request the Facility Assessment (item 32) upfront, you will only review it if there are concerns with sufficient or competent staffing or patterns of concerns.
  - o Place a checkmark on the screen next to items once they are received, if desired. Document any notes regarding the Entrance Conference under the Notes field at the bottom of the screen.
- Surveyor assigned to kitchen: Conduct an initial brief visit to the **kitchen** and then go to your assigned area. To access the kitchen task pathway:
  - o Go to Investigation | Facility Tasks under the Navigation menu.
  - o Verify that you are assigned to this task. If not, click the Assigned To drop-down list for Kitchen, select your name and click somewhere on the screen or press Esc(ape) to close.
  - o Double click on Kitchen to open.
  - o Review the guidance for each CE using the Pathway button since the screen may not accurately reflect the sequence of probes.
  - o Document any concerns under the Notes section.
  - o In tablet mode, use your stylus to document your kitchen observation just as if you were writing on a piece of paper.
- **All other surveyors: Go to your assigned areas.**
- **Ask for** a **resident roster** for your assigned area with an indicator for the **new admissions** in last **30 days** (in addition to the nurse verbally identifying new admissions) and then begin your initial pool process. The facility will provide a matrix for new admission residents and then a matrix for all other residents a few

hours into the survey. **Do not wait for the roster or matrices** to begin screening residents.

Note: If this is an **off-hour survey**, complete this step with the designated person in charge. Conduct a follow-up Entrance Conference with the administrator, as needed, upon his/her arrival at the facility.

III. INITIAL POOL PROCESS

Step 13: Briefly screen all residents in your assigned area and observe, interview, and complete a limited record review for initial pool residents

Overview:

During the initial pool process, you will **briefly screen all residents in your assigned area** to identify **about eight residents (per surveyor)** to include in your **initial pool.** The number of residents per surveyor could vary depending on the number of surveyors on the team (see below). The first eight to ten hours onsite are primarily spent completing the initial pool process. The initial pool process entails **screening all residents** in the facility and **narrowing down** residents, first to an initial pool of about eight residents per surveyor. Surveyors complete an observation, interview (if appropriate), and limited record review for the initial pool residents to help the team **further narrow residents from the initial pool to identify residents for the sample as well as potential concerns that exist in the facility and warrant further investigation**.

This section describes the following areas: the initial pool workload, the screening process, initial pool resident subgroups, organization options for conducting the screening process, completing the interview, observation, and record review for initial pool residents, and the system procedural steps for completing the initial pool process.

Initial Pool Workload:

The *Sample Size Grid, Recommended Team Size, and Initial Pool Size* (Attachment A) shows the **expected initial pool size** according to the **recommended survey team size**. For example, if the recommended survey team size is four surveyors, then each surveyor is expected to have about eight residents in their initial pool, which results in an initial pool of about 32 residents across the survey team. States should **adhere closely to the expected initial pool size**, **but can change the team size** if beneficial.

- If a State decides to send **more than the recommended number of surveyors** on a survey (e.g., to finish the survey more quickly), then it is acceptable for the team to split unit assignments and distribute the expected initial pool size across the larger team. For example, if a State sends a team of six surveyors when the recommendation is four surveyors, then the expected initial pool size remains 32 residents. These residents can be distributed across the team (e.g., four of the six surveyors have five

residents in their initial pool and the other two surveyors have six residents in their initial pool).

- If a State sends **fewer than the recommended number of surveyors**, the smaller team also must adjust their initial pool numbers. For example, if a State sends three surveyors when the recommendation is four surveyors, then the three surveyors must still include about 32 initial pool residents across the team, or two surveyors with 11 initial pool residents and one surveyor with 10 initial pool residents.

Screening:

The purpose of briefly **screening residents in your assigned area** is to identify residents to include in the initial pool. Go **room to room** without staff. Screening and initial pool selection is based exclusively on surveyor-identified information and is not reliant on staff input at this point.

- **All offsite selected residents** (**unless discharged**) and **any complaint/FRI residents** (maximum of five) are to be **included in the initial pool**, and therefore do not need to be screened.
- You will **screen all other residents** to determine if they should be in the initial pool**.**
- Before you enter each room, **review the MDS indicators** (by selecting the Initial Pool (IP) Indicator option which is the colored lettered icon, to the left of the resident's name) **and matrix information** (if available) for the residents you will be screening in the room to give you a more complete picture. You also will know ahead of time if they are newly admitted residents.
- If you have no concerns based on the MDS indicators and matrix information, **conduct a quick head-to-toe observation** of the resident. If there are no observation concerns, the screening is complete.
- If you identify a concern during your quick observation (e.g., staff are ignoring a resident yelling out in pain; resident has facial bruising) OR if you have a concern based on your review of the MDS indicators or matrix, introduce yourself and ask a few high-level questions (e.g., How long have you lived here? Do you have any concerns with your care?) and then ask the resident about your identified concern(s) to help decide if the resident should be included in the initial pool.
- Interactions should be quick to allow time to complete full interviews and observations with residents who are selected for the initial pool.
- Include **any newly admitted or vulnerable resident with potential concerns** in the initial pool. If numbers are too high, you may need to prioritize based on the most significant potential concerns and whether a potential concern is unique to a resident or if it is present for other residents who will be in the initial pool.
- If you identify a resident for the initial pool who is not in another subgroup (i.e., the resident is not offsite selected, complaint/FRI, new admission, or vulnerable), this resident will be included in the "Identified Concern" subgroup.

- There are no initial screening questions or screening tool included in the system. Conduct the screening based on your knowledge and critical thinking skills.

Here are three illustrative examples for the brief screening:

- Resident A has an MDS indicator for depression (and no other MDS indicators). The matrix shows the resident is receiving an antidepressant. I observe the resident in her room, well groomed, dressed appropriately, and playing cards. I have no observation concerns. My screening is complete and I would not include this resident in the initial pool.
- Resident B (who is not vulnerable or a new admission) has an MDS indicator for weight loss. I have not received the matrix yet. The resident is in her room at 8:30 am with her breakfast meal on the over-the-bed table. The resident consumed 100% of her breakfast. After introducing myself, I ask a few high level questions (e.g., how long have you lived here; do you have any concerns with your care?). I would then ask about the food and weight loss. The resident says she likes the food. The resident says she had a cold and lost her appetite a couple months back but has gained the weight back. My screening is complete after a couple of minutes and I would not include this resident in the initial pool.
- Resident C (who is not vulnerable or a new admission) has no MDS indicators listed. When I first observe the resident I haven't received the matrix yet. The resident is sitting in her recliner talking to another resident. I don't have any concerns based on my observations from the hall. An hour later, I receive the matrix. The matrix indicates the resident has a facility acquired pressure ulcer. I go back to the resident's room, introduce myself, ask a few general questions, and then ask if the resident has had any issues with her skin or any pressure ulcers. The resident says she had a pressure ulcer on her heel from a pair of new shoes she got from her daughter. She said she wore them for a day and did not realize they were hurting until she took them off and she had an open area on her heel. The resident said the daughter returned the shoes and got a pair that are more comfortable. The resident said her sore was now healed and she has had no other issues. My screening is now complete and I wouldn't include this resident in the initial pool.

- During your screening, you are required to change the IP Indicator to Yes for the residents included in the initial pool. In addition, you may use the IP Indicator to help keep you organized during your screening.
    - All residents, excluding offsite selected and complaint/FRI residents, will have a default IP Indicator set to Unknown (gray U) which means the resident has not yet been screened. Offsite selected and complaint/FRI resident (who were included in the initial pool during offsite prep) will have a default of Yes (green Y).
    - Once you decide to exclude a resident from the initial pool you may change the IP Indicator to No (red N).

- o If a resident is unavailable (e.g., not in the room, sleeping) OR you identify a concern but aren't sure whether you want to include the resident in the initial pool, you may change the IP Indicator to Maybe (yellow M). Any resident who has an IP Indicator of Maybe is not part of the initial pool.
  - o Once you know you will include a resident in the initial pool, the IP Indicator should be set to Yes.
- You are not required to document the results of your screening. However, it may help keep you organized as you determine who to include in the initial pool.
  - o If you would like to **document your screening results** (e.g., Resident A is playing cards, well groomed – not for pool; OR Resident A is leaning in w/c, dirty nails – consider for pool) or take notes for the residents in your assigned area to help keep you organized (e.g., out of room, in therapy next half hour), document these notes under the **Surveyor Notes**.
    - ▪ To **pin Surveyor Notes** so they remain static on the Resident List and Card Views, click on the Surveyor Notes icon on the far right side of the screen and select the pushpin icon in the upper right corner.
    - ▪ **Highlight** information in Surveyor Notes by using the highlight icon.
    - ▪ If **information is deleted** from your Surveyor Notes, view the document history by clicking on "hx". The "hx" is located on the surveyor notes tool bar. Select the date and time to determine if the information was **saved in the history**. If so, copy and paste the text from the history into the Surveyor Notes screen.
  - o **Do not document your screening results on the RI, RO, RR screens**. You should not be completing the RI, RRI, RO, or RR areas when screening – these are to be completed only for residents that are included in the initial pool. The RI, RO, RR screens are read-only until the IP Indicator is set to Yes (i.e., these screens can only be completed for residents included in the initial pool).
  - o **Do not enter an interview status** for any resident not included in the initial pool.
- If you determine that one of the residents you have screened will be in the initial pool and you have notes in the Surveyor Notes section, you can copy and paste those notes into the correct Initial Pool Care Area.
- If you exclude a resident from the initial pool, you do not have to update the resident list (e.g., add a resident not listed, update room number or d/c status) if the resident's information in the system is incorrect.

Initial Pool Residents:

You will **complete observations, interviews, and limited record review** for the residents who are in **your initial pool** following the process steps identified below.

The initial pool will be comprised of the offsite selected residents still remaining in the facility, active complaint/FRI residents, and the team's onsite-selected residents (i.e., vulnerable, new admissions, or identified concerns).

When you are assigned to complaint/FRI residents, complete the interview, observation, and limited record review as you would for any other initial pool resident. You may begin to obtain information about the allegation during these activities. However, it is during the investigation portion of the survey that you will conduct the investigation of the allegation and of any other areas you marked for further investigation during the initial pool activities. Note: Refer to Attachment B for the *Policy for Incorporating Complaints into LTCSP.*

- o If an initial pool complaint resident is discharged, the TC should update the complaint areas on the offsite prep screen (e.g., change from the initial pool to a closed record or areas that go directly to the investigation). If the surveyor has completed any information in the system, the team member should share data with the TC before receiving the updated offsite prep data share to avoid losing any of the team member's data.

You will decide which **onsite-selected residents** to include in the initial pool based on your **screening and review of MDS indicators** (by selecting the IP Indicator next to the resident's name or going to the RI/RO screen) **and matrix** information when available. The onsite-selected residents will include:

- o **Vulnerable residents** (dependent on staff such as a resident who has Alzheimer's, dependent on staff for care, or is quadriplegic);
- o **New admissions** in the last 30 days; and
- o **Identified Concern** residents - those who have serious concerns but do not meet the definition of the other subgroups above. You will be required to provide a rationale if you include a resident in the Identified Concern subgroup. This subgroup is not intended for indicating when concerns have been identified for a vulnerable, new admission, complaint/FRI, or offsite selected resident. It is intended only to include residents with identified concerns who are not in another subgroup.

