

**QUALITY INDICATOR SURVEY
SURVEYOR TRAINING MANUAL**

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Introduction

The Quality Indicator Survey (QIS) process is designed to guide surveyors through the federal survey in a two-stage process. Stage I involves an initial quality assessment of targeted residents, selected randomly by the QIS Data Collection Tool DCT, on a wide range of Care Areas covered by the regulations. Resident assessment is conducted based on resident observations, interviews, and from reviewing clinical records. These onsite assessment data are used together with Minimum Data Set (MDS) data to construct 160 resident-centered outcome and process indicators called Quality of Care Indicators (QCIs). When compared with national norms, QCIs are used to focus the more detailed quality investigation during the Stage II review. Stage II involves the in-depth review of residents within Care Areas that exceeded thresholds as identified through the Stage I process. Probes within Critical Element Pathways are utilized to guide the investigation and help determine whether regulatory requirements are met.

Team meetings should be conducted daily during the survey and any time the team deems it necessary to monitor the investigative process and adjust assignments. If a situation suggests possible Immediate Jeopardy, the team will follow the instructions in Determining Immediate Jeopardy, Appendix Q of the State Operations Manual (SOM).

Task 1: Offsite Survey Preparation

Select the team coordinator (TC). The team coordinator will direct the survey activities and all primary laptop computer responsibilities (see The QIS Checklist in Tab 2 of the QIS Surveyor Resource Manual).

Use the Offsite Survey Preparation Worksheet (Tab 2 of the QIS Surveyor Resource Manual) to record the following:

1. Review and record survey information from the following sources:
 - a. Review the OSCAR 3 report to determine whether the facility has any patterns of repeat deficiencies.
 - b. Review any complaints filed with the survey agency, recording areas of concern and resident names, in order to investigate the complaint(s) during the survey.
 - c. Contact the ombudsman's office, in accordance with state policy, to provide notification of approaching survey, and request any state ombudsman office information that will need to be reviewed during the survey.
 - d. Review any information from the State ombudsman's office to be investigated during the survey. Record areas of concern (with any resident names to be included in the survey).
 - e. Note any federal waivers or variances for onsite review.
2. Prepare team assignments:
 - a. Assign a surveyor other than the team coordinator to reconcile the Stage I Census Sample. The remaining survey team members will complete the Initial Tour. (Note: The team coordinator will assist the team with completing the tour after the entrance conference, ensuring all activities are completed in a timely manner.)
 - b. Assign the review of any waivers/variances.
 - c. Assign surveyors the following facility-level tasks:
 - 1) Demand Billing
 - 2) Dining Observation
 - 3) Infection Control
 - 4) Kitchen/Food Service Observation
 - 5) Medication Administration Observation
 - 6) Quality Assessment and Assurance Review
 - 7) Resident Council President/Representative Interview

Complete the following steps outlined on the QIS Checklist:

1. Obtain the survey shell and facility information (according to your state's procedures) and import the data into ASPEN Survey Explorer (ASE) on the primary and secondary laptops.
2. Start the QIS Data Collection Tool (DCT) software on the primary laptop. The QIS DCT software is used to randomly select samples, input survey information and document relevant findings, calculate QICs, and provide review of potential citations.
3. Calculate the MDS QICs using the QIS DCT on the primary laptop. The samples will be drawn on the primary laptop and exported later to the secondary laptops.

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4. Print the New Admission Information Form (Figure 1) and the Census Sample Report (Figure 2) from the QIS DCT on the primary laptop.

Figure 1: Blank New Admission Information Form

NORTH STAR COMMUNITY: MHZB11 - 08/01/2005

New Admission Information

Please provide the following information for residents admitted to the facility after: 07/02/2005
Only include residents that are still residing in the facility.

Admission Date	Last Name	First Name	Mid Init	Date Of Birth	Gender	Unit #	Room #
1.)							
2.)							
3.)							
4.)							
5.)							
6.)							
7.)							
8.)							
9.)							
10.)							

Figure 2: Census Sample Report (printed offsite)

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Census Sample

Unit #	Room #	Name	Admission Date	Assigned Surveyor	Interview Status
		CARR, D (30)	05/01/1924	07/07/2003	Family Interview Candidate
		CARR, J (22)	02/01/1921	11/11/2004	Resident Interview
		CARR, L (65)	05/01/1924	05/16/2005	Resident Interview
		CARR, M (80)	05/01/1924	03/25/2005	Family Interview Candidate
		CARR, M (26)	05/01/1924	03/29/2005	Family Interview Candidate
		CARR, S (46)	04/01/1923	04/14/2005	Family Interview Candidate
		CARR, T (79)	05/01/1924	03/08/2005	Family Interview Candidate
		CARR, T (78)	05/01/1924	02/07/2005	Family Interview Candidate
		JACKSON, E (5)	02/01/1921	04/04/2000	Resident Interview
		JACKSON, G (14)	03/01/1922	03/11/2002	Family Interview Candidate
		JACKSON, J (11)	05/01/1924	03/22/2004	Resident Interview
		SMITH, B (37)	01/01/1920	11/14/2003	Resident Interview
		SMITH, E (66)	05/01/1924	05/19/2005	Family Interview Candidate
		SMITH, E (45)	05/01/1924	04/15/2002	Resident Interview
		SMITH, E (2)	04/01/1923	03/17/2000	Family Interview Candidate
		SMITH, G (62)	03/01/1922	06/21/2004	Resident Interview
		SMITH, G (19)	05/01/1924	04/12/2005	Resident Interview
		SMITH, J (72)	05/01/1924	10/04/2004	Family Interview Candidate
		SMITH, M (24)	02/01/1921	05/05/2003	Resident Interview

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5. The team coordinator is responsible for gathering and carrying all necessary QIS supplies:
 - a. Laptop/Tablet PC and peripherals (any external disk drives, power cords, extra battery packs, and carrying case)
 - b. Power strip(s) with surge suppressor
 - c. Portable printer and extra ink cartridges for printer
 - d. Flash drive/diskettes prepared as indicated on the "Storing QIS Data" document in Tab 2 of the Surveyor Resource Manual
 - e. Printer paper (about half a ream)
 - f. All Stage I and Stage II survey worksheets (according to your state procedures)
 - g. Completed survey announcement signs for the facility
 - h. Facility folder or notebook to hold all forms provided by the facility and reports created in the QIS DCT

Task 2: Onsite Preparatory Activities and Entrance Conference

Immediately Upon Entrance to the Facility

1. The team coordinator must do the following (listed in order of priority):
 - a. Request that the person in charge be notified of the team's entrance.
 - b. Introduce the survey team.
 - c. Request an alphabetical resident census with room numbers/units. Request that the facility note residents on the census who are not in the facility, such as, in the hospital, home visit, etc.
 - d. Provide the facility the New Admission Information form. The facility should record on this form all residents who were admitted within the 30 days prior to the date listed on the report and who still reside in the facility. Review the instructions on top of the form. Emphasize that the date of birth must be provided.
 - e. Request a workspace for use by the survey team and briefly explain that electrical connections are required due to use of computers and printers.
 - f. Provide signs announcing the survey. Ask the facility to post the signs in areas easily observable to residents and visitors, announcing that a survey is being performed and that surveyors are available to privately meet with residents or their families/legal representatives.
 - g. Request a copy of the facility's floor plan.
 - h. Request a copy of the staffing schedules for licensed and registered nursing staff for the survey time period.
 - i. Provide a copy of the Facility Entrance Conference Worksheet.
2. The surveyor assigned to complete the Stage I Sample should do the following:
 - a. Set up the primary laptop.
 - b. Begin the sampling task as soon as the alphabetical resident census is provided (follow the Primary Laptop responsibilities as listed on the QIS Checklist).

Entrance Conference

1. After the administrator or designee has provided the resident census and the New Admission Information form, or has arranged for these items to be provided to the team, the team coordinator will meet with the administrator or designee to briefly review the QIS process and answer any questions.
 - a. Inform the administrator of the following:
 - 1) Privately conducted interviews will take place with family members and individual residents unless the interviewees request the presence of a facility staff member.
 - 2) The survey team will be communicating with facility staff throughout the survey and will ask for facility assistance when needed. Advise the administrator or designee that he/she will have the opportunity to provide the team any information that would clarify an issue brought to his/her attention, but there will be no daily conference.