If there are too many residents in your area to include in the initial pool (e.g., more than eight offsite selected residents, or too many qualifying residents who have issues), discuss the issue with the team to create a plan (e.g., adjust workload or increase initial pool time). It is the team's decision whether to include a resident admitted early on Day 1 in the initial pool.

Organizational Options for Screening and Initial Pool Residents:

You can **choose the order in which you do the screening and initial pool activities**. These are some options (there are pros/cons to each approach):

- **Option A: Interview and observe initial pool residents as you choose them during screening**
  - **As you conduct your screening**, immediately decide if a resident should be in your initial pool. If so, change the IP Indicator from Unknown to Yes and conduct the observation and interview (if appropriate) for the resident at that time.
  - If you have about eight residents in your initial pool before you have screened all residents in your area, you must proceed with screening all remaining residents in your area and include any other appropriate residents in the initial pool.
- **Option B: Screen all residents, identify your initial pool, then return to conduct interviews and observations for all initial pool residents**
  - When you have completed screening all residents, choose your initial pool residents. The IP Indicator of Maybe may be useful to help you quickly identify potential candidates.
  - Once you select the residents for the initial pool, change the IP Indicator to Yes and go back to the rooms to conduct observations and interviews for all of your initial pool residents.
  - You likely will encounter the offsite selected and complaint/FRI residents in your area during your screening and may begin the interview (if appropriate) and observation for these residents (ensure you are assigned to the resident) or you may wait until you return to the rooms after choosing your initial pool.
- **Option C: Interview and observe offsite selected and complaint/FRI residents first, then screen all other residents**
  - Assign yourself to the resident and then conduct interviews and observations for your offsite selected and complaint/FRI residents first. If other residents are in the room, you may screen those residents at that time.
  - When the above is complete, go to the rooms with no offsite selected or complaint/FRI residents, and briefly screen all residents following Options A or B.
- Regardless of the approach you use, **look at the resident names** on the door or resident roster **before you enter a room** and determine if the residents are offsite selected, complaints or FRIs, or new admissions (which the nurse told you or new admission matrix shows). For residents who are not listed in the above subgroups, you will determine if they are vulnerable or are concerning in some other way and if they should be in the initial pool.

There are **two ways to view the residents** on the Resident Manager screen: Resident List (the screen is labeled as "Residents") or Card View (the screen is labeled "Incomplete Residents"). You can switch between these two views using the icon in the right upper corner of the screen.

There are two **organizational methods in the system** to help you manage the screening and initial pool process:

- **Organizational Option 1: Assign initial pool residents to yourself as you identify them.**
  - Go to Interview | Resident Manager in the Navigation menu.
  - Sort Residents by Room.
  - As you go room to room and identify a resident for the initial pool, change the IP Indicator from Unknown ("U") to Yes ("Y") which will automatically assign you to the resident if not already assigned.
  - **Once the IP Indicator is Yes and you are assigned, that resident is included in your initial pool.**
  - Anytime you do not see a resident listed in the system, you should first **search for the resident's name** using the search feature in the upper right side of the screen to avoid duplicating names. Enter the full first or last name in the Search box, click the magnifying glass; click the x to clear the search.
    - If you **accidently duplicate a resident's name**, place a checkmark next to the name on the Resident Manager screen, click the Update Selected Resident icon, click Delete Resident, and then click OK. Ensure you use the resident name that was already included in the resident list since the resident will have MDS indicator information. If you have responses or notes under the resident you've incorrectly added to the system, you will receive a warning message informing you to transfer the information to the correct resident.
  - If the resident is a new admission, the resident may not be in the Resident List, so you will add the resident using the Add New Resident icon (a bright blue person with a plus sign) at the top of the screen only if you decide to include the resident in the initial pool. Do not add New Residents if they will not be in your initial pool. Ensure you search for the resident to avoid duplicating the resident's name. (Residents' names are listed in the system according to MDS information. There may be only slight differences in names).
    - Enter the resident name, room number, and admission date.
    - The system automatically assigns you as surveyor.
    - Click **Subgroup** and select **New Admissions** from the drop-down. Click out of the box or press Esc(ape) to close.
    - Change **IP Indicator** to **Yes**.
    - Click **Save**.
  - After changing the IP Indicator to Yes, **select the appropriate subgroups** for the resident. In **List view**: Click in the **Subgroup** drop-down for that resident; select all applicable subgroups; click out of the box or press esc(ape) to close. In **Card view**: Click the resident name; click **Subgroup** and select all applicable subgroups from the drop-down; click out of the box or press esc(ape) to close; click Save. When you select **Identified Concern**, all other subgroups deactivate and cannot be selected.

- o If you need to update an initial pool resident's information (e.g., room number), click on the Update Selected Resident icon (a gray person with a circular arrow) on the Resident List view or double click on the resident's name on the Card View.
- o Double click on the resident's name to access the interview, observation and limited record review screens if using the Resident List view or select the RI, RO or RR icon for a resident if using the Card View. Note: the IP Indicator must be set to Yes in order to enter information on the RI, RO or RR screens.
- o If an offsite selected resident is discharged, there are multiple ways to remove the resident from the initial pool: 1) unassign yourself, 2) place a checkmark in the D/C column, or 3) change the IP Indicator to No. Enter the discharge location (i.e., death, discharge, or hospitalization). If you have marked any area of concern (i.e., further investigation) for a discharged resident, you will manually have to change the IP indicator to No if you want to remove the resident from the initial pool. If an offsite selected resident has moved to a different unit, unassign yourself or change the IP Indicator to No and select the option "Assign to another surveyor" which will unassign you from the resident but keep the resident in the initial pool.
- o You are not required to discharge any resident (excluding offsite selected residents) who is no longer in the facility. If you accidently place a checkmark in the D/C column for a resident, the IP Indicator will change to No. You can remove the checkmark in the D/C column, if this was done in error and then you can include the resident in the initial pool again. If you have marked any area of concern (i.e., further investigation) for a discharged resident you will manually have to change the IP indicator to No if you want to remove the resident from the initial pool.
- **Organizational Option 2**: **Assign all residents in your area to yourself** (after you receive your unit assignment) **and then unassign them or change the IP Indicator to No as you determine they are not appropriate for the initial pool**.
  - o Go to Interview | Resident Manager on the Navigation menu.
  - o Sort Residents by Room.
  - o On the Resident List view, place a checkmark next to every resident in your assigned area. Assign yourself as surveyor for one checked resident and the system will automatically assign all other checked residents to you.
  - o Filter to My Residents and use either the Resident List view or the Card view – as you go room to room and identify a resident that you do not want to include in the initial pool, you can
    - ▪ Remove your name from the resident (on the Resident List view) or drag the resident to the Unassign folder (on the Card view) which automatically changes the IP Indicator to No, or
    - ▪ Change the IP Indicator to No, which will automatically remove the resident from your assignment.

- It is important to remove your assignment or change the IP Indicator to No from any resident who is not included in the initial pool.
  - If an offsite selected resident is discharged, there are multiple ways to remove the resident from the initial pool: 1) unassign yourself, 2) place a checkmark in the D/C column, or 3) change the IP Indicator to No. Enter the discharge location (i.e., death, discharge, or hospitalization). You will manually have to change the IP indicator to No if you have marked an area for further investigation for a discharged resident. If an offsite selected resident has moved to a different unit, unassign yourself or change the IP Indicator to No and select the option "Assign to another surveyor," which will unassign you from the resident but maintain the resident in the initial pool.
  - You are not required to discharge any resident (excluding offsite selected residents) who is no longer in the facility. If you accidently place a checkmark in the D/C column for a resident, the IP Indicator will change to No. You can remove the checkmark in the D/C column, if this was done in error and then you can include the resident in the initial pool again. You will manually have to change the IP indicator to No if you have marked an area for further investigation for a discharged resident.
  - Select all appropriate subgroups for residents added to the initial pool.
  - Once the IP Indicator is Yes, open the RI, RO and Limited RR screens for the resident. If using the Card view, click on the RI, RO or RR icon to access those screens. If using the Resident List view, double click on the resident's name to access the RI, RO, or RR.
- For both options, be sure to use the names on the door or the resident roster as your reference point to ensure you are aware of any room changes. If a resident has changed rooms and is no longer in your area, you are no longer responsible for that resident.

Process Steps for Initial Pool Residents:

- On the Resident Manager screen, filter to My residents to display residents assigned to you. Any resident with an IP Indicator of Yes or Maybe will be listed.
- **Review the MDS indicators** (by selecting the IP Indicator or going to the RI/RO screen)**, matrix information** (when available), and **active complaint/FRI allegations** prior to entering the room. The MDS indicators are displayed in the IP Indicator pop-up or in the top right corner of the resident's Interview and Observation screen.
- **Complaint/FRI information** is flagged as "Complaint" with a link to the allegation details and is displayed under the MDS indicators and next to the applicable area. Allegation or intake notes can be copied and pasted into the applicable notes fields.
- The **complainant's phone number**(s) will display on the far right on the Complaint link details pop-up (you may have to scroll).
- The facility should complete the facility matrix within four hours (check the conference room periodically). Once the matrix is received, each surveyor will **review**

the matrix for residents in their assigned area to identify any substantial concern that should be followed-up. At least one resident who **Smokes**, one resident who is receiving **Dialysis**, one resident on **Hospice,** one resident on a **Ventilator**, and one resident who is on **Transmission-Based Precautions** should be included in the initial pool for the team if available.