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- 3) The survey team will be conducting a complaint investigation, if applicable, during the survey.
- b. Additionally:
 - 1) Provide the facility a copy of the OSCAR 3.
 - 2) Provide the Medicare/Medicaid Application (671) and Resident Census and Conditions (672).
 - 3) Request the facility provide information identifying an emergency water source.
 - 4) Determine whether full-time DON coverage is provided (verbal confirmation is acceptable).
 - 5) Provide the CMS Quality Indicator Survey Demonstration Project brochure.
2. Ask the administrator to provide the following information within one hour of the conclusion of the entrance conference:
 - a. A list of key personnel and their locations.
 - b. The name of the resident council president or an officer/active council member, if there is a resident council or equivalent group.
 - c. A schedule of meal times and the location of all resident dining room(s).
 - d. A schedule of Medication Administration pass times.
 - e. All Admission Sample closed records. Make arrangements for overnight safe storage of the records.
3. Ask the administrator to provide the following information within four hours of the conclusion of the entrance conference:
 - a. A list of residents who receive ventilator, dialysis (whether in or out of the facility), or certified Medicare hospice services and or end of life services (provide the facility the Ventilator, Dialysis, Certified-Medicare Hospice, and/or End of Life Services worksheet on the last page of the Entrance Conference Facility Worksheet).
 - b. If there are residents receiving dialysis within the facility, alert the State Survey Agency's (SA) ESRD survey team that home dialysis is being provided within this LTC facility, informing them of identified home dialysis concerns. The facility should provide the following:
 - 1) Access to the written contract, agreement, arrangement, policies/procedures, and/or plan of care, specifying how care is coordinated.
 - 2) List of Residents' names, room numbers, and name of the End-stage Renal Disease (ESRD) assigned caregiver/technician, (and identify whether this caregiver is provided by the ESRD facility, the Durable Medical Equipment (DME) supplier, or the LTC facility);
 - 3) Days and times each resident will receive his/her dialysis treatment.
 - c. The Influenza/Pneumococcal Vaccination – Policy & Procedures.

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- d. A list of rooms that are less than required square footage and/or rooms that have more than four residents (requires a variance). Ask the administrator whether there are rooms below grade, that have no window to the outside, or that have no access to an exit corridor.
 - e. Quality Assurance and Assessment (QAA) committee information (contact person name, member names, and meeting frequency).
 - f. Location of Pre-admission Screening and Resident Review (PASRR) information. Some states may have formal mechanisms to share with the survey agency the results of PASARR screens for residents with mental illness or mental retardation. If this information is available, evaluate whether there are any potential concerns and note names of residents for possible inclusion in the sample.
 - g. A description of any experimental research occurring in the facility.
 - h. Name of contact person for Complaint/Abuse/Grievance.
4. Ask the administrator to provide the following information within 24 hours of the conclusion of the entrance conference:
- a. If the facility is Medicare or Medicare/Medicaid certified, a list of Medicare residents who requested demand billing since the preceding survey (9-15 months) with identification of the residents' payment source(s).
 - b. A list of the five most recent denial notices with the payment source, sent to the residents by the facility.
 - c. Medicare/Medicaid Application (671) and Resident Census and Conditions (672).

Concurrent Activities

During the entrance conference and while waiting to receive the requested information, the following onsite activities should be initiated:

1. Complete the Initial Tour.
2. Begin the process of finalizing the Stage I Sample.
3. Begin the Kitchen/Food Service Observation.
4. Attempt to meet with the resident council president/representative to announce the survey, and set up a time to interview him/her. Ask permission to review the resident council minutes for the past three months. In the rare case of a facility having more than one resident council group, a representative from each group should be interviewed.
5. Begin the Dining Observation, if able to observe a full meal from start to finish.

Task 3: Initial Tour

The tour is an initial brief overview of the facility, the residents, and the staff. The intent is to give the survey team an overall impression of the facility and the resident population being served. The tour is not intended to be a method of sample selection or sample supplementation; however, if any egregious situations are observed that involve specific residents, record the observation on a Surveyor Notes Worksheet (Form CMS-807) and include the resident's name, room number, and date and time when the concern was observed. Residents can be surveyor initiated (automatically added to Stage II) for an in-depth review. If a situation is observed that may indicate possible Immediate Jeopardy, surveyors are to follow instructions provided in Appendix Q of the SOM.

- Begin the tour as soon as possible after entering the facility.
- Surveyors should tour individually as assigned by the team coordinator. It is not necessary to have a facility staff person accompany the surveyor on tour.
- Attempt to meet as many staff and residents/family as possible.
- If the tour is being conducted during a time when there is an opportunity to observe a full meal, begin the Dining Observation task (see the section titled, Dining Observation).
- While on tour, document any concerns with the general environment (for example, common bathing areas, lighting and noise levels, odors, general cleanliness and safety, etc.).
- To gain information about the facility and the resident population, focus on the following:
 - Staff-resident interactions related to residents' privacy and dignity, including the manner in which the staff responds to resident requests, mood and behavioral symptoms, and indications of need for staff attention.
 - Staff availability - by identifying the licensed and registered nursing staff currently on duty.
 - The activities in which residents are engaged, including both in-room and structured group activities.
 - The characteristics of the resident population, such as the presence of special care units for residents with dementia; sub-acute/rehabilitation units or Medicare wings; and the presence of residents with clinically complex special care needs, such as feeding tubes, ventilators, intravenous therapies, tracheostomy tubes, and oxygen therapy.

Note: The team coordinator should make sure that both the tour and the Stage I Sample reconciliation are completed in a timely manner - helping others when necessary in order to complete the process as quickly as possible.

Task 4: Stage I Survey Tasks

Stage I Sample Overview

The Quality Indicator Survey Data Collection Tool (QIS DCT) was developed, in part, to provide a systematic automated resident sampling process. On the primary laptop, the QIS DCT randomly selects residents from the MDS data that were imported into ASPEN Survey Explorer (ASE) offsite before the survey by the team coordinator. The QIS DCT generates three Stage I samples from the resident pool: 1) the MDS Sample, 2) the Admission Sample, and 3) the Census Sample. The surveyors can also generate a non-random sample of residents called the Surveyor-initiated Sample to investigate in Stage II (there are no Stage I activities for the Surveyor-initiated Sample; the residents will be reviewed in Stage II).

The MDS, Admission, and Census samples have different purposes in the Stage I quality assessment activities. The MDS sample reflects quality of care data on all residents treated in the facility within a certain time period. This sample is limited to facility-reported MDS data. The Admission Sample targets up to 30 new admissions to the facility during the period when residents are extremely vulnerable to issues such as hospitalization. The Admission Sample facilitates the Stage I review of specific post-admission care and maximizing function before functional decline occurs. The Census Sample includes up to 40 residents in the facility at the time of the survey. Because direct observations, interviews, and record reviews are conducted for the Census Sample in Stage I, the sample does not rely on staff-reported data and can address other quality of care areas.

Resident Pool

The Resident Pool consists of residents from which the random samples are drawn, and is comprised of residents who had at least one MDS assessment transmitted to the state within the 180 days prior to the extraction date.¹ MDS assessments in the Resident Pool can include all assessment types except Discharge assessments. The Admission, Census, MDS, and Surveyor-Initiated Samples are subsets of the Resident Pool.

MDS Sample

The MDS Sample includes those residents who had an MDS assessment, excluding Discharge or Re-entry assessments, anytime within the 180 days prior to the extraction date. The MDS Sample also excludes residents who had only an Admission assessment in the 180-day period. The sample is drawn offsite from the MDS extraction imported into ASE. The sample cannot be viewed from the Stage I - Sample screen in the QIS DCT. There are no Stage I activities for the MDS Sample residents; the residents whose data trigger the MDS-based QICs will be reviewed in Stage II.

Admission Sample

The Admission Sample includes up to 30 residents who had an Admission MDS submitted within six months (180 days) prior to the extraction date and were admitted to the facility more than 30 days prior to the extraction date. The sample is randomly drawn offsite by QIS DCT from the Resident Pool. Stage I information is obtained from record review for each of the Admission Sample residents.

¹ The extraction date refers to the date the MDS data was downloaded from the state server.

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Census Sample

The Census Sample is selected randomly by the QIS DCT from the Resident Pool. Offsite, 40 residents were randomly drawn in the QIS DCT as the Stage I Census Sample. Onsite sample reconciliation ensures that the sample only includes residents who are currently residing in the facility. When discharged residents are replaced during the reconciliation process, newly admitted residents from the New Admission Information form are added to the sample as replacements (these residents likely will not have MDS data in the QIS DCT). Stage I information is obtained from resident/family interviews, staff interviews, surveyor observations, and record review.

The first step in selecting the Census Sample is performed offsite on the primary laptop. The QIS DCT will randomly select residents whose MDS (excluding discharge or re-entry MDS assessments) was submitted to the state within the 180 days prior to the MDS extraction date.

The second step in selecting the Census Sample is performed onsite on the primary laptop and involves verifying that each of the residents selected in the first step (via the MDS assessments) continue to reside in the facility. The current residency status must be verified because there is lag time between MDS extraction and the start of the survey.

Surveyor-initiated Sample

This sample is not randomly selected by the QIS DCT, but rather at a surveyor's discretion. The Surveyor-initiated Sample is comprised of residents specifically chosen by a surveyor to be further evaluated during Stage II. The surveyor may choose a resident for inclusion in this sample based on resident-specific information obtained during other tasks (i.e., offsite such as complaints or ombudsman information, or onsite information from random observations and/or interviews). These residents are automatically added to the Stage II investigation. The procedures to surveyor initiate a resident are listed in the section titled Supplementing the Stage II Sample, "How to Add Residents to the Stage II Sample (see the QIS Checklist).

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Reconciling the Census Sample

Upon entrance into the facility, the team coordinator asked the provider to immediately provide the survey team:

- A copy of the resident census, with room numbers/units, in alphabetical order by resident name, noting which residents are on not in the facility (e.g., in the hospital, home visit, etc.) (Figure 3).

Figure 3: Example of a Facility-provided Resident Census

North Star Community
Daily Census - 08/05/05

Last Name	First Name	MI	DOB	Room	Admit
CARR	D		10/01/1915	90-1	10/14/2002
CARR	D		05/01/1924	53-2	07/07/2003
CARR	I		05/01/1924	90-2	07/21/2003
CARR	J	M	02/01/1921	26-2	11/11/2004
CARR	L		05/01/1924	39-1	05/16/2005
CARR	M		05/01/1924	3-2	03/25/2005
CARR	S	L	04/01/1923	43-1	04/14/2005
CARR	T		05/01/1924	26-1	02/07/2005
CARR	T		05/01/1924	44-2	03/08/2005
JACKSON	E	S	02/01/1921	6-1	04/04/2000
JACKSON	G	A	03/01/1922	80-1	03/11/2002
JACKSON	J		04/01/1923	91-1	05/03/2004
JACKSON	J		05/01/1924	49-2	03/22/2004
JACKSON	P		01/01/1920	91-2	03/22/2000
JACKSON	R	S	05/01/1924	92-1	04/01/2002
JACKSON	V		03/01/1922	93-1	04/28/2003
JACKSON	V	M	05/01/1924	92-2	10/18/2004

- The completed New Admissions Information form (Figure 4), which was printed offsite prior to the start of the survey, with the names of residents who were admitted to the facility within the last 30 days and that continue to reside in the facility.

Figure 4: Completed New Admission Information Form

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New Admission Information

Please provide the following information for residents admitted to the facility after: 07/02/2005
Only include residents that are still residing in the facility.

Admission Date	Last Name	First Name	Mid Init	Date Of Birth	Gender	Unit #	Room #
1.) 07/26/05	Spencer	Cena		07/14/22	F		85-2
2.)							
3.)							
4.)							
5.)							
6.)							
7.)							
8.)							
9.)							
10.)							

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The assigned surveyor will begin the sample reconciliation task on the primary laptop as listed on the QIS Checklist, Task 4, Finalize Stage I Sample Selection as soon as the alphabetical resident census is provided by the facility; it is not necessary to wait for the New Admissions Information form. Other surveyors will be completing the tour, and the team coordinator will be conducting the entrance conference.

1. When the facility provides the alphabetical resident census, the surveyor may make assignments for Census Sample residents currently residing in the facility:
 - a) The surveyor compares the facility-provided resident census with the residents on the Census Sample Report printed offsite, marking on the Census Sample Report any Census Sample residents who have been discharged.
 - b) If a resident is not on the facility's resident census, the surveyor marks the resident as discharged on the printed Census Sample report (see Figure 2). Do not discharge the resident in the QIS DCT until Step 2 below.
 - c) In the QIS DCT's Update Census Residents window (accessible by clicking the Update Census Residents button on the Stage I - Sample screen), the surveyor enters Unit (if applicable) and Room Number for each Census Sample resident who is also on the resident census.

Note: If the facility provides the New Admission Information form anytime after Step 1c is completed, skip ahead to Step 2.

 - d) When the team coordinator completes the entrance conference, he/she assists the surveyor who is reconciling the sample in assigning the Census Sample residents to the survey team. (The Update Census Residents window can be sorted by Unit [defaulting to sort by Room Number, if no Units are entered], to equally distribute the workload/sample by location of the residents.)
 - e) The surveyor prints four (4) copies of the Census Sample Report (Figure 3) after units/room numbers, and surveyor assignments have been completed. Alternately, in the QIS DCT after importing the Stage I Sample (next step), the survey team can view the Census Sample Report, which contains the names of the sampled residents, unit/room numbers, and surveyor assignments.
 - f) The surveyor exports the Stage I Sample from the primary laptop.
 - g) The survey team imports the Stage I Sample at all secondary laptops. Surveyors can now begin Stage I observations and interviews on their assigned Census Sample residents.
2. When the facility provides the New Admission Information form, the surveyor can complete the Census Sample reconciliation:
 - a) Compare the New Admission Information form with the Resident Pool view of the Stage I - Sample screen in the QIS DCT. Cross off any residents who are already listed in the QIS DCT, and renumber the residents on the New Admission Information form. (It may be that MDS Data for newly admitted residents has already been transmitted and included in the QIS DCT.)
 - b) Complete the update of the Census Sample on the primary laptop by discharging residents and replacing them with newly admitted residents. The QIS DCT randomly selects replacement sample residents based on the count of residents on the New Admission Information form. The surveyor will add a newly admitted resident as directed by the QIS DCT from the New Admission Information form. Follow the instructions below on How to Discharge a Resident. (Also see the QIS Checklist.) If there is not a

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sufficient number of residents on the New Admission Information form to replace residents discharged from the Census Sample, the QIS DCT will randomly pull into the Census Sample a current resident from the Resident Pool.

How to Discharge a Census Sample Resident

1. From the QIS DCT menu bar, select **View Screen, Stage I - Sample**.
 2. Select (highlight) the resident's name in the left vertical pane of the **Stage I - Sample** screen.
 3. Click the **Discharge/Readmit Resident** button.
 4. If the resident is in the **Census Sample**, the QIS DCT will display a warning message that the selected resident is in the Census Sample. Click OK to continue.
 5. The first time a resident is discharged, the QIS DCT will request that the surveyor enter the count of new admissions from the **New Admissions Information** form completed by the facility.
 6. After the surveyor enters the count of new admissions, the QIS DCT will randomly select a replacement resident (identified by the resident's numbered position on the **New Admission Information** form) and request that the surveyor enter the resident's information.
 - If the surveyor attempts to add a resident who is already in the **Census Sample**, the QIS DCT will indicate that the surveyor must use a different resident as a replacement.
 - Each time the **Census Sample** falls below 40 (each time a resident is discharged), the QIS DCT will randomly select another resident from the **New Admissions Information** form. If there are no more new admissions to replace discharged residents, the QIS DCT will randomly select a resident from the **Resident Pool**, and ask the surveyor to confirm that the replacement is a current resident.
-
- c) The team coordinator assists the surveyor in assigning Census Sample residents (or, if applicable, assigning the remaining unassigned residents). (The Update Census Residents window can be sorted by Unit [defaulting to sort by Room Number, if no Units are entered], to equally distribute the workload/sample by location of the residents.)
 - d) The surveyor prints four (4) copies of the Census Sample Report (Figure 5) after units/room numbers, and surveyor assignments have been completed. After importing the Stage I Sample in the QIS DCT (step 2e), the survey team can view the Census Sample Report, which contains the names of the sampled residents, unit/room numbers, and surveyor assignments.
 - e) The surveyor exports the Stage I Sample from the primary laptop.
 - f) The survey team imports the Stage I Sample at all secondary laptops. Surveyors can now begin Stage I observations and interviews on their newly assigned Census Sample residents (and, if applicable, continue observations and interviews on previously assigned Census Sample residents).

Importing the Stage I Sample a second time does not affect data already entered for residents assigned during Step 1.

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Figure 5: Updated Census Sample Report (with assignments)

NORTH STAR COMMUNITY: MHZB11 - 08/01/2005

Census Sample

Unit #	Room #	Name	Admission Date	Assigned Surveyor	Interview Status
3-2		CARR, M (80) 05/01/1924	03/25/2005	BROWN, LAUREL	Family Interview Candidate
4-2		STEVENSON, L (27) 05/01/1924	02/06/2005	BROWN, LAUREL	Resident Interview
5-2		STEVENSON, J (50) 05/01/1924	06/27/2005	BROWN, LAUREL	Resident Interview
6-1		JACKSON, E (5) 02/01/1921	04/04/2000	BROWN, LAUREL	Resident Interview
6-2		WILLIAMS, B (33) 05/01/1924	01/23/2004	BROWN, LAUREL	Resident Interview
8-1		WILLIAMS, K (77) 05/01/1924	02/11/2005	BROWN, LAUREL	Family Interview Candidate
9-1		STEVENSON, A (67) 05/01/1924	10/22/2003	BROWN, LAUREL	Resident Interview
9-2		WILLIAMS, R (36) 05/01/1924	01/10/2005	BROWN, LAUREL	Resident Interview
10-1		SMITH, E (2) 04/01/1923	03/17/2000	BROWN, LAUREL	Family Interview Candidate
12-1		SMITH, B (37) 01/01/1920	11/14/2003	BROWN, LAUREL	Resident Interview
26-1		CARR, T (78) 05/01/1924	02/07/2005	CASIANO, EVELYN	Family Interview Candidate
26-2		CARR, J (22) 02/01/1921	11/11/2004	CASIANO, EVELYN	Resident Interview
31-2		SMITH, E (45) 05/01/1924	04/15/2002	CASIANO, EVELYN	Resident Interview
39-1		CARR, L (65) 05/01/1924	05/16/2005	CASIANO, EVELYN	Resident Interview
40-1		SMITH, M (24) 02/01/1921	05/05/2003	CASIANO, EVELYN	Resident Interview
43-1		CARR, S (46) 04/01/1923	04/14/2005	CASIANO, EVELYN	Family Interview Candidate
44-2		CARR, T (79) 05/01/1924	03/08/2005	CASIANO, EVELYN	Family Interview Candidate
45-1		STEVENSON, G (10) 05/01/1924	07/16/2001	CASIANO, EVELYN	Family Interview Candidate
48-1		WILSON, J (15) 05/01/1924	01/31/2005	CASIANO, EVELYN	Family Interview Candidate