- If you have not already entered the applicable subgroups for the resident, you can do so on the Interview, Observation, or Record Review screens. Every resident in the IP should have at least one subgroup.
- In order to enter any information on the RI, RO or RR screens, the IP Indicator must be Yes.
- **Assess the interview status** of **residents in your initial pool** and mark one of the following in the **Interview status** field based on your assessment and critical thinking, regardless of the resident's BIMS score.
  - o Interviewable – Conduct a full resident interview.
  - o Non-interviewable – Skip the resident interview, but complete the observation and record review. The resident is a candidate for a resident representative interview (RRI)/family interview.
  - o Refused - If the resident refuses, do not attempt to interview the resident again. Complete the record review and you still may be able to complete the resident observation unless the resident refused to be observed or participate in the survey.
  - o Unavailable for Interview - If the resident is busy when you attempt an interview, make a few more attempts or try to schedule an appointment before marking this option, but still complete the resident observation (as you are observing the resident during each encounter) and limited record review.
  - o Out of Facility – If the resident is out of the facility for the duration of the initial pool process (dialysis), mark this option but still complete the record review.
- **If the initial pool resident is interviewable, conduct a full resident interview (RI)** using the RI in the survey software.
  - o Conduct the interview in a manner that allows for the greatest degree of confidentiality for residents, particularly regarding the information gathered during the in-depth interviews.
  - o To easily navigate to different care areas on the RI screen, you can pull out the list of care areas on the right side of the screen by clicking the tab for the Care Area Menu. To **alphabetize the initial pool list** in the Care Area Menu, click on the Alphabetize Pullout icon. The order of the initial pool areas on the screen will remain the same for all your IP residents. The areas listed in the Care Area menu will remain the same until the Alphabetize Pullout icon is de-selected.
  - o The interview care areas are organized first by quality of life/resident rights, followed by quality of care. The same resident interview and observation care areas are shown together to facilitate making observations while interviewing a resident. The resident interview Care Areas will not display for residents who are non-interviewable, refuse, or are unavailable for an interview.

o You must **cover every care area** regardless of whether the area is an MDS indicator for a resident and determine if each area warrants further investigation or if there is no issue. A few care areas **are not applicable** for every resident (e.g., the resident doesn't have a catheter); skip such care areas when not relevant to the resident you are interviewing and place a checkmark in the No Issues/NA checkbox. Dialysis, Hospice, Smoking, and Vent/Trach have a separate NA option. If these areas do not apply to your initial pool resident, you will mark the distinct NA option.

o Use the questions listed for each care area as a guide; however, you can **ask the questions as you would like,** just maintain the intent of the care area.

o You can hide the pre-identified suggested Interview questions by unchecking the Show Probe Text box at the bottom left corner of the screen.

o For any resident-expressed concern, ask follow-up questions to **determine if the concern warrants further investigation** or if it can be ruled out. Probing is critical so you only identify concerns indicative of potential non-compliance.

o **If a concern warrants further investigation (FI),** select the Further Investigation checkbox and document the specifics of the concern in the Notes field. Any resident interview or observation area marked as FI will have an orange "!" next to the area since it is a combined RI/RO screen.

o If there is **no concern or** a **concern is ruled out**, select the No Issues/NA checkbox.

o You must **answer every care area** as either Further Investigation or No Issue/NA. For any Further Investigation, include documentation regarding the specific concern that will help guide your investigation. Any resident interview or observation care area marked as Further Investigation is designated with an orange exclamation point (!) next to the Care Area and on the Care Area Menu. Any care area that has been marked as No Issue/NA will have a green checkmark next to the Care Area and on the Care Area menu.

o The date/time will be populated for your first entry in the Notes field. Any subsequent date/time can be added by using the **Insert Timestamp** icon (clock) or **Alt+T**.

o Enter the resident's ID in the notes field by clicking on the **Insert Resident ID** icon (the person next to the clock) in the bar above the notes field or **Alt+R**.

o If you identify a potential **MDS discrepancy** (e.g., MDS says the resident has pain and the resident says he/she has never had pain, or the resident has a contracture but the MDS doesn't have it marked), select the MDS Discrepancy checkbox. Base your decision to select MDS Discrepancy solely on the MDS indicator information and your initial pool findings – you do not have to confirm an actual discrepancy at this time.

o For nutrition, use the **Weight Calculator** to calculate % weight loss/gain. If you identify a weight loss/gain concern, add the dates in the Weight Calculator, then click on the Red X. To insert the weight information in your notes, click in the

Nutrition notes field where the information should be inserted and then click the Paste Weight Calculator icon next to the font size which looks like a picture of a scale. The system will identify the weight loss or gain in your inserted note.

o When you have answered every care area in the interview, you should receive a **green checkmark** on the RI icon. This is your indication that the **interview is complete.**

o If the resident halts the interview midway, make additional attempts later to complete the interview. If you are unable to complete the interview, keep the responses you have and leave the rest of the interview blank. If you were unable to complete an interview with a resident but you have a complete check on the resident observation (RO) and limited record review (RR) icons, you can place a checkmark next to **Complete** on the resident's interview screen or you can manually move the resident into the Complete folder. The system will warn you if there are missing responses and don't have a green checkmark on the RI icon when you manually move the resident into the Complete folder.

o If you **entered information under the wrong initial pool resident**, you can transfer part or all of your information to the correct initial pool resident. You can only transfer interview, observation, and/or record review data to an initial pool resident that has no data entered and is not assigned to another surveyor. If not assigned to you, the system will automatically assign the initial pool resident to you with the transfer. Open the Add/Update Resident dialog for the initial pool resident that you want to transfer data from:

▪ From the Card view: Click the name of the resident.

▪ From the List view: Select the resident and click the **Add/Update Resident** icon.

▪ Click the **Transfer RI/RRI, RO, or RR Info to Another Resident** button at the bottom of the dialog box. You can only transfer responses between initial pool residents (i.e., ensure the IP indicator = Yes for both residents).

▪ Click the down arrow for **To:** and select the name of the resident you want to transfer the data to.

▪ Click the down arrow for **Types** and select the information you want transferred (i.e., RI/RRI, RO, and/or RR).

▪ Click the **Transfer** button.

▪ Review the message stating how many items transferred.

▪ Click Ok.

▪ Once you have successfully transferred the data, review all notes and update the resident ID if it was added to a notes field.

- **Conduct the full resident observation (RO)** for all residents in the initial pool.

o On the RI and RO screen, any observation care area not paired with an interview care area is displayed at the end of the interview section. Once the interview is completed, you also can use the RO screen, which just lists the observation care areas.

- o Address the probes listed for each care area when conducting your observations.
- o Conduct rounds until you can answer all observation care areas with either No Issues/NA, Further Investigation, or NA for hospice, ventilator, and smoking.
- o If a concern warrants further investigation, document the specifics of the concern in the Notes field. You will receive an orange "!" for any area marked as FI.
- o Only a licensed nurse, physician's assistant, or a physician may make an observation of a resident's genitals, rectal area, and for females, the breast area.
- o Even if continuous observations are not completed, you can identify repositioning and incontinence care concerns based on whether a resident is in the same position for an extended period of time during your rounds.
- o Complete formal observation (e.g., wound or incontinence care) if the situation presents itself or is necessary (e.g., resident has not been provided incontinence care for a long period of time or a resident is covered in bed).
- o If you want to collapse the care areas that have been completed, select the **Collapse Completed Care Areas** checkbox in the bottom left corner. Once you leave the screen, the care area completion will update or when you click the Collapse Now button.
- o Once you have **completed the observation**, you will receive a **green checkmark on the RO icon**. This is your indication that the observation is complete.
- **Conduct resident representative interviews (RRI)/family interviews**.
  - o The RRIs/family interviews are for non-interviewable residents.
  - o The person (e.g., friend, family or other resident representative) should be familiar with the resident's care.
  - o The goal is to complete **at least three RRI/family interviews across the team on the first day** of the survey to be better informed for sampling decisions. You may call the resident representative/family, especially if you have observational concerns with a resident in the initial pool.
  - o If you complete an RRI/family interview during the initial pool process, include the resident in the initial pool and follow the same guidance as the RI (e.g., answer every care area, document details for any area that warrants further investigation).
  - o To access the RRI/family interview care areas, select **Non-interviewable** for the Interview Status and select the checkbox for **Representative Interview**. In the RRI Contact Info notes field, document the RRI/family member's name, relationship, and contact information if contacted by phone.
  - o If the three RRI/family interviews have not been completed when the sample is selected, an RRI can be conducted after sample finalization for a sampled resident (preferably) or a non-sampled resident if you are having difficulty locating a representative/family member for resident in the sample. If an RRI/family interview is conducted after the sample is selected, you must complete it early enough in the survey to follow up on any concerns.
  - o **If you complete an RRI after the sample has been finalized**, the areas you mark for Further Investigation will not carry forward automatically for investigation.

Instead, you will have to initiate the areas for investigation by going to Investigation/Investigations and clicking on the icon with a plus sign at the top of the screen.

- o The system will track the RRIs/family interviews and display the number completed on the team meeting screen.
- o If three cannot be completed (e.g., all residents are interviewable), document a rationale on the team meeting screen.

- **Conduct a limited record review (RR) after** your interviews and observations are completed for all initial pool residents. Surveyors should continue to complete observations of the residents while working on record reviews by completing the RRs on the floor and not in the conference room.
  - o Go to the RR screen for the resident by clicking on the RR icon in the upper left hand corner of the screen if you are in Resident View or on the RR icon on the resident's card if you are in Card View.
  - o The system will automatically show the record review areas required for your initial pool resident based on interview status, new admissions, and specific MDS indicators.
  - o If the facility uses Electronic Health Records (EHRs), refer to the EHR information the facility provided to quickly locate the information required for the initial pool record review. For the initial pool limit your record review to the areas on the RR screen unless you notice a serious concern (Harm or a Potential for IJ) while you are identifying the RR areas.
  - o Follow the RR screen to guide you in the record review. For all residents in the initial pool, you will briefly review the record for the following: 1) **advance directives**, 2) **confirm specific information** based on interviews and observations (e.g., questionable interview status or pressure ulcer), and 3) any **other concerns** (e.g., identify a resident-to-resident altercation) you may identify as you review the record for the areas required for the resident. An FI for **other concerns** will trigger an investigation at F684 using the **general pathway**. If your investigation is not related to F684, use the drop down next to Additional Care Areas in the header to add the applicable area.
  - o For any resident marked as non-interviewable, refused, or unavailable, review the record for the following information: **pressure ulcers, dialysis, infections, nutrition** (system can help calculate % weight loss)**, falls** in the last 120 days**, ADL decline** in the last 120 days**, low risk bladder and bowel (B&B), unplanned hospitalizations, elopement** and **change of condition** in the last 120 days**.** Dialysis now has a distinct NA option. If your resident is receiving dialysis services, you should mark either FI or No Issues. Only mark the NA option if the resident isn't receiving dialysis services.
  - o For any resident in the initial pool who is currently receiving **insulin, an anticoagulant, an antipsychotic with a diagnosis of Alzheimer's** or **dementia**,

or has an appropriate diagnosis but is not receiving **PASARR Level II** services, review the record to confirm the information**.**

- o Additionally, for newly admitted residents in the initial pool who did not have an MDS, complete a review of the record to identify current **high-risk meds, diagnosis,** and **hospice**.
- o If you **identify a concern for an area not listed on the RR screen**, add the applicable area using the drop down next to area titled, Additional Care Areas, in the header. Any newly added RR area will be listed in the Care Area Menu.
- o If you have **answered every care area within the record review** (including any newly added RR area), you should receive a **green checkmark on the RR icon.** This is your indication that the record review is complete. If there are extenuating circumstances (e.g., you cannot gain access to the EHR), you may interview staff. However, every effort should be made to review the information in the resident's record.
- o The majority of your time should be spent conducting interviews and observations, and limited time spent on record review.
- **Once you respond to all care areas for the RI or RRI/family interview, RO, and RR, the system will mark the resident as complete** and automatically move the resident into the Complete folder on the Card View or display a green checkmark next to the resident's name on the Resident List view.
- **If you identify a significant concern (IJ or harm)** during your observations, interviews or limited record review, select Harm or IJ in the **Include in sample due to** (under the interview status) to ensure the resident is included in the sample. At any time during the survey, if immediate jeopardy is identified, the team should meet immediately to confer.
  - o Immediate jeopardy is defined as a situation in which the facility's failure to meet one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.
  - o The guiding principles to determine immediate jeopardy and serious threat make it clear that the threat can be related to mental, as well as physical well-being, and that the situation in question need not be a widespread problem.
  - o If the team concurs, the team coordinator must consult immediately with his/her supervisor. If the supervisor concurs that the situation constitutes immediate jeopardy, the team coordinator immediately informs the facility Administrator or designee of the presence of IJ. The team coordinator should explain the nature of the IJ to the Administrator or designee. The Administrator/designee should immediately begin to take actions to remove the IJ. If the IJ is not removed prior to the end of the survey, a revisit must be conducted for determination of removal of the IJ. The SA and/or RO will invoke appropriate termination procedures.
  - o See Appendix Q for guidance regarding determination of immediate jeopardy, and §3010 for procedures to follow if the immediate jeopardy termination procedures are invoked.

- Complete all resident observations, interviews and limited record review for the initial pool residents by the end of Day 1 or beginning of Day 2.

Additional Initial Pool Process Information:

- To **navigate to another resident**, click on the back arrow at the top left corner of the screen to return to the resident view you were previously working with.
- **If you finish your initial pool activities early** or you are having **difficulty finding at least eight appropriate residents** to include in the initial pool, check to see if other team members need assistance. If not, continue making observations for your initial pool residents, conduct interviews or observations for additional residents (e.g., include more than eight residents in your initial pool), or begin facility tasks (such as Resident Council Interview).
- To **share a resident** during the initial pool:
  o If the assigned surveyor has completed a portion of the resident, both surveyors (the assigned surveyor and the surveyor providing assistance) must share their data with the TC (follow Step 10 for instructions).
  o The TC then shares the data with the surveyor assisting.
  o Once the data is received, the assisting surveyor will assign themselves to the resident. The newly assigned surveyor should see the other surveyor's information.
  o The surveyor helping out finishes any outstanding areas for the resident.
  o When the initial pool process is complete and data is shared with the TC, the TC will receive a warning message asking **who should retain the assignment** for the resident. Confirm with the team that the assignment should stay with the originally-assigned surveyor. All responses and notes will merge and any area marked for Further Investigation will override a response of No Issue.
- If a **complaint is called into the State Agency and added to the survey during the initial pool process**, the team should discuss whether to include the complaint resident in the initial pool as long as there are fewer than five complaint/FRI residents and there is enough time left in the initial pool to complete the interview, observation, and record review. To include the complaint resident in the initial pool:
  o The SA should attach the complaint to the survey shell.
  o The TC should re-import the shell and answer No to the warning message (do not overwrite the data) so only complaints are updated.
  o On the Offsite Prep screen, the TC will link the ACTS complaint resident to the resident list, identify the initial pool areas based on the allegations, include the complaint resident in the initial pool, and assign the resident to a surveyor.
  o The TC will then share the data with the team.
- For **off-hour surveys**, modify the Initial Pool Process as necessary to accommodate the residents' activities occurring at the time of entry. Introduce yourself, make observations and begin screening residents that are available. Begin other facility tasks as appropriate (e.g., medication administration, medication storage).

- **Dining Observation**: Each surveyor will **observe the first scheduled FULL meal** using the Dining facility task pathway in the software.
  - o Go to Investigations – Facility Tasks in the Navigation menu (ensure you are assigned the task; if not, add yourself to the task) – double click on Dining to access the investigation screen.
  - o Expand the Use, Instructions and CEs to use the investigative probes on the screen to guide your investigation OR you can click on "Pathway" to see a full screen display of the pathway (you will have to toggle between the pathway and entering notes on the screen or do a split screen to keep the pathway static while entering notes).
  - o The team should cover all dining locations and room trays. If there are more dining areas than surveyors, prioritize the dining areas with the most dependent residents.
  - o Observe the beginning of the first scheduled full meal and enough of the dining experience for all residents to adequately identify concerns.
  - o Use the Notes field for your documentation regarding dining. To see a full screen display of the Notes field, click on the center icon in the blue Expander bar above the Notes field.
  - o In tablet mode, use your stylus to document any dining observations just as if you were writing on a piece of paper (e.g., to draw the layout of a table or meal).
  - o If feasible, observe the meal for your initial pool residents who have weight loss, food, or hydration concerns. A list of residents will be displayed on the screen if the resident had an MDS indicator or you marked further investigate for nutrition/hydration concerns. If nutrition/hydration concerns are identified, document the concern under the resident (not on the dining screen).
  - o If concerns are identified, a second meal observation may occur after the sample is selected.
  - o To add a resident who has dining concerns to the notes section and to the sample list report for the facility, click on the **Add Resident** icon in the upper right corner OR add the resident's ID in the Notes field using **Alt**+**R** or the person icon (next to the clock icon).

Step 14: Share data at the end of each day and team composition changes

- **At the end of each day, share your data with the TC** prior to the team meeting using the Data Sharing screen. Click on the flash drive icon on the right side of the screen. Follow the data sharing instructions in Step 10.
- **Following the meeting, the TC should share all team members' data with each team member** so every surveyor has all survey data (in case of team composition changes). If team members share data with the TC, make additional changes in their system, and then receive data from the TC without sharing their newly added information with the TC, any newly added information will be lost.

- **Team composition changes**: Add them in ASE-Q when necessary (e.g., team members were changed after the shell was exported or added later in the survey process).
  - o **If a new surveyor is added to the team** because a surveyor does not return (TC or team member) or a specialty surveyor (e.g., a pharmacist, physician, or registered dietician) participates in only a portion of the survey, follow the steps below. Do not remove the outgoing team member from the team roster in ASE-Q (to avoid risking data loss). All team members need to add the incoming surveyor to the team roster in ASE-Q. One surveyor should export the survey in ASE-Q and the incoming surveyor should import the survey. The incoming surveyor (and TC) will have to redistribute the outgoing surveyor's assignments.
  - o If there is a change within the team: **If the TC changes**, just change the TC designation in the team roster in ASE-Q. If a team member leaves, the team member should share their data with the TC and then other team members can redistribute the outgoing team member's assignments accordingly. (Again, do not remove the team member from the team roster.)
    - ▪ In ASE-Q, click on the appropriate alphabetical grouping.
    - ▪ Click on the plus sign next to the facility name.
    - ▪ Right click on the Event ID.
    - ▪ Right click on **Team Roster**.
    - ▪ Click on **Update Team**.
    - ▪ Click on the **Update** button.
    - ▪ Place a **checkmark next to each team member's name**, when all survey team members are selected, click **OK**.
    - ▪ **Highlight** the name of the **TC (Team Coordinator)**, click **Leader** (a blue diamond appears by the TC's name), then click **Done**.
    - ▪ **Important:** *Do not remove a team member from the team, even if the team member leaves the survey, to avoid accidental data loss.*

Step 15: End of Day 1 team meeting

- Meet for 15 to 30 minutes at the end of Day 1.
- It is important for the TC to receive all team member's data prior to the team meeting.
- Team members should follow the PG while the TC conducts the team meeting.
- If the team members wish to review the team meeting information, the TC should send the data to each team member. After each team member has received the data; team members should click on the reports icon and then Run Team Meeting Notes.
- The TC should cover the areas listed on the Team Meeting screen (Go to Team Meeting in the Navigation menu).
- There are a number of areas that are system-populated and updated each day (after all team member's data is received) to assist the TC in the discussion. The TC should still **discuss the system-populated items**. If the team has different information than the

system-populated information, enter the information under the Notes field. The TC should ensure that the following information is covered and the TC includes notes from each team meeting in the notes field.

- The following questions have **information provided in the system** that the TC should discuss with the team:
  - o Were any offsite selected residents discharged?
  - o Ensure all offsite-selected residents were included in the initial pool, unless discharged.
  - o Was at least one resident who smokes included in the initial pool? This is system populated if a surveyor marked further investigate or no issue for smoking. If no residents were marked for further investigation or no issue, then ensure that one resident, if available, is observed for safe smoking. If a resident who smokes was included in the initial pool, document the name of the resident in the Notes field.
  - o Is each surveyor identifying vulnerable residents?
  - o Go over each newly admitted resident listed on the matrix and ensure each resident listed was screened by a team member.
  - o Did anyone include a resident in the "identified concerns" subgroup?
  - o **Ensure the residents each surveyor included in the initial pool is accurate**. If a resident is listed who shouldn't be in the initial pool, the surveyor should change the IP Indicator to No or unassign his/her name from the resident on the Resident Manager screen. Any resident who has an IP Indicator of Maybe is not a part of the initial pool.
  - o How much work does each surveyor have left to do?
  - o Any harm, SQC, IJ, or other concern that should be discussed? All concerns will be discussed during the sample meeting.
  - o **If SQC is suspected** – when you meet to select the sample, expand the sample as necessary to determine scope and whether there is sufficient evidence to rule out SQC. If the evidence is not adequate and the number of observations only allowed for isolated scope when there is a severity level 3, or pattern for scope when there is a severity level 2, then expand the sample to include additional reviews of that requirement. For example, if 6 residents in the facility are receiving care for a colostomy, and for the one resident in the sample with a colostomy, it is determined that care provided caused actual harm to the resident, there would be a deficiency of isolated actual harm, but there would not be sufficient evidence to determine that there was substandard quality of care. Thus, the sample would need to be expanded before determining that substandard quality of care did or did not exist. On the other hand, if the number of individuals with a colostomy in the facility was 6, and 4 residents with colostomies were included in the sample and only one had deficient care, there would be no need to expand the sample. If the team verifies the existence of SQC, the Administrator should be informed that the facility is in SQC and an extended survey will be conducted. When communicating the issues to the facility, identify the resident(s) by name if the

situation was identified through observation or record review (e.g., practices such as improperly applied restraints, medication error, cold food, gloves not worn for a sterile procedure, and diet inconsistent with order). Do not identify residents or family members/representatives who provided information through interviews (e.g., about injuries due to broken equipment, prolonged use of restraints, and opened mail) without their permission. If expanding the sample determines that SQC does not exist, no extended survey will be conducted.

- o How many resident representative/family interviews were completed?
- The system **does not automatically provide information** for these questions:
  - o Was at least one resident who is on transmission-based precautions in the initial pool? Document the name of the resident.
  - o Ensure any resident on the matrix who has a unique significant concern was included in the initial pool or was screened and ruled out. For example, if only one resident with a facility-acquired pressure ulcer is noted on the matrix, include the resident in the initial pool.
  - o Discuss any discrepancy between the matrix and information from the interview, observation, and limited record review.
  - o What is the status and pertinent information for complaint and FRI residents?
  - o Enter the total number of new admissions.

IV. SAMPLE SELECTION

Step 16: Share Completed Initial Pool Data and TC Confirms Initial Pool Data is Completed

- When you complete the initial pool process, share your data with the TC using the Data Sharing screen. Click on the flash drive on the right side of the screen. Refer to Step 10 for instructions. **All data must be shared before selecting the sample.**
- If not reviewed during the initial team meeting, **confirm the residents included in the initial pool are accurate** by reviewing the team meeting screen section titled: How many residents did each surveyor include in the initial pool? If a resident is listed who should not be in the initial pool, the surveyor should change the IP Indicator to No or unassign his/her name from the resident on the Resident Manager screen.
- **Confirm a subgroup** was added **for every initial pool resident**.
- Review the team meeting screen and **ensure all initial pool work has been completed** under the system populated section titled: How much work does each surveyor have left to do?
- If there is incomplete work, the surveyor should complete the initial pool work, and then share the data with the TC.

- Any changes that are made to an Initial Pool Resident's information need to be shared with the TC. The TC then shares the data with the team. (follow Step 10 for instructions).