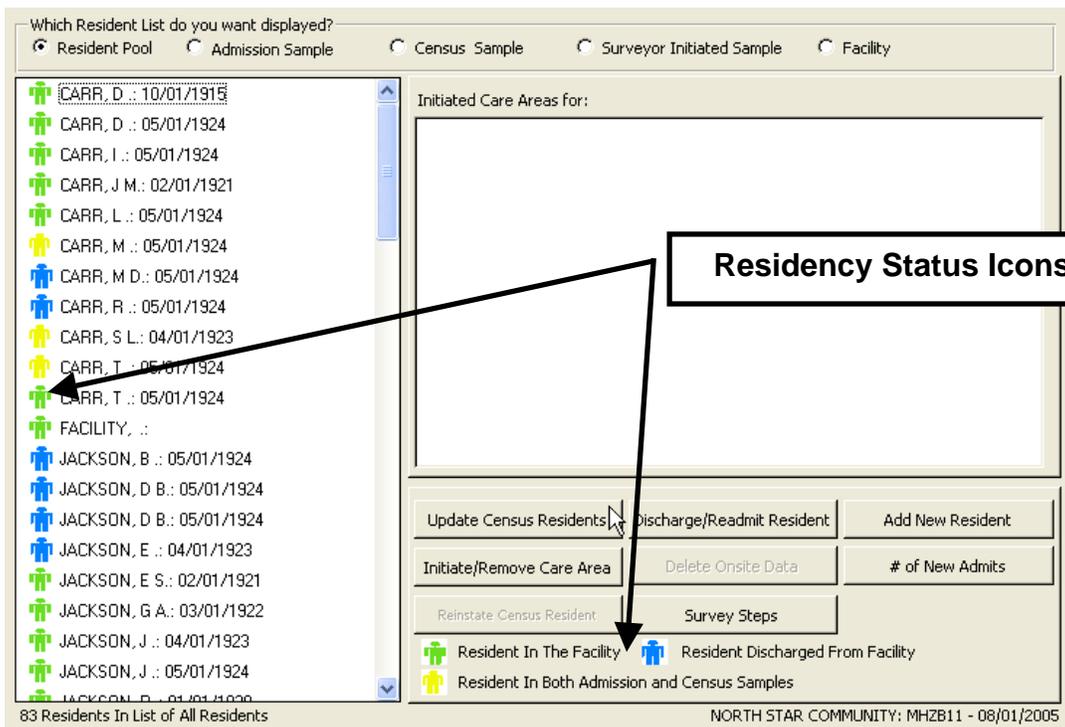
3. Prepare two copies of the Admission Sample Report:

- a) Provide one copy of the Admission Sample Report, to the facility for retrieval and provision of closed clinical records to the team within one hour.
- b) On the other copy of the Admission Sample Report, the TC assigns Admission Sample residents who are also included in the Census Sample to the surveyor assigned to complete the resident's Census review. Remaining Admission Sample residents' reviews can be assigned equally amongst the team. Leave this copy near the records so survey team members can mark off completed Admission Sample reviews. To facilitate record location for Admission Sample residents currently residing in the facility, write the resident's room number on the report. Each surveyor will data enter the Admission Sample record review in the QIS DCT and mark his/her record review as completed.

Update the Resident Pool

The surveyor assigned the sample reconciliation task will use the resident census and the New Admissions Information form to appropriately identify all residents in the Resident Pool (Figure 6) as currently residing in the facility or discharged. Perform this activity on the primary laptop anytime before Transition from Stage I to Stage II (Task 6) as it is very important to the Stage II Sample selection process - the QIS DCT selects Stage II residents based on their residency status (see the QIS Checklist). The residency status icon should be green (residing in the facility) or yellow (in both the Admission and Census Sample) in the QIS DCT for residents listed on the resident census and New Admission Information form; the status icon should be blue (discharged) for all other residents in the Resident Pool.

Figure 6: Stage I - Sample Screen - Resident Pool List Displayed



Stage I Team Meetings

The survey team should meet briefly, at least on a daily basis, to monitor the investigative process and to make assignment adjustments as needed. If an observed situation suggests possible Immediate Jeopardy, the team should follow the instructions in Determining Immediate Jeopardy, Appendix Q of the SOM.

Initial Team Meeting

The initial team meeting should be held after the tour and the entrance conference are completed and after the Census Sample has been updated.

1. Briefly discuss information gathered during the tour and entrance conference:
 - a. Information about staff-resident interactions;
 - b. Availability of staff and staffing characteristics/patterns;
 - c. Activities in which residents are engaged;
 - d. Characteristics of the population;
 - e. Meal times, scheduled activities, medication pass times; and
 - f. Any observed situations of concern.
2. Compare the observed staff with the staffing schedule provided by the facility. If discrepancies exist between the duty roster and the staff observed onsite, ask the person in charge to explain the discrepancies. (This information will be used in conjunction with information about the DON hours to help determine whether the facility is compliant with the requirements for licensed and registered nursing staff per 42 CFR 483.30(a)(2), F353 and 42 CFR 483.30(b)(1), F354).

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3. The team coordinator will assign the residents from the Census Sample to each surveyor.
4. Determine Admission Sample assignments. (Census Sample residents who are also in the Admission Sample should have the Admission Sample review completed by the same surveyor. Those residents in both samples are marked with an asterisk on the Census Sample Report.)
5. Assign dining observations based on the number and location of dining areas and for any residents who eat in their room.
6. The team coordinator will determine and communicate to the survey team a target day and time for completion of Stage I.

Stage I Team Meeting (End of First Day)

At the end of the first day, a brief meeting should be held to:

- Determine the workload remaining in Stage I.
- Discuss team progress.
- Determine whether any assignment adjustments are necessary.
- Discuss pertinent findings, both resident- and facility-level tasks. Determine whether there are any egregious situations that need to be brought to the facility's attention.
- Determine how many family interviews have been completed, who has been interviewed, and who might be available for interview. Schedule family interviews for completion prior to the end of the Stage I.

Stage I Resident-level Preliminary Investigation

Stage I consists of a cursory review of the initial quality assessment of sampled residents and the facility as a whole using a set of prescribed questions. This process is systematic and covers a full range of critical Care Area reviews. Stage I tasks include gathering sample resident-specific information by observation, interview, and record review. Information gathered in Stage I is used to determine which care areas will be comprehensively reviewed in Stage II. Stage II includes in-depth observations, interviews, and record reviews related to the Care Areas identified during Stage I.

Tips on How to Organize Stage I Preliminary Investigation

- Once a surveyor becomes familiar with the Stage I interview questions, the surveyor should conduct all interviews using their tablet pc. All relevant findings can be entered into the tablet pc by using the handwriting recognition software.
- Begin Stage I preliminary investigation in a manner most efficient to the time of day and the activities occurring in the facility.
- Upon finalization of the Stage I Sample, begin making arrangements for family and staff interviews (see the section titled, Family Interviews, and the section titled, Staff Interviews).
- Regardless of the task being performed, the surveyor should be alert at all times to the care, environment, and activities occurring, such as staff-resident interactions, activities, infection control practices and care provisions.

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- Attempt to complete as many resident observations and resident interviews as possible before beginning record reviews. Complete record reviews when residents are unavailable for observation or interview.
- For sample residents currently in the facility, attempt to conduct the record reviews on the unit so that observations can be completed at the same time.
- Findings concerning residents who are not in the Census Sample should be recorded on Surveyor Notes Worksheets. Include resident names and specific details for team discussion. The survey team has the prerogative to surveyor initiate residents into the Stage II sample for further investigation.
- Attempt to stagger closed record reviews so that some members of the survey team can be on the resident units as much as possible.
- Surveyors should enter Stage I information (interviews, observations, and clinical record data) in the QIS DCT at regular intervals to avoid delay in the completion of Stage I.

Stage I Relevant Findings

In addition to answering the prescribed questions in Stage I, surveyors can document (by entering narrative text) observed problems, areas of concern, and the sources of their findings for any question in the QIS DCT. Appropriate information could include source or person interviewed, position title, date, and time. Relevant Findings are entered by clicking the Relevant Findings button at the bottom of the top right pane for any question in the Stage I - Data Entry screen. The relevant finding can be entered into the tablet pc by using the handwriting recognition software or by typing. Relevant findings for a surveyor-initiated resident may also be documented when the applicable Care Area is initiated for that resident.