Step 17: Select the Sample

Once the initial pool process is finished and the data is shared with the TC, meet for an hour, on average, to select the sample. Each team member should use their PG and follow the steps outlined to help the team follow the sample selection process.

- The TC should **enter the facility census number** provided by the facility upon entrance if different than the number in the Facility Census box. The sample size number will automatically be adjusted, if necessary.
- The residents included in the sample will have an in-depth investigation completed for any concern marked for further investigation.
- There may be some residents who had concerns from the initial pool but are not included in the sample. The team will ensure their concerns are covered by sampled residents.
- The sample should include only active residents. Closed records are not included in the total sample number.
- As you discuss concerns for each sample resident, refer to the Sufficient and Competent Nurse Staffing facility task pathway to determine if any concerns may indicate staffing concerns.
- **Complaint/FRI residents**: The team may include up to five complaint/FRI residents in the sample. If there are more than five complaint/FRI residents, the TC will have assigned the resident and complaint area directly to the investigation screen during offsite prep (i.e., the residents/investigations will not be displayed on the sample screen).
- To finalize the sample, the TC opens the Finalize Sample screen in the navigator and clicks on the **Start Sample Finalization** button. The rest of the team should be on the Finalize Sample Screen.
- To **refresh the screen**, use **ALT+U** if the TC pushed the Start Sample Finalization button before completing the initial pool and receiving all surveyors' data. Once the TC finalizes the sample, **Alt+U** will not work.
- The system will select and display the five residents for an **Unnecessary Medication review** who may or may not be in the sample.
  - o Confirm the residents selected for the medication review are still in the facility. If a resident that was selected for an Unnecessary Medication review has been discharged, you will need to replace the discharged resident. To remove the resident, on the Finalize Sample screen, click on the red "x," and a pop up will appear with the name of the individual that will replace the discharged resident.

- The TC should **share the data** with team members using the Data Sharing screen (refer to Step 10 for instructions). Team members will be able to view, but not alter, the Finalize Sample screen.
- Return to the Finalize Sample screen.
- Description of Screen Display:
  o To **review the areas marked for further investigation** for a resident, expand the down arrow next to the resident's name.
  o To review your **initial pool notes**, select the care area.
  o To add or remove a care area associated with a resident, select **Modify Care Area** and check (e.g., to add an area if missed) or uncheck (e.g., for a data entry error) any care area listed. The team will need to initiate the appropriate care area for any sampled resident who has an FI marked for "Other Concern."
  o A **complaint indicator** will display next to the complaint care area.
- The system will identify the residents that should be included in the sample, even if the sample number must be exceeded. **Discuss the system-selected residents** to determine if the team wants to replace any of the residents (if a system-selected resident is removed, a rationale must be provided). The system-selected residents include:
  o Any offsite-selected resident who had at least one care area marked as further investigation.
  o Any resident that a surveyor marked as Include in Sample (i.e., harm or IJ), which is displayed under the Sample Reason column.
  o Any identified abuse concern from the initial pool process or the facility has a history of abuse citations or allegations since the last survey. If abuse is being investigated based exclusively on a facility history of abuse (refer to Offsite Prep screen), ask the facility for all allegations of abuse since the last survey so you can select at least one resident to review (different from residents reviewed in the past).
- **Have each surveyor identify additional residents (including complaint/FRI residents) they want to include in the sample** and the reason why, even if the sample number must be exceeded. Surveyors should include:
  o Residents who have the most concerns.
  o Up to five complaint/FRI residents for the team.
  o At least one resident for **hospice, dialysis, ventilator, and transmission-based precautions**, if available, even if there were no potential concerns identified in the applicable area during the initial pool process.
  o **To include a resident in the sample, the TC selects the checkbox for the resident's name** on the Finalize Sample screen.
- Using the **Sample by Care Area screen** (click on the CA icon in the upper right hand corner), include:
  o Ensure enough residents have been **sampled for the complaint areas**.

- If there are other residents who had further investigation marked for the complaint care area, the team is required to sample three residents.
- If there weren't any other residents who had concerns regarding the complaint allegation, the team is only required to investigate the complaint resident.
- For general complaint areas not associated with a resident, if there were not any concerns identified during the initial pool for the complaint area, the area does not require any further investigation, with the **exception of abuse.** The abuse care area will automatically be initiated for the facility and will be listed on the TC's investigation screen once the sample is finalized. Since there is not a resident to review, you will complete a review of the facility's policy and procedures and QAA system for monitoring reported allegations of abuse (refer to F607).
- If the complaint allegation is not covered by the interview, observation, or record review areas addressed in the initial pool process (e.g., record keeping), then the team is required to sample three residents to investigate the area.
- Any complaint related to medications will be investigated in addition to the five system-selected residents for the Unnecessary Medication Review. If this is the case, you only have to investigate the complaint-specific medication.
  - o A resident is sampled to **cover all care areas marked as further investigation.**
  - o Enough residents are sampled to **adequately investigate the scope of each area**.
- **If the sample size is not met, consider the criteria below to include more residents in the sample**:
  - o Residents who were selected for the Unnecessary Medication review but are not a part of the sample. They will have a Yes indicated in the Unnecessary Medication column, but won't have any surveyor assigned to the resident. To include the resident, in the Sample column, select the resident's name.
  - o Residents with concerns related to QOL and resident rights
  - o Prior survey and complaint results
  - o Unrepresented area(s) of the building
- If you have met the total sample number, but there is a **concern you want to investigate for a resident who did not make it into the sample**, include the resident and the just the specific area of concern now even though the team is over the total sample number, so you have sufficient time to investigate the additional resident. To include a resident in the sample that is not listed on the sample screen, change the filter to 'All residents' to select a resident from the resident list on the Resident Manager screen.
- **Ensure a surveyor is assigned** to all residents in the sample and non-sampled unnecessary medication residents. To help ensure the workload is distributed evenly across surveyors, click **View Current Workload** in the top right corner of the screen.

The View Current Workload screen will display any complaint investigations that were initiated directly to the investigation for consideration when balancing the workload. The team should discuss any current workload concerns.

- Once the sample and assignments are finalized, select the **Finalize Sample** button. You will receive a warning if there is a concern with the sample (e.g., sample size not met, a complaint area not covered). Dialysis, hospice, or ventilator will not be displayed on the warning message if a resident was sampled for the area or all initial pool residents had NA marked for the area. Resolve the issue or provide a rationale for the reason. If you realize you made a mistake but already finalized the sample, make any sample adjustments on the Investigation screen.

- Open Facility tasks (from Navigation menu, select Investigation | Facility Tasks) to see if any facility tasks were triggered - **environment, personal funds** or **resident assessments.** If any of these triggered tasks are listed, assign a surveyor(s) to the task. The TC should ensure that every surveyor who had MDS discrepancy concerns is assigned to the resident assessment task since each surveyor will follow up on their own concerns (double-click on the task to determine which residents had concerns).

- If a complaint allegation was assigned to a Facility Task then it would be displayed on this screen with (COMP) next to it to identify that it triggered due to a complaint allegation.

- **Finalize the selection of residents for the three closed record reviews** (death, hospitalization and discharge) on the Investigation | Closed Record Sample screen in the Navigation menu.
  - The survey team may use discharged offsite selected residents, complaint or FRI residents which will be identified on the screen, or another resident who had a concern brought to the attention of the team to replace system-selected residents for the closed record reviews, as long as the discharged offsite selected residents fit the required discharge types. For example, if there is an active **complaint resident** regarding a death, the complaint resident may be reviewed for death even if there is an offsite-selected resident who died.
  - If the system wasn't able to find a resident in one of the three closed record review care areas (e.g., a resident did not unexpectedly die in the last 90 days) and there are no discharged offsite residents who died unexpectedly, you do not need to find a resident that fits that care area. Just don't complete the closed record review for that area.
  - Once you have finalized the closed record review selection, click on the **Finalize Closed Record Sample** button, which will then display the closed records on the Investigation screen.
  - On the Investigation screen (All Investigations), the surveyor who reviews the closed record can assign him/herself to the applicable area once the data is shared OR the TC can assign the closed records now.

- After finalizing the sample, the TC **shares the data** with team members using the Data Sharing screen (follow the steps listed in Step 10) so every surveyor has their investigation assignments.

V. INVESTIGATION

Step 18: Conduct investigations for sampled residents

- You will **investigate all concerns** identified as requiring further investigation **for your sampled residents** for the remainder of the survey.
- Go to Investigations in the Navigation menu. You will now see your assignments and the reason that caused the care area to be investigated under the **Inv Reason** column.
- A **complaint indicator** is added next to the applicable investigative area. The complaint indicator links to the complaint details from the Offsite Prep screen.
- There are **two ways to view your investigations**:
  - **Investigation By Resident** – you can access all of the care areas being investigated for that resident. Click on the resident's name and you will see all the care areas (one investigative area is listed per screen) in the pull-out on the right side of the screen. This option is useful when making observations, interviewing the resident, RR or family, or reviewing the record.
  - **Investigation By Care Area** – you can access all of your residents being investigated for that care area. Click on the care area and see all the residents you are investigating for that resident listed in the pullout menu on the right. This option is useful when interviewing staff.
- Using either of the screens above, refer to the Critical Element (CE) Pathway to help guide your investigation. You can access **the full Critical Element (CE) Pathway** for a care area, if one is available, by clicking on the pathway icon on the upper right part of the screen. You can scroll through the pathway to use the observation, interview and record review probes as a guide. You can copy and paste probes into your notes section, as desired.
- If a **care area does not have a pathway** or you initiate an Ftag directly, the system will indicate that there is no pathway for this investigative area. In such cases, refer to Appendix PP to guide your investigation. To access the **regulation (reg)** or **Interpretive Guidance (IG)**, click on the tag that is underlined in blue next to the CE question. If "no" is selected you will then be asked to determine severity. The team will determine the final severity and scope.
- **To view the MDS**, minimize your LTCSP or click the ASE-Q aspen leaf in the toolbar. If Citation Manager is still open, click **Done**. Expand your facility in the alpha tree and right-click **Residents MDS 3.0**, select **MDS 3.0 Resident Viewer**. You cannot copy and paste from the MDS Viewer but you can:
  - Document specifics in your notes field,

- o Attach a particular section to the survey (right click in the section; select **Export**; select Acrobat (PDF) file; save the file; then follow the steps below to attach the document to the survey), or
- o Refer back to any MDS assessment in ACO.
- You can **attach documents to the survey** (it also will be added to ASE-Q). Click the Attachments icon or press **Alt+A**; locate the file you want to attach, and then drag and drop the file into the attachments screen or copy the file and click the Paste from Clipboard button on the bottom of the Attachments screen. You may add a description of the document in the blank field, if desired. The attachment must be smaller than 4 MG; any attachment that is larger will not attach.
- Investigate the concerns thoroughly so you can make a compliance decision.
  - o Observe care (e.g., AM care, wound care, restorative, incontinence care, transfers) if warranted for the investigation. For pressure ulcers and abuse, you can click on the icon in the upper right corner to access a **body map** to draw your observations of the wound. You can access a blank document to **handwrite or draw** using the Draw icon in the top right corner for any care area.
  - o If concerns are identified with areas such as pressure ulcers and incontinence, complete continuous observations to adequately determine whether appropriate care and services are provided in accordance with the care plan.
  - o If a non-interviewable resident has a representative or family who visits often, make an effort to interview the representative/family just like you would interview the resident, as part of your investigation.
  - o For nutrition investigations, use the **Weight Calculator** to calculate % weight loss/gain. If you identify a weight loss/gain concern, add the dates in the Weight Calculator, then click on the Red X. To insert the weight information in your Investigation notes (not Resident Notes), click in the Nutrition notes field where the information should be inserted and then click the Paste Weight Calculator icon next to the font size. The system will identify the loss or gain when inserted.
  - o The facility must conduct a **facility-wide assessment** to determine what resources are needed to competently care for residents each day and during emergencies. If systemic concerns are identified in resident-specific areas (e.g., hospice, dialysis, ventilators, activities, nutrition, behavioral/emotional, dementia) or if there is a systemic concern with a lack of adequate resources (e.g., specialized rehabilitation, pharmacy), review the facility assessment.
- There are **two ways to document your investigation**:
  - o You may use the **Investigation Notes** field to document any information specific to the care area being investigated (e.g., observations, interviews, specific record review such as relevant MDS information, care plan, physician orders, and other pertinent information). Any notes entered during the initial pool process will be displayed in the investigation notes.
  - o You may use the **Resident Notes** field to document any general information about the resident that you would like to have access to for all care areas (e.g.,

diagnoses, BIMS, general MDS information regarding cognition and ADL status, and general care plan information.

- o Either documentation option is acceptable. Resident Notes may be a more efficient option to document your information during your investigation since your documentation is one continuous notes field; however, you may spend more time editing your documentation for the CMS-2567. Using Investigation Notes will have the reverse pros and cons as Resident Notes.
- o **Highlight** information (e.g., reminder to follow up on an area) by using the highlight icon. Ensure you remove any highlighting for any CE marked as No s the highlighting is not visible on the CMS-2567.

- To see a full screen display of the Notes field, click the center icon in the blue Expander bar above the Notes field.
- If **information is deleted** from your Investigation Notes, view the document history by clicking on "hx". Select the date and time to determine if the information was **saved in the history**. If so, copy and paste the text from the history into the Investigation Notes screen.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified) or NA (if the CE does not apply to your investigation). If you mark a CE as No, you should have investigative documentation and a severity. If you need severity guidance, click on the information icon (the **Severity** column header).
- You must **answer every Critical Element (CE)** as either Yes, NA, or No. For any No you should have documentation supporting the determination of non-compliance.
- You will receive a green checkmark once you answer all CEs and enter a severity for any CE marked as No.
- The Resident Investigation screen will **display the tags cited by the surveyor** (after data is shared, the tags that are in bold are cited by you). The team will review these tags during the potential citations meeting.
- To **switch to another resident or investigative area**, click on the Back arrow button to return to the Investigation main screen.
- If **additional concerns are identified** for sampled residents or concerns are identified for non-sampled residents, they can be added with team consensus to determine if there is deficient practice.
  - o To initiate a new care area, on the Investigations screen, click on the **Add New Investigation** icon; select a resident; select all applicable care areas and click out of the box or press Esc(ape) to exit; click **Save**.
  - o To initiate an Ftag directly, on the Investigation screen, click on the **Add New Investigation** icon; select a resident; select FTag Direct Cite for the investigation; click **Save**. On the Investigation screen, click FTag Direct Cite next to the applicable resident and then click **Select Tags** link (under CEs) and check the applicable tags to be investigated; click **Save**.

- o If you do not see the care area or Ftag in the list, that means the area already exists on the Investigation screen and cannot be initiated again.
- To **remove a care area** (e.g., the information was inaccurate or the resident was discharged and an investigation cannot be completed without additional observations), on the Investigations screen, click on the X in the Remove column and provide a reason for the removal. You can only remove those Investigations assigned to you unless you are the TC who can delete any investigations.
- To **share a resident** during investigations (e.g., a nurse conducts the wound observation or for workload adjustments), if the assigned surveyor has completed a portion of the resident, the assigned surveyor and the surveyor helping out should share data via the TC (see Data Sharing instructions at Step 10).
  - o The surveyor helping out should then assign themselves to the resident (multiple surveyors can be assigned to the same resident/care area).
  - o If you need to view another surveyor's documentation, at the bottom left of the screen, select **All Surveyors** from the **Show Answers** for drop-down menu. All notes and CEs marked by other surveyors display in read-only format. A No for In Compliance overwrites any Yes marked for the same CE. To view another surveyor's **drawing** or **body map** information, in the bottom left of the screen select the surveyor from the **Staff ID** drop-down menu.
  - o The surveyor helping out finishes any outstanding areas for the resident or just completes the applicable portion (e.g., wound or incontinence care observation).
  - o When investigations are complete, all responses and notes will merge and any CE marked as No will override a response of Yes.
- If you accidently **entered CE responses under the wrong resident**, you can transfer the CE responses by clicking **Transfer Investigation Answers to Other Resident** and selecting the appropriate resident from the drop-down (only those residents with the same care area marked for investigation appear in the list). Only the CE responses transfer; you will have to manually cut and paste any investigation notes.
- For any CE marked No, the Resident and Investigation Notes pull forward to the Edit Potential Docs screen for **editing documentation prior to the potential citation meeting**, if time permits.
  - o On the Edit Potential Docs screen, click on a resident or facility task to enable the right screen.
  - o The right pane will display the CEs marked as No for the applicable area and the Resident and Investigation Notes will display on the screen as read-only.
  - o You can access the reg or IG if needed.
  - o The Resident/Investigation Notes will copy to the editable section at the bottom of the screen as read-only until you begin editing the documentation.
  - o **Select Edit Citation Doc** to edit your investigative notes.
  - o Collapse the CEs and Tags, Resident Notes, and Investigation Notes as needed to have more of the editable notes field visible.

- o If you edit your documentation, only your edited notes are displayed on the Potential Citations screen.
- o If you do not have time to edit your investigative notes prior to the potential citation meeting, your resident notes and investigation notes will continue to display on the Potential Citation screen.
- o Once you begin to edit your citation documentation, a clipboard is displayed next to the Investigation on the left side of the screen.
- o If you receive **additional information after you begin editing** your documentation, add the new information to the applicable facility task or resident investigation screen. The changes are displayed in the notes field at the top of the right pane on the Edit Potential Docs screen. However, the changes will not automatically be included in the edited version of the documentation. In this case, you can copy and paste the new text added on the investigation screen into your edited text.
- If a **complaint is called into the state and added to the survey during the investigative process**, we do not recommend the TC re-import the shell to reflect the new complaint at this late point in the survey process.
  - o **If the complaint resident is in the resident list**, the assigned surveyor should initiate the complaint resident and the applicable allegation areas on their investigation screen. Click the **Add New Investigation** icon; select a resident; select all applicable care areas and click out of the box or press esc(ape) to exit; click **Save**.
  - o **If the complaint resident is not in the system**, go to Interview | Resident Manager on the navigation menu and click on the Add New Resident icon (icon with the plus sign). After you add the resident's information, go back to the Investigations screen. Click on the resident you just added and add the complaint allegations as the areas you are going to investigate (e.g., if the resident had concerns with falls, you would initiate accidents).
- If a **RRI/family interview** is completed during the **investigative process**, complete the RRI interview on the Resident Manager screen.
  - o If the resident was already included in the initial pool, go to the RI screen to complete the RRI interview.
  - o If the resident was not a part of the initial pool, go to the RI screen and select the "Add to Initial Pool for Representative Interview" button in the header to complete the RRI interview.

VI. ONGOING AND OTHER SURVEY ACTIVITIES

Step 19: Complete closed record reviews

- Complete the closed record reviews any time during the investigation but early enough in the survey to afford you enough time to investigate any concerns.

- Use the hospitalization, discharge, and death pathways to complete the closed record reviews.
- On the investigation screen, **filter to All Surveyors** and **assign yourself** to the applicable closed record review (if not already assigned by the TC) and then investigate the area the same way you would investigate any other resident specific investigative area.
- If concerns are identified with the discharge summary, the team can discuss whether to expand and review additional closed records.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified) or NA (if the CE does not apply to your investigation).
- If you mark a CE as No, you should have investigative documentation and severity. When determining severity, refer to the severity grid and the psychosocial outcome severity guide in the software.

Step 20: Complete facility task assignments

- **Complete facility task investigations** any time during the survey (as long as it does not interfere with completing initial pool activities), unless otherwise noted.
- Go to Investigation | Facility Tasks in the Navigation menu – double click on the facility task to access the investigation screen (verify that you are assigned to the task).
- To access the **reg** or **IG**, click on the tag.
- Complete a thorough investigation for facility tasks (as described below) referring to the Facility Task pathway for guidance.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified), or NA (if the CE does not apply to your investigation).
- If you mark a CE as No you should have investigative documentation. When determining severity, refer to the severity grid and the psychosocial outcome severity guide in the software.
- **Highlight** information (e.g., reminder to follow up on an area) by using the highlight icon. Ensure you remove any highlighting for any CE marked as No. If the highlighting is not removed from the text, it will appear on the CMS-2567.
- If **information is deleted** from your Investigation Notes, view the document history by clicking on "hx". Select the date and time to determine if the information was **saved in the history**. If so, copy and paste the text from the history into the Investigation Notes screen.
- If you need to view another surveyor's documentation, at the bottom left of the screen, select **All Surveyors** from the **Show Answers** for drop-down menu. All notes and CEs marked by other surveyors display in read-only format. A No for In Compliance overwrites any Yes marked for the same CE.

- Once you have answered all CEs, you will receive a **green checkmark** on the Facility Task screen indicating the task is complete.
- The Facility Task screen will **display the tags cited by the surveyor** (after data is shared, the tags that are in bold are cited by you). The team will review these tags during the potential citations meeting.
- To **add a facility task**, click on the Add New Task icon.
- All facility tasks have the ability to **add a resident to the notes field**. In the notes field, use **ALT+R** or click on the person icon (next to the clock icon) to open a box with a list of residents, select the resident by placing a checkmark next to their name and click OK. The resident will be displayed in the notes field and listed on the "Sample List Provided to the Facility" report.
- You can also **add a resident to the Sample List report** for the facility by selecting the resident on the Add Residents to List screen. If the **resident isn't listed** in the drop-down, add the resident's name and room number to the resident list by clicking on the Add New Resident icon on the facility task screen. The admission date, subgroup, and assigned surveyor are not required if the resident is not a part of the initial pool. Click Save.
- Any general **facility task complaint** or complaint resident associated with a facility task that was added on the Offsite Prep screen will display on the facility task screen and will be displayed as a complaint (COMP).

- **Dining**
  - Residents may be displayed in the resident box if they had an MDS indicator of weight loss or dehydration or they had further investigate marked for nutrition, hydration or food quality. Clicking on the resident's name will show the relevant interview notes.
  - All surveyors complete dining observations for the first full meal. However, only the surveyor assigned responsibility of the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).
  - If concerns are identified, a second meal observation may occur after the sample is selected.
  - In tablet mode, use your stylus to document any dining observation just as if you were writing on a piece of paper (e.g., to draw the layout of a table or meal).
  - Two tags are applicable for **CE6** (F676 and F677). If you determine noncompliance with CE6, mark the CE as No; click Select; put a checkmark next to the tag(s) you want to cite, and indicate the appropriate severity; click Save.
- **Infection Control**
  - All surveyors observe for breaks in infection control throughout the survey, as specified on the pathways and investigative protocols.