Surveyors can view the Stage I Relevant Findings Report from any QIS DCT laptop as necessary to facilitate discussion of potential problems during the team meetings. (The report can be printed from any laptop connected to the printer.) The report also can be used to assist the surveyors in the Stage II information analysis and decision-making process, and, as appropriate, for deficiency writing.

Stage I Admission Sample Review

The Admission Sample review focuses on the quality of care within the first six months for short-stay residents. Surveyors should complete record reviews throughout Stage I at times when residents and staff are unavailable for observations and/or interviews. The review encompasses four different areas:

- Rehabilitation,
- Emergent Care,
- Skin Care, and
- Nutrition.

The Admission Sample review is completed via record review only using the sampled resident's record from the admission designated by the QIS DCT and listed on the Admission Sample Report.

The team coordinator oversees progress towards completion of the Admission Sample review, taking into consideration the workload of each team member.

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Information from the clinical record is entered directly (no paper forms) in the QIS DCT. When an Admission Sample resident's clinical record review is completed, the survey team member should mark the review as complete on the team copy of the Admission Sample Report.

Record Review Guidance

The following guidance lists some of the reliable sources, not all-inclusive, to review in completing the Stage I Admission Sample Review:

Exclusions:

1. Terminal Prognosis: physician orders, physician progress notes
2. Length of Stay: the facility face sheet

Community Discharge:

1. Currently residing: depends on whether you have a closed or open record
2. LOS 60 days:
 - a. Closed record –face sheet, discharge summary
 - b. Open record- face sheet and current date
3. Discharge Location: face sheet, discharge summary, social service notes, physician orders
4. Receipt of Therapy: PT, ST, OT evaluation and progress notes
5. Admitted from: face sheet (reliable if the resident came from the hospital), admission H&P, social service admission notes, nursing admission notes
6. LTC prior to hospital/SNF stay: face sheet (if resident is a readmit), social service admission notes, admission H&P, nursing admission notes

Death:

1. Death within 30 days: face sheet, discharge summary, physician orders, nursing notes

Hospitalization:

1. Hospitalized within 30 days: physician orders, physician progress notes, nursing progress notes

Pressure Ulcer:

1. 2. 3. Admission skin assessment, subsequent skin assessments, treatment records, nursing progress notes, and MDS, which should be the last source type reviewed

Weight Loss:

To obtain weights, use an appropriate source that covers the time period reflected in the date prompts. Use the same charting or documentation source for all of the weights, if possible. Weight information may be collected from the following sources:

1. Medication Administration Records
2. Treatment Administration Records
3. Dietary notes
4. Nursing notes

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5. Weight and height records
6. The charting or documentation source that includes the weights recorded when the resident was actually weighed (e.g., bath record, Certified Nurse Aide flow sheets, weight books, etc.)
7. Minimum Data Set (use only as the source of last resort)

Note: The source used can be recorded under Relevant Findings in the QIS DCT to facilitate any weight review if nutritional concerns are triggered for Stage II review.

Stage I Census Sample Review

The Census Sample review focuses on the care of residents currently residing in the facility and consists of three components:

- Resident observations
- Interviews with residents, families, and staff
- Clinical record review

The Census Sample review encompasses the following areas:

- Activities of Daily Living (ADLs)
- Nutrition
- Drug Use
- Elimination/Incontinence
- Resident Room
- Oral Health
- Quality of Life
- Skin Care

Completing the Census Sample Review

- Surveyors should complete each review in entirety and document exactly what each data source describes, even if there is a discrepancy. (In some cases, information overlaps between data sources. For example, the staff interview includes the question, "Does the resident currently have one or more pressure ulcers?" The clinical record review includes the same question.)
- Multiple data sources are reviewed to ensure that information available only in one source is accessed (i.e., information that is observed but not documented) and to validate information from all available sources.
- If it is determined that one of the sampled residents refuses to be interviewed, is out of the facility, or has been discharged, the resident can be removed from the Census Sample (see the Reconciling the Census Sample section titled, How to Discharge a Resident). If the Census Sample review has not been started, remove and replace the resident. If some portion of the review has been started but you have not interviewed the resident, you can record "Resident refused or is unavailable for an interview" on the Resident Interview & Resident Observation worksheet and in the Resident Interview section of QIS DCT for the "Is the resident able to be interviewed" question. Document the reason the resident was unavailable on the Relevant Findings screen. It is not necessary to replace, or substitute, the discharged resident with another resident. The

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decision to remove a resident should be based on progress towards completion of the Census Sample review.

Resident Observations

The objective of the observation portion of the preliminary investigation is to collect resident-specific information for the residents in the Census Sample. During the entire survey process, surveyors should be alert to staff-resident interactions and the quality of life for all residents.

- When an observation suggests a concern, consider the situation and time of day before making a final determination. Multiple observations at various times of the day may be necessary to gather the required information.

Example: a Resident Observation question is, "Based on general observations, did you see any of the following: skin is unclean (i.e., food on face and hands)?"

If it is observed that the resident has food on his/her face, but the observation is made directly after a meal, it is reasonable to make a second observation between meals to see if the condition persists.

- Surveyors using paper forms should enter Stage I observation information in the QIS DCT promptly for greater accuracy and to avoid delay in the timely completion of Stage I. Document narrative notes on the Stage I Relevant Findings screen.

Resident Interviews

Surveyors will conduct Stage I interviews with the Census Sample residents who are assessed as interviewable. The QIS DCT uses a Cognitive Performance Scale (CPS) developed by Morris et al (1994)² to automatically calculate a CPS score for each Census Sample resident who has an MDS assessment in ASE.

- Residents with a CPS score of 1-3 on a scale of 1-7 will be identified on the Census Sample Report as "Interviewable."
- Residents with a CPS score of 4-7 will be identified on the Census Sample Report as a "Family Interview Candidate." However, surveyors should talk with all residents in the Census Sample to determine whether they are able to answer the questions on the Resident Interview & Resident Observation worksheet. Suggested approaches for initiating a discussion are noted on the worksheet.
- If the resident does not have an MDS assessment, the computer will not calculate a CPS score and the resident will be listed as "interviewable" (see Tab 11 for Instructions for Completing the Cognitive Performance Scale, and for using the Cognitive Performance Level Calculator).

For the QIS process, a resident is determined to be interviewable largely based on the CPS score determination. We have found the CPS scores to accurately determine who is interviewable in four of five residents. To establish rapport with the resident, make a determination about whether a resident is interviewable in the absence of an MDS, and/or confirm the CPS determination, the interview form contains four simple questions for initiating the discussion. Please bear the following in mind when using these four questions:

² Morris JN, Fires BE, Mehr DR, Hawes C, Phillips C, Mor V, Lipsitz A: MDS Cognitive Performance Scale[®]. Journal of Gerontology: Medical Sciences. 1994;49(4):M174-M182.

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- It is extremely rare for the CPS to find that someone is interviewable when they are not, so you can almost always proceed with the interview if the resident meets the CPS interviewable criteria. If it is clear that the person is giving you misinformation, then mark him/her as non-interviewable and stop the interview.
- If a resident identified as non-interviewable based on the CPS score provides reasonable answers to the sample questions, then continue the interview. If at any point you have concerns that the information you are receiving is not accurate, then you can stop the interview at this point and mark them as not interviewable. If you are comfortable the resident is interviewable, then complete the interview and change them to interviewable.

Use the Resident Interview & Resident Observation worksheet (Tab 7) to guide the resident interview. Once a surveyor becomes familiar with the interview questions, the surveyor should conduct all interviews using their tablet pc. To ensure survey consistency, ask the interview questions as they are written on the worksheet. However, in order to ensure a quality conversation, the following tips may be helpful:

- Interviews are conducted in a private setting to allow residents to speak freely.
- Surveyors should explain the purpose of the interview and obtain resident permission to be interviewed
- After asking the question, paraphrase as necessary to make sure the resident understands the question. Be careful to paraphrase in a manner that does not change the intent of the question.
- Go through the questions in the order they are provided, except as necessary, to maintain a sensible flow. If the resident brings up a subject that goes with questions not yet addressed, the surveyor may skip to those questions and then return to where the skip occurred.
- Probe for further information if an answer the resident has given is incomplete or unclear and you are unable to score his/her response.
- It is preferable to complete the interview at one sitting when possible, but surveyors may break the interview into more than one session if the resident becomes fatigued, or is scheduled for an activity.
- Following the interview, if the surveyor questions the validity of the interview, additional information about the resident's cognitive status can be obtained from record review or staff interview. Manual calculation of the CPS score can be done by the surveyor if the resident's cognitive status is questioned or the QIS DCT did not have the MDS information to calculate the score (see Tab 11 for calculating instructions)
- Surveyors should document interview responses while they are conducting the interview, and enter the responses in the QIS DCT at regular intervals to avoid delay in the completion of Stage I.

Family Interview

During Stage I, three family members or resident representatives who know the resident well and visit the facility often enough to provide information about services provided by the facility will be interviewed. The three family interviews must be completed and data entered in the QIS DCT prior to the end of Stage I. The purpose of the family interview is to obtain information from the interviewee about whether the facility is honoring the preferences of a sub-sample of non-interviewable residents in areas such as schedules, activities, and choices.

- Ask the interview questions as they are written on the Family Interview worksheet. Once a surveyor becomes familiar with the interview questions, the surveyor should conduct all interviews using their tablet pc. Adjust the questions and probes as necessary to make them applicable to the resident and the individual being interviewed.
- Family interviews should be conducted only with family or representatives of non-interviewable Census Sample residents.
- If an interviewee is not appropriate for an interview, or two attempts to reach the family member/friend have been unsuccessful, select another resident from the list of Census Sample residents (who have been assessed as Family Interview candidates).
- Family members of residents from various units should be selected, if possible. It may be helpful to ask staff on different units if there are family members or resident representatives who visit the facility on a regular basis and who might be willing to be interviewed. Ask staff the best way of contacting these individuals and/or when (time of day, day of week) the person visits.
- Use the screening questions on the Family Interview worksheet to determine whether the interviewee knows the resident well enough to complete the rest of the interview. Based on answers to the first screening question, decide whether the interview can be completed, or partially completed if the family member/representative has knowledge of some areas of the resident's care.

Note: Concerns identified during the Family interview may need to be immediately investigated while the family member or representative is available.

Staff Interviews

Staff interviews are conducted with licensed staff, either the RN or LPN, using the Staff Interview worksheet (Tab 7) to record the responses to interview questions. Once a surveyor becomes familiar with the interview questions, the surveyor should conduct all interviews using their tablet pc.

- It is important to arrange an interview with the nurse who has frequent and direct contact with the group of residents being asked about by the surveyor.
- Interviews with staff can be arranged so that they are conducted at a time convenient for the staff member.
- Since resident assignments are organized by unit/room number, it is likely that the same nurse will be able to answer questions about all residents assigned to one surveyor. This eliminates the need for one surveyor to complete multiple staff interviews.
- Document the staff member's response to the interview question even if the information may contradict what the surveyor has obtained from other data sources (i.e., observation and record review). The surveyor should document that a discrepancy was recognized in Relevant Findings for the relevant question on the Stage I - Data Entry screen of the QIS DCT. The documentation will be saved and listed with other findings/comments in

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the Relevant Findings Report and will be available for further investigation during the Stage II process.

Note: One question in the staff interview will require the staff member to show the surveyor documentation from the clinical record to support the information/response given. Question B1 Nutritional supplement requires facility documentation of a recording and monitoring system to support a “Yes” answer. This documentation may include a checkbox or checklist that indicates the supplement was given, provides a percentage of supplement consumed, or lists the amount consumed. Any of these methods are acceptable.

Clinical Record Review

The record review for the Census Sample residents encompasses the following areas:

- Pressure Ulcers,
- Psychotropic Medications, and
- Weight Loss.

Additionally, some quality indicators for the Census Sample use imported MDS items for risk adjustment and exclusion from calculations (i.e., comatose state, ADL function, and certain diagnosis codes).

- Information from the clinical record is collected for all residents in the Census Sample and is entered directly (no paper forms) in the QIS DCT. The QIS DCT data collection screens contain help text/guidance to assist the surveyor in collecting the necessary data.
- Surveyors may conduct the record review on their assigned residents any time throughout Stage I, preferably at times when residents and staff are unavailable for observations and/or interviews.
- The records can be brought to the surveyor’s workspace or the laptop can be taken directly to the floor/unit. Attempt to conduct the record reviews on the unit, if possible, so that general observations of the unit activities and staff-resident interactions can be conducted at the same time.

Record Review Guidance

The following guidance lists some of the reliable sources, not all-inclusive, to review in completing the Stage I Census Sample Record Review:

MDS items for risk adjustment and exclusions:

1. Comatose: MDS, nursing assessment, physician progress notes
2. Bed Mobility: MDS, therapy notes, nursing notes
3. Transfer: MDS, therapy notes, nursing notes
4. ICD-9-CM codes: physician diagnosis list on the physician orders, nutrition assessment
5. Terminal illness: physician orders, physician progress notes (as listed on the worksheet)

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Pressure Ulcers:

1. Current pressure ulcer: current skin assessment, treatment records, nursing progress notes, MDS

Psychotropic Medications:

1. and 2. Currently receiving Antipsychotic or Benzodiazepine: physician orders, medication administration record, consultant notes
3. Diagnosis: physician diagnosis listing, physician progress notes, consultant notes

Weight Loss:

To obtain weights use an appropriate source that covers the time period reflected in the date prompts. Use the same charting or documentation source for all of the weights, if possible. Weight information may be collected from the following sources:

1. Medication Administration Records
2. Treatment Administration Records
3. Dietary notes
4. Nursing notes
5. Weight and height records
6. The charting or documentation source that includes the weights recorded when the resident was actually weighed (e.g. bath record, Certified Nurse Aide flow sheets, weight books, etc.)
7. Minimum Data Set (use only as the source of last resort)

Note: The source used can be recorded under Relevant Findings in the QIS DCT to facilitate any weight review if nutritional concerns are triggered for Stage II review.

Task 5: Facility-level Survey Tasks

There are 12 facility-level survey tasks to be completed (see Tab 8 and 9 for facility-level survey worksheets), seven of which are not staged, meaning information can be gathered for these tasks during Stage I and/or Stage II of the survey process.

Note: The last five facility-level survey tasks, marked with an asterisk (*) below are completed in Stage II only if triggered by offsite information (e.g., complaints) or by Stage I interviews, observations, or record review.

1. Demand Billing;
2. Dining Observation;
3. Infection Control;
4. Kitchen/Food Service Observation;
5. Medication Administration Observation
6. Quality Assessment and Assurance (QAA) Review;
7. Resident Council President/Representative Interview;
8. Abuse Prohibition Review;*
9. Admission, Transfer and Discharge Review; *
10. Environmental Observations;*
11. Nursing Services, Sufficient Staffing;* and
12. Personal Funds.*

All facility-level information is data entered in the Stage II - Critical Elements screen of the QIS DCT, and compliance decisions are made during Stage II.

Non-staged Facility-level Tasks

The following seven non-staged facility-level tasks can be conducted during Stage I and/or Stage II of the survey process.

Demand Billing

The Demand Billing task is only completed for Medicare or Medicare/Medicaid certified facilities and focuses on Medicare non-coverage and compliance with relevant regulations. Information is gathered by reviewing the denial notices and the requests for demand billing.

- Select one beneficiary from the facility-provided list of Medicare beneficiaries who requested demand bills since the preceding survey period (9-15 months), preferably a private pay resident, if possible. (In addition to being asked to provide the demand bill list within 24 hours of the entrance conference, the facility was asked to indicate the co-payment source of each beneficiary [i.e., private pay, Medicaid, or other insurance] and provide the five most recently issued denial notices to beneficiaries.)
- Request the denial notice issued to the beneficiary selected from the facility demand bill list.

Note: The surveyor may have six notices to review. Five of the notices are the most recently sent denial notices; one notice is an actual request for a demand bill, if there were any requests.

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- Use the Demand Billing worksheet (Tab 8) to direct review of the notices and record information. (One surveyor should be assigned this task and be responsible for ensuring that all questions on the worksheet are reviewed.) Help text is available on the worksheet to assist in identifying concerns.
- If any concerns are identified during review of the notices (a “No” answer marked on the worksheet), gather additional information, as necessary, from some or all of the sources identified on the last page of the worksheet. The Demand Billing worksheet references tags F156 and F492 in the relevant General Indicator question to which the tags apply. The surveyor should refer directly to the regulation and Guidance to Surveyors when making compliance decisions.

Dining Observation

Dining observations begin with the first full meal that occurs after the team enters the facility. Meal times and dining room locations should have been identified during the entrance conference. The first full meal will allow the opportunity for observations to occur from the start of meal service until residents have finished eating. Although it is necessary to choose the first full meal that allows observations to occur from start to finish, it is not necessary to watch the meal in its entirety as long as all probes on the Dining Observation worksheet (Tab 8) have been answered.

- If concerns are identified at one meal (e.g., breakfast), it is recommended that the team watch a different meal (e.g., the evening meal) to determine whether the problem(s) also exist(s) during that mealtime. This procedure should be followed unless there are specific reasons the same meal needs to be observed more than once. Subsequent meal observations for concerns identified during the first full meal can occur any time during the survey but will most likely be done during Stage II.
- If the facility has more than one dining room or residents are eating in their rooms, observations should occur in all of these areas.
 - The surveyor assigned to observe meal service in resident rooms needs to be especially cognizant of meal set-up and can then return periodically to the resident rooms to observe progress.
 - The majority of time should be spent watching residents who require the most assistance.
- Dining observations conducted during Stage I are general observations of dining and food service and should not be limited to observation of specific residents.
 - This review will concentrate primarily on whether necessary staff are available to assist residents, and if the facility promotes a positive dining experience.
 - The review should include observations of staff-resident interactions, resident positioning, and the overall dining room atmosphere, including furnishings, and available space (see the Dining Observation worksheet).
 - Based on general observations made during this meal, names of specific residents who do not appear to be receiving services to meet their needs (e.g., lack of adequate assistance, or residents who have positioning or dignity concerns) should be recorded on the Dining Observation worksheet for possible inclusion in the Stage II sample and for further in-depth observation in Stage II.
 - If the team determines that the resident should be included in Stage II, the surveyor will initiate the resident into the sample. The name of the resident and the specific area of concern should be documented.