- o The assigned surveyor(s) should coordinate a review of the infection prevention and control and antibiotic stewardship programs, and the influenza and pneumococcal vaccinations.
- o The **residents reviewed for influenza and pneumococcal vaccinations**, should be **added to the resident box** on the infection control screen. To add a resident to the box, click on the resident icon in the upper right corner, place a checkmark next to the resident you want to add and click OK.
- o Only the surveyor assigned responsibility of the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).

- **SNF Beneficiary Protection Notification Review**
  - o Randomly select three residents from the list provided by the facility on the Entrance Conference worksheet.
  - o Give the facility three Beneficiary Notification worksheets to complete, one for each resident.
  - o The **residents reviewed** should be **added to the resident box** on the Beneficiary Notices screen. To add a resident to the box, click on the resident icon in the upper right corner, place a checkmark next to the resident you want to add and click OK.
  - o Review the completed worksheets and notices with the provider if issues are identified.
  - o If the facility is a Medicaid-only facility, the Beneficiary facility task will not be listed.

- **Kitchen**
  - o Make observations throughout the survey to gather all needed information.
  - o In tablet mode, use your stylus to document your any kitchen observation just as if you were writing on a piece of paper.
  - o For CE16 (unit refrigerators), either the assigned surveyor can review all unit refrigerators or the review can be shared amongst team members. In that case, each team member should assign themselves to the task and only answer CE16 based on their findings.

- **Med Admin**
  - o We highly recommend that nurses and pharmacists conduct this task.
  - o More than one surveyor can be assigned to the med admin task. However, only the surveyor assigned responsibility of the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).
  - o If the opportunity presents itself, observe meds for a sampled resident whose med regimen is being reviewed. Otherwise, observe meds for any resident to whom the nurse is ready to administer meds.
  - o Observe different routes, units and shifts.
  - o Observe **25 medication** opportunities, including whether the administered med is expired.

- o There are two options to document your med observations (click Med Admin Observation icon in the upper right corner):
  - ▪ Option 1: Handwriting panel – Uncheck the Show Text Editor box. In tablet mode, use your stylus to document your med observation just as if you were writing on a piece of paper. Enter YOUR number of errors and opportunities in the error calculator at the top of the screen.
  - ▪ Option 2: Text editor – Uncheck the Handwriting Panel box. You can type in your med observations. Enter YOUR number of errors and opportunities in the error calculator at the top of the screen.
- o On the main med admin screen, once the team shares their data, you can review the team's med error rate by changing Show Answers for to All Surveyors (the system will consolidate and calculate the team's error rate from each individual surveyor's error rate).
- o If the team has a med error rate of five percent or greater, once data is shared, one surveyor should insert the combined med error rate in the investigation notes by clicking the **Paste Med Admin Rate** icon next to the font size.
- o To view another surveyor's **medication observations**, click the **Med Admin Observation icon** in the upper right corner. In the bottom left of the screen, select the applicable surveyor from the **Staff ID** drop-down menu.

- **Med Storage**
  - o Any surveyor can complete the med storage task.
  - o At the top of the screen, enter the number of med storage rooms and the number of med carts the facility has. The system will tell you how many areas should be reviewed.
    - ▪ Review half of the med storage rooms, covering different units.
    - ▪ Review half of the med carts on units where the storage room was not observed.
  - o If there are no concerns, the review is complete.
  - o If there are concerns, expand and review more meds in the med carts and med storage rooms.

- **Resident Council Meeting**
  - o Complete an interview with active members of the Resident Council early enough in the survey to afford you enough time to investigate any concerns preferably on Day 2 of the survey.
  - o If there is not a Resident Council, do not conduct this task; however, determine whether residents have attempted to form one and have been unsuccessful, and if so, why. To remove the task, on the Facility Task screen, the TC selects the X in the Remove column and select "No Resident Council" as the reason for the removal.
  - o Request the assistance of the president for arranging the meeting. If there is no president, ask for a list of active Resident Council participants and select a resident to assist in arranging the meeting.

- o Surveyors can invite residents (even those not in the Resident Council) they encounter who are able to converse and provide information.
- o Try to keep the group manageable, usually no more than 12 residents to facilitate communication.
- o Obtain permission from the president to **review council minutes**.
- o Review three months of minutes prior to the interview to identify any unresolved areas of concern to discuss during the meeting.
- o If the ombudsman has indicated interest in attending the interview, ask the president if that is acceptable; if it is, notify the ombudsman of the time/place of the meeting.
- o When conducting the interview, refer to the questions on the Resident Council screen. For **CE24**, if additional concerns are identified and your investigation determines non-compliance, you can select the appropriate Ftag and severity level by clicking Yes for the resident council answer; then clicking No for In compliance; and then clicking Select to view all the tags—select the appropriate tags and assign a severity; click Save.
- o Document the names of the residents in the meeting by selecting the **Add Residents icon** in the top right corner of the screen and selecting all attending residents' names; click OK. Under the Other column, indicate whether the resident is the President, attends resident council meetings or does not attend meetings.

- **Sufficient and Competent Nurse Staffing**
  - o Throughout the survey, all surveyors are considering whether concerns with staffing can be linked to resident complaints, or quality of life and care concerns.
  - o Any initial pool resident who had further investigate marked for sufficient staffing will be displayed in the resident box. Clicking on the resident's name will show the initial pool notes.
  - o The surveyor assigned primary responsibility for the task should coordinate the review of the availability of licensed nursing staff to provide and monitor the delivery of care.
  - o However, only the surveyor assigned responsibility of the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).

The following **triggered tasks** are completed only if the survey team has concerns:
- o To review a consolidated list of residents and initial pool notes, click on the Resident Initial Pool Notes radio button at the bottom right of the screen. Copy and paste any applicable initial pool notes into the Facility Task Notes. Only the Facility Task Notes pull forward to the Potential Citation screen.

- **Personal Funds**
  - o Complete this review when there are identified concerns with sampled residents not having access to funds or not receiving a quarterly statement. Only complete the applicable section of the pathway.

- **Environment**
  - Complete an environmental review only if there are concerns identified with sampled residents.
  - If you are assigned to the task and you double click on Environment, you will receive a pop-up screen where you should place a **checkmark next to the area(s) you are investigating**. All areas that are not checked will be automatically marked as NA.
    - If you don't know which areas you are investigating, you may bypass the pop-up. After reviewing the consolidated initial pool notes on the screen, click the Task Matrix in the top right corner to mark the areas you are investigating.
    - During your investigation, if you identify concerns for an area marked as NA, you may override the NA with the appropriate CE decision.
  - Review the specific concerns the team has with the environment. Note: it may not be necessary complete a review of the entire environment.
  - Do not complete a review of oxygen storage, the generator, or the Emergency Preparedness review as these areas are reviewed by life safety and not required to be done by the Health Survey team unless required by state practice or the Health Survey team is conducting the Emergency Preparedness Review during the LTCSP Standard survey.
- **Resident Assessment**
  - Complete this review if there were concerns with 1) a delay with the completion and/or submission of MDS assessments (i.e., admission, quarterly, annual, or significant change assessment); and/or 2) MDS discrepancies for care areas that were not marked for further investigation.
  - Each surveyor should review their own residents who had MDS discrepancy concerns (review the screen for the list of residents who had concerns). If the TC does not assign this task, the applicable surveyor needs to assign him/herself to the task.
- **Extended Survey**
  - If SQC is cited, the team will complete the extended survey. If the team plans to complete the extended during the survey (or once the team returns to complete the extended survey), go to Investigations | Facility Tasks from the Navigation menu, initiate the task, and assign the surveyor(s) who will investigate the extended survey.

Step 21: End of the day meeting

- Each team member **shares their data with the TC** (follow step 10 for instructions) prior to the team meeting.

- **Meet for about 30 minutes at the end of each day** to discuss the areas noted on the Team Meeting screen (Go to Team Meeting in the Navigation menu, select the Day 2 or later button).
- Team members should refer to the PG while the TC conducts the team meeting.
- The system populated areas include:
  - Are there newly identified harm or IJ concerns (system populates only if severity 3 or 4 is marked)?
  - How much work does each surveyor have left to complete?
  - Have at least three resident representative interviews been completed?
- **If the team determines SQC** at any point during the survey, the extended survey should be completed. If the team plans to complete the extended during the survey, go to Investigations | Facility Tasks from the Navigation menu, initiate the task, and assign the surveyor(s) who will investigate the extended.

Step 22: Complete QAA/QAPI

- This facility task should take place at the **end of the survey;** however, with enough time to investigate and follow on potential concerns.
- Prior to interviewing the facility staff about the QAA program, **review** the Facility Rates for MDS Indicators, prior survey history, FRIs, and complaints to remind yourself of present concerns and repeat deficiencies.
- Review the **QAPI plan**.
- During team meetings, ensure you have a list of concerns the facility should be aware of (e.g., harm or IJ, pattern or widespread issues, or concerns identified by two or more surveyors).
- To access the **reg** or **IG**, click on the tag.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified), or NA (if the CE does not apply to your investigation).
- If you mark a CE as No you should have investigative documentation. If you need severity guidance, click on the information icon.

VII. POTENTIAL CITATIONS

Step 23: Share Completed Investigation Data, Confirm Investigation Data is Complete, and Team Deficiency determination

- When you complete all investigations, share your data with the TC using the Data Sharing screen. Click on the flash drive on the right side of the screen. Refer to Step 10 for instructions. **All data must be shared before conducting the potential citation meeting.**

- Review the Investigation (filter to All Surveyors) and Facility Task screens and ensure all **investigation work has been completed** by ensuring a green checkmark is next to every area listed.
- If there is incomplete work, the surveyor should complete the work, and then share the data with the TC.
- Verify the combined med error rate is consistent with the response for CE1 (med error rate). If the error rate is less than 5% but a surveyor marked CE1 as No, do not cite the tag during the potential citation meeting. If the error rate is 5% or greater but CE1 is not marked as No, update the response for CE1 prior to the potential citation meeting.
- The TC should then share the consolidated list of potential citations with the team (refer to Step 10 for instructions).
- For each potential citation, the team makes a **compliance determination**. If noncompliance exists, the team determines the **severity and scope** of the deficiency.
- Select a tag to have the information display on the right side of the screen.
- To **cite a tag**, place a checkmark next to each resident who should be included in the citation, mark Cite and include the final severity and scope.
  - When determining severity and scope, refer to the severity and scope grid (click the arrow in front of S/S), guidance on severity and scope, and the psychosocial outcome severity guide found in the Survey Resources folder.
  - If the evidence gathered during the survey for a particular requirement includes examples of various severity or scope levels, surveyors should classify the deficiency at the highest level of severity, even if most of the evidence corresponds to a lower severity level. For example, if there was a deficiency in which one resident suffered a severity 3, while there were widespread findings of the same deficiency at severity 2, then the deficiency would be classified as severity 3, isolated.
  - Past noncompliance may be identified during any survey of a nursing home. When a citation of past noncompliance is written, a nursing home does not provide a plan of correction as the deficiency is already corrected. However, the survey team documents the facility's corrective actions on Form CMS-2567. (Additional information about citations of past noncompliance is found at Chapter 7). To cite past noncompliance with a specific survey data tag (F-tag or K-tag), all of the following three criteria must be met:
    - The facility was not in compliance with the specific regulatory requirement(s) at the time the situation occurred;
    - The noncompliance occurred after the exit date of the last Standard survey and before the survey currently being conducted; and
    - There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s).