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- Any resident, resident representative, or family concerns should be documented for further follow up. Request the resident or family member's name. If that person indicates he/she would like to provide more information about dining concerns, schedule a time and place for another more in-depth interview.
- Use the Dining Observation worksheet to direct your observations, record information, and mark any areas of concern.
 - Document the location, date, and time of the meal observation.
 - Some of the General Indicators include follow-up questions that need to be answered to complete the investigation.
 - During the first full meal observed, mark all areas of concern and follow-up as needed with subsequent meal observations.
- Dining observations will continue throughout the survey process to follow up on concerns identified during the first full meal observation, if necessary.
 - There may also be instances in which dining observations will be conducted for residents who are surveyor initiated into the Stage II sample because of concerns identified during the first full meal observation.
 - Dining observations will also be conducted during Stage II for sample residents with nutrition-related concerns (e.g., weight loss, decline in eating ability, or dehydration). The appropriate Critical Element Pathway will be used for documenting concerns for these Stage II residents.
- If surveyors identify concerns about dietary services (e.g., the residents complain of cold, unpalatable food; meals are not consistent in quality or there is a high prevalence of residents with unintended weight loss) the surveyor assigned to dining observations may request a sample tray.
 - Request that the meal be sent to the unit that is the greatest distance from the kitchen or to the affected unit or dining room.
 - Check food temperature and palatability of the test meal at about the time the last resident on the unit is served and begins eating.
 - Maintain the tray in a similar condition to that of the last resident served. For example, if trays are kept inside a heated holding cart, do not remove the sample tray from the cart until the last resident is served.
 - If a sample tray is requested and concerns are identified, document those concerns under the Additional Notes section of the Dining Observation worksheet. Surveyor initiate the appropriate F tag (e.g., F364 for food that is unpalatable, unattractive, or not at the proper temperature; F371 for failure to distribute food under sanitary conditions, etc.) and document your concerns in the QIS DCT under the documentation button of the Stage II - Critical Elements screen.
- While most of the information is obtained through observation, the surveyor should ask residents questions to confirm or validate observations, and to assess food palatability and temperature. If concerns are identified, they should be shared during the daily team meetings.
- One surveyor will be assigned responsibility for coordinating completion of the Dining Observation task although the entire team will be making dining observations. Any surveyor(s) not assigned the Dining task can surveyor initiate Dining at the facility level

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should he/she have significant or detailed findings. The surveyor answers and documents critical elements relevant to his/her observations and records the data on the QIS DCT Stage II - Critical Elements screen. When the Stage II data from all secondary laptops is imported to the primary laptop, the Dining Observation findings for all surveyors are combined to display multiple authors and associated findings on the QIS DCT Potential Citation screen. . This task assignment includes ensuring that all questions have been answered and entered in the QIS DCT. The data will then be used by the team to make compliance decisions about the overall dining experience.

Infection Control

- Each team member should use the Infection Control worksheet (Tab 8) to direct observations, record information, and mark any areas of concern (Questions 1-7).
- Narrative documentation of all areas of concern should be recorded in the Comments section. If concerns with infection control practices are observed then the surveyor assigned responsibility for this task will review the infection control program using the probes on the worksheet to determine whether there is a functioning infection control program in place (Question 8).
- One surveyor will be assigned responsibility for coordinating completion of the Infection Control task although the entire team will be making Infection Control observations. Any surveyor(s) not assigned the Infection Control task can surveyor initiate Infection Control at the facility level should he/she have significant or detailed findings. The surveyor answers and documents critical elements relevant to his/her observations and records the data on the QIS DCT Stage II - Critical Elements screen. When the Stage II data from all secondary laptops is imported to the primary laptop, the Infection Control findings for all surveyors are combined to display multiple authors and associated findings on the QIS DCT Potential Citation screen. This task assignment includes ensuring that all questions have been answered and entered in the QIS DCT. The data will then be used by the team to make compliance decisions about Infection Control. The following tasks should be completed:
 - Confirm that the information necessary to answer the questions on the worksheet has been gathered.
 - Ensure that identified concerns and observations are shared with team members throughout the survey and at daily team meetings.
 - After the team has discussed the information and reached consensus, each team member may enter his/her data from the Infection Control worksheet in the Stage II - Critical Elements screen after surveyor initiating the task at the facility level..

Kitchen/Food Service Observation

- The Kitchen/Food Service Observation worksheet (Tab 8) should be used to direct observations, record information, and mark any areas of concern. Some of the General Indicators (e.g., Storage Temperatures, Food Storage) include follow-up questions that need to be answered to complete the investigation. Additional documentation should be made in the Comments section of the worksheet for all areas of concern.
- The Kitchen/Food Service Observation task should begin with a brief visit to the kitchen as part of the initial tour, to observe general sanitation practices, cleanliness of the kitchen, and any practices that might indicate potential for food-borne illness. The surveyor should focus on the tasks that are naturally occurring in the kitchen at the time and that might indicate a potential for food-borne illness. The initial brief visit should be

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used to complete as much as is possible of the section titled Initial Brief Tour of the Kitchen on the Kitchen/Food Service Observation worksheet and may also help identify additional areas of concern listed on the worksheet.

- Repeated focused visits to the kitchen will be used to complete the rest of the worksheet and answer any remaining questions in the Initial Brief Tour of the Kitchen section that may not have been completed during the initial visit. These repeated visits to the kitchen should be unannounced and should occur as necessary to make observations and conduct staff interviews to identify possible areas of concern for each of the General Indicators on the worksheet. These visits can occur any time throughout Stage I or Stage II of the survey and can be brief and directed. The surveyor assigned to this task will want to plan visits to the kitchen during food service, preparation, and clean up.

Medication Administration Observation

The Medication Administration Observation task is conducted on every survey by (one or more) survey team nurse(s) or pharmacist(s).

- One surveyor will be assigned responsibility for organizing and ensuring completion of the task.
- The surveyor assigned this task will also be responsible for review of the drug storage areas on the units where the Medication Administration Observation is conducted.
- The surveyors will observe a combined total of at least 50 medication administrations to at least 10 randomly observed residents from different units. (The surveyor responsible for this task must ensure that the surveyors' number of observations of administered medications total at least 50 AND that at least 10 residents were observed to achieve the total of 50 medications.)
- Surveyors should attempt to observe medications by multiple routes. Observe the staff nurse during the medication pass, and query the staff on the routes of administration. Adjust observations to include other routes as possible. Observations need not all be done in one day. Multiple medication administration times can be observed for each resident. Refused medications are observable medications and can be counted.
- Document observations on the Medication Administration Review worksheet.
- Determine whether medications were administered appropriately. If not, determine the significance of each error by considering the following:
 - Resident's condition;
 - Medication category;
 - Frequency of the error;
 - Data entry into the QIS DCT is completed in Stage II. Surveyors assigned to complete the Medication Administration task should surveyor initiate the residents observed during the Medication Pass. (See the QIS Checklist for instructions to surveyor initiate a resident and a Care Area). If errors were observed, the surveyor should indicate that the facility was not in compliance with the requirement and choose the appropriate citation; and
 - The surveyors assigned the Medication Administration Observation task should confer and calculate the error rate as follows (see Figure 7):
 1. Combine all surveyor observations into one overall calculation for the facility.

2. Medication Administration Error Rate (%) = Number of Errors divided by Opportunities for Errors (doses given plus doses ordered but not given) multiplied by 100:

Figure 7: Medication Error Rate Calculation

$$\left(\frac{\text{Total Number of Errors}}{\text{Total Doses Given} + \text{Total Doses Ordered but Not Given}} \right) \times 100$$

- After the overall error rate is determined, the team will determine whether a facility citation is appropriate during the team meetings. If the Medication Administration Error Rate is 5% or greater, cite F332. If any one medication error is determined to be significant, cite F333.

Quality Assessment and Assurance (QAA) Review

- Part 1 of the worksheet is completed at all facilities. The surveyor assigned the QAA Review task will determine through interview with the administrator whether the facility has a functioning QAA committee, who participates on the committee, who leads the committee, and how often the committee meets.
- Part 2 is initiated if the survey team has identified actual or probable quality deficiencies during Stage I or Stage II. The survey team conducts this investigation using the Quality Assessment and Assurance (QAA) Review worksheet (Tab 8). The goal of Part 2 is to determine whether the facility's QAA committee effectively identifies quality deficiencies and deals with them, and that staff know how to access the QA process.

Note: The surveyor should not conduct a review of the minutes of the QAA committee, as the regulation does not require the facility to disclose these records. The facility may choose to provide these records; however, it should not be used as the source for the surveyor to identify concerns for investigation.

Resident Council President/Representative Interview

The Resident Council President/Representative Interview focuses on resident rights, facility rules, and facility responsiveness to council concerns.

Note: If there is not a resident council (or equivalent group), this task will not be conducted. If no organized group exists, the surveyor should determine whether residents have attempted to form one and have been unsuccessful, and if so, why.

- If a resident council or equivalent group exists, the president, or an officer, will be interviewed. In the rare event that there are multiple groups within a facility, a representative from each group should be interviewed. If there is no resident council leader or officer, the interview questions can be asked of a resident indicated by the facility to be active in the council.
- The surveyor should obtain permission from the resident council president or officer to review the resident council minutes. Prior to the interview, the surveyor should become familiar with some of the issues that have been discussed.
- This interview may be conducted any time during the survey but should be completed early enough in the process to allow time for follow up of any identified concerns.
- Use the space provided on the Resident Council President/Representative Interview worksheet (Tab 8) to record comments, negative responses, and/or any additional information that may be helpful in determining the exact nature of the concern.

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- Follow up on any concerns that are within the scope of the long-term care requirements. Further investigation should include interviews with appropriate staff members to determine how concerns are resolved. Team meetings will provide opportunities to share concerns and focus on particular problematic areas. Any potential concerns noted during the interview should be shared with all team members.

Triggered Facility-level Tasks

The following five facility-level survey tasks are completed in Stage II only if triggered by offsite information (e.g., complaints) or by Stage I interviews, observations, or record review:

1. Abuse Prohibition Review;
2. Admission, Transfer, and Discharge Review.
3. Environmental Observations;
4. Nursing Services, Sufficient Staffing; and
5. Personal Funds;

Abuse Prohibition Review

The Abuse Prohibition Review is completed only if triggered from Stage I issues related to potential abuse and/or neglect obtained through observation and/or interviews, issues identified offsite, and/or any concerns identified during any part of the survey.

The Abuse Prohibition Review is not required on every QIS survey. If Stage I investigation results in triggering of the Abuse Care Area for a resident, the facility-level Abuse Prohibition Review will also trigger for completion. If Abuse at the resident level is brought to the attention of the survey team (offsite complaints, etc.), surveyor initiate the resident for the Abuse Care Area, and surveyor initiate the facility for the Abuse Prohibition Care Area. The investigation is conducted as currently outlined in the SOM, Appendix P.

Abuse Prohibition Investigative Protocol (per the SOM)

Objective:

To determine if the facility has developed and operationalized policies and procedures that prohibit abuse, neglect, involuntary seclusion, and misappropriation of property for all residents.

Procedures:

- Obtain and review the facility's abuse prohibition policies and procedures to determine that they include the key components, i.e. screening, training, prevention, identification, investigation, protection, and reporting/response (see Guidance to Surveyors at F226). It is not necessary for these items to be collected in one document or manual.
- Interview the individual(s) identified by the facility as responsible for coordinating the policies and procedures to evaluate how each component of the policies and procedures is operationalized, if not obvious from the policies. How do you monitor the staff providing and/or supervising the delivery of resident care and services to assure that care service is provided as needed to assure that neglect of care does not occur? How do you determine which injuries of unknown origin should be investigated as alleged occurrences of abuse? How are you ensuring that residents, families, and staff feel free to communicate concerns without fear of reprisal?
- Request written evidence of how the facility has handled alleged violations, and select 2-3 alleged violations (if the facility has this) since the previous standard survey or the previous time this review has been done by the State.

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Note: The investigation of 2-3 alleged violations takes place as part of the QIS process. Any findings related to the investigation are entered into the QIS DCT as documentation to the overall Abuse Prohibition Review.

- Determine if the facility implemented adequate procedures:
 - For reporting and investigating;
 - For protection of the resident during the investigation;
 - For provision of corrective action.

Note: The reporting requirements at 483.13(c) specify both a report of the alleged violation and a report of the results of the investigation to the State survey agency.

- Determine if the facility reevaluated and revised applicable procedures as necessary.
- Interview several residents and families regarding their awareness of to whom and how to report allegations, incidents and/or complaints. This information can be obtained through the resident, group, and family interviews.
- Interview at least five direct care staff, representing all three shifts, including activity staff and nursing assistants, to complete the following:
 - If staff are trained in and knowledgeable about how to appropriately intervene in situations involving residents who have aggressive or catastrophic reactions.

Note: Catastrophic reactions are extraordinary reactions of residents to ordinary stimuli, such as the attempt to provide care.

One definition in current literature is:

"...catastrophic reactions [are] defined as reactions or mood changes of the resident in response to what may seem to be minimal stimuli (e.g., bathing, dressing, having to go to the bathroom, a question asked of the person) that can be characterized by weeping, blushing, anger, agitation, or stubbornness."³

- If staff are knowledgeable regarding what, when, and to whom to report according to the facility policies.
- Interview at least three front line supervisors of staff who interact with residents (Nursing, Dietary, Housekeeping, Activities, Social Services). Determine how they monitor the provision of care/services, the staff/resident interactions, deployment of staff to meet the resident's needs, and the potential for staff burnout, which could lead to resident abuse.
- Obtain a list of all employees hired within the previous 4 months, and select five employees from this list. Ask the facility to provide written evidence that the facility conducted pre-screening based on the regulatory requirements at 42 CFR 483.13(c).

³ Swanson EA, Maas ML, Buckwalter C. Catastrophic reactions and other behaviors of Alzheimer residents: Special unit compared to traditional units. Archives of Psychiatric Nursing. 1993; VII(5):292-299.

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Determination of Compliance:

Take account of all information gained during this review as well as all other information gained during the survey. When a deficiency exists, determine if F225 or F226 provides the best regulatory support for the deficiency.

- 483.13(c), F226, Staff Treatment of Residents:

The facility is compliant with this requirement if it has developed and implemented written policies and procedures that prohibit mistreatment, neglect, and abuse of residents, and misappropriation of resident property. If not, cite F226.

- 483.13(c), (1), (2), (3), and (4), F225, Staff Treatment of Residents:

The facility is compliant with this requirement if it has taken appropriate actions in the areas of screening, reporting, protecting, investigating, and taking appropriate corrective actions. If not, cite F225.

Admission, Transfer, and Discharge Review

The Admission, Transfer, and Discharge Review task is completed only if triggered from Stage I information.

- Prior to the review, determine which residents caused this task to trigger.
- Request the Resident Rights information and an admission packet for all payer sources of the facility.
- Use the Admission, Transfer, and Discharge Review worksheet (Tab 9) to direct the review and to record information.
 - Questions 1-5 relate to information obtained during Stage I resident and/or family interviews. Complete the follow-up only for interview questions identified as a concern in Stage I.
 - Questions 6 and 7 are completed if information is gathered or provided, either during or before the survey, that suggests a concern with facility-initiated transfers/discharges. If so, request a list of residents transferred or discharged to another SNF/NF, an assisted living/group home, acute care facility, or psychiatric care unit, and follow worksheet procedures.
- Help text is available on the worksheet to assist in identifying concerns. Each question should be answered with either “No” (the regulation is not met), or “Yes” (the regulation is met).
- The Admission, Transfer, and Discharge Review worksheet references Resident Rights and Admission, Transfer, and Discharge requirements. Relevant F tags are referenced for each question so that the surveyor can refer directly to the regulation and Guidance to Surveyors when making compliance decisions.

Environmental Observations

The Environmental Observations task is completed only if triggered during Stage I family or resident interviews or resident observations. A current complaint(s) (about the facility’s environment) received by the state survey agency, or during Stage I investigation determines the need to complete the environmental observation. Stage I investigation includes the Census Sample family and resident interview questions (e.g., “Is this a comfortable building in which to live?” and “Is the facility clean?”), resident room observations, and any other environmental observations of concern during the initial tour or during Stage I. Use the Environmental

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Observations Worksheet (Tab 9) to direct observations and record information. Completion of the worksheet will primarily involve observations of the general facility environment.

- For any negative answer marked on the worksheet, investigate further using the probes and guidance. Narrative documentation should be made in the Comments section for all areas of concern. Consider corroborative information, such as interviews with residents, family members, resident representatives, staff, and review of resident records, etc.
- Each team member is responsible for sharing with the surveyor assigned the Environmental Observation task, throughout the survey and at daily team meetings, identified concerns and observations.
- The surveyor assigned to complete this task should confirm that all necessary information has been gathered to answer the questions on the Environmental Observations worksheet including findings, comments, and observations provided by all team members, as well as information from daily team meetings and discussions, applicable data from the Infection Control worksheet, and other information, as appropriate.
- The surveyor should enter all the data from the Environmental Observations worksheet into one laptop, and ultimately, if entered on a secondary laptop, import it to the primary laptop prior to the end of Stage II data collection.

Note: Any unsafe situations that relate to the life safety codes (i.e., concerns with use of extension cords, improper storage of oxygen