- o Document the Deficient Practice Statement, universe, or notes for the exit conference in the Opening Statement field. The **universe** is the number of residents investigated for each care area as noted on the Sample Finalization screen – by Care Area option.
  - o Select the appropriate **survey categories** such as recertification and complaint for each cited tag. If the cited tag was associated with a complaint on the Offsite Prep screen, the complaint category will automatically be checked.
  - o If the team cites a tag at **SQC**, a warning will appear on the right pane above the Opening Statement title reminding you that an extended survey has to be conducted.
- If you **don't cite a tag**, ensure no residents are checked, mark Don't Cite and include a rationale.
- If you want to **move the citation to a different tag**:
  - o Mark Don't Cite.
  - o Select the reason not to cite as, Move to another tag.
  - o Click on the Select Tag button.
  - o Place a check mark next to Select? For the correct tag.
  - o Click Save.
  - o To undo this action and return to the original tag, locate the tag you moved, select the original tag (it will be listed under the title Moved Tags), click on the Select Tag button, uncheck the tag you moved it to, and click Save. The tag is now refreshed to its original tag. Ensure the tag was moved to the original tag.
- If during decision making you receive additional information from the facility (e.g., an interview, a document relevant to a citation), enter the information in your investigation screen and edited text if appropriate. Any newly added text will pull forward to the potential citation screen.
- To assist with the Exit Conference, the TC may refer to the "Potential Citations – Opening Statement for Cited Tags" report. The report displays cited tags, residents, and just the notes that were documented in the Opening Statement.

Step 24: Exit Conference with Facility

- Conduct an exit conference with the facility administration/leadership to inform the facility of the survey team's observations and preliminary findings.
- Invite the ombudsman and an officer of the organized residents group, if one exists, to the exit conference. Also, invite one or two residents to attend. The team may provide an abbreviated exit conference specifically for residents after completion of the normal facility exit conference. If two exit conferences are held, notify the ombudsman and invite the ombudsman to attend either or both conferences
- Do not discuss survey results in a manner that reveals the identity of an individual resident. Provide information in a manner that is understandable to those present, e.g., say the deficiency "relates to development of pressure ulcers," not "Tag F686." If the

provider asks for the specific tag, you should provide this information, cautioning the facility that the tags are preliminary. Under no circumstances, should you provide the Severity and Scope for a given deficiency, unless it is an immediate jeopardy. If a provider asks if the noncompliance is isolated, pattern, or widespread, you should respond with the facts such as the noncompliance was found to affect "X" number of residents (Ref: S&C: 16-11-ALL).

- Describe the team's preliminary deficiency findings to the facility and let them know they will receive a report of the survey that will contain any deficiencies that have been cited (Form CMS-2567).
- If an extended survey is required and the survey team cannot complete all or part of the extended survey prior to the exit conference, inform the Administrator that the deficiencies, as discussed in the conference, may be amended upon completion of the extended survey.
- During the exit conference, provide the facility with the opportunity to discuss and supply additional information that they believe is pertinent to the identified findings. Because of the ongoing dialogue between surveyors and facility staff during the survey, there should be few instances where the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.
- If your state provides the sample list during the exit, click the Reports icon; select the "**Sample List Provided to Facility**" report; click **Run Reports** and then send the report in a secure method electronically OR print the report. States may also elect to send the Sample List with the CMS-2567. To add any resident to the report, select Add Residents to List in the navigation menu.

Step 25: Load Cites

- Exit the tool and click on Load Cites on the Citation Manager screen.
- If any potential citations are incomplete for any tags, you will receive a warning that the LTSCP Load Validation Failed.
  o The tags listed cannot be loaded from LTCSP because the tags listed have errors.
  o Click okay.
  o Return to the LTC Survey to fix the errors.
  o Exit the tool.
  o Click on Load Cites on the Citation Manager screen.
  o Repeat this until all errors have been corrected and you are able to Load Cites.
- Edit the potential citation documentation following your state practice (e.g., either in ASE-Q or ACO). Refer to the **Editing Finalizing Statement of Deficiencies** document in the Survey Resource folder for specific guidance. The general objective of this section is to write the statement of deficiencies in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. For findings of past noncompliance and or current noncompliance indicate the data prefix tag and regulatory citation, followed

by a summary of the evidence and supporting observations using resident identifiers. This documentation must be written in language specific enough to use to identify levels of severity and scope at the completion of the survey. If information was identified during confidential resident interviews, do not include a resident identifier when recording the source of the evidence. List the data tags in the order specified in the Code of Federal Regulations. The statement of deficiencies should:

- o Specifically reflect the content of each requirement that is not met;
- o Clearly identify the specific deficient entity practices and the objective evidence concerning these practice
- o Identify the extent of the deficient practice, including systemic practices, where appropriate; and
- o Identify the source(s) of the evidence, e.g., interview, observation, or record review.
- If SQC is identified but the **Extended survey is completed after the Standard survey**, documentation of non-compliance should be completed in the same survey shell. Do not upload the survey in ACO until the extended is completed; however, you may load citations to begin finalizing tags for the CMS-2567.

Step 26: Save and Delete Completed Survey

- Export the completed survey from ASE-Q and import the survey back into ACO following your State's practice.
- If the floor plan was inaccurate, ensure the TC includes an updated floor plan for the next survey.
- After the completed survey is imported back to ACO according to your State's practice, delete the survey from ASE-Q.
  - o Right click on the Event ID or Facility name (depending on what you want to delete)
  - o Select Send to Recycler
  - o Select Yes at the message, "Are you sure you want to send this survey (Event ID) to the ASPEN Recycler?"
  - o Delete the survey from the ASE Recycler
  - o Expand the Recycle listing
  - o Right click the Event ID
  - o Select Delete

Attachment A: Sample Size, Recommended Team Size, and Initial Pool Size

This table shows the required sample size, recommended number of surveyors, and expected initial pool size for each survey, based on facility census. Also, see notes below the table.

Facility Census	Recommended # of Surveyors	Initial Pool Size (approximate)	Sample Size #
1-8	2	All residents	All residents
9 – 19	2	9 to 16	8
20 – 48	2	16	12
49 – 52	3	24	13
53 - 56	3	24	14
57 – 61	3	24	15
62 – 65	3	24	16
66 – 69	3	24	17
70 – 90	3	24	18
91 – 95	3	24	19
96 – 100	4	32	20
101 – 105	4	32	21
106 – 110	4	32	22
111 – 115	4	32	23
116 – 123	4	32	24
124 – 128	4	32	25
129 – 133	4	32	26
134 – 138	4	32	27
139 – 143	4	32	28
144 – 148	4	32	29
149 – 153	4	32	30
154 – 158	4	32	31
159 – 164	4	32	32
165 – 169	4	33	33
170 – 174	4	34	34
≥175	5	40	35

Note on Survey Team Size

The Recommended Number of Surveyors shown in the grid is for a typical Standard recertification survey without any complaints/FRIs that will be investigated with the survey. We note that team size for an initial certification or annual recertification survey also will be dependent on other tasks that may need to be performed at the time of the survey (e.g., complaints/FRIs, licensure tasks, facility history of larger care concerns). Survey agencies should staff the team to promote an effective and efficient survey process.

The recommended number of residents to include in the initial pool is based on the recommended number of surveyors. For example, if the facility has 32 residents, two surveyors can complete the survey. This means that there will be about 16 residents in the initial pool (eight residents per surveyor). However, States have some **flexibility** around the recommended number of surveyors for a survey. **If the SA sends more or fewer surveyors than what is recommended, the initial pool size stays the same** but the number of residents per surveyor will be adjusted.

- If a State decides to send **more than the recommended number of surveyors** (e.g., because the survey needs to be done in a shorter time period), then it is acceptable for the team to split unit assignments and distribute the expected initial pool size across the larger team.

    o Example: A facility has a census of 56. Three surveyors are recommended for the expected initial pool of 24 residents. The SA sends six surveyors instead of three. Each of the six surveyors then has four initial pool residents, for a total of 24 across the team.

- If a State sends **fewer than the recommended number of surveyors**, the smaller team also must adjust their initial pool numbers and have more initial pool residents per surveyor.

    o Example: A facility has a census of 125. Four surveyors are recommended for the expected initial pool of 32 residents. The SA sends two surveyors instead of four. Each of the two surveyors then has 16 initial pool residents, for a total of 32 across the team.

Because SAs typically do not know the current facility census until the survey team arrives onsite, they can estimate the census based on bed size, past experience, or other knowledge when deciding how many surveyors to send. Once onsite, if the census differs from the estimate, the survey team will refer to the grid and adjust the sample size and initial pool size as needed.

Note on Onsite Time

The onsite survey time will generally be consistent with the time SAs previously spent conducting standard surveys. There may be some extended (e.g., ramp up) time as surveyors become acclimated to the new LTCSP. As surveyors become familiar with the new process and the use of the software, survey time should decrease. CMS will continue to monitor.

Attachment B: Complaints and Facility Reported Incidents with Standard Survey

Policy for Including Complaints and Facility Reported Incidents with Standard Survey:

Based on the intent, data and structure of the LTCSP, up to **five** **residents** that have complaint or Facility Reported Incidents (FRI) may be included in the initial pool and sample for the team.

If a team has more than five residents with complaints or FRI to be included with the Standard survey, those residents would be in addition to the initial pool and sample size. In these cases, we expect either the size of the survey team to be increased, or the duration of the survey to be lengthened. We do not expect this to significantly change the states' workload as the vast majority of states do not exceed this level.

The two exceptions to this policy are 1) if the LTCSP software selects more than five offsite-selected residents who also have a complaint/FRI to be investigated during the survey. In this case, you do not have to remove the additional complaint/FRI residents from the offsite-selected residents since you would be including these residents in the initial pool; or 2) there is a general care concern that is not tied to a specific resident and would be addressed during the standard survey (e.g., the complaint is tied to a facility task or to a care concern -- for example, there is not enough water available for residents).

Complaints deriving from non-compliance with state licensure regulations would be operationalized separately. In other words, the five residents with complaints threshold has been developed to capture those complaints and FRIs that are federally related activities that need to be completed. This does not change CMS' policy that non-compliance with federal Requirements of Participation must be evaluated under the federal survey process and cannot be surveyed only under state licensure requirements.

Enforcement Considerations

Please note, when imposing an enforcement remedy for past noncompliance, CMS may reach back no further than the "last standard survey" to do so. This means that a State should not postpone serious complaints that could lead to enforcement and expect to conduct them after the standard recertification survey.

CMS will continue to monitor this as the LTCSP is implemented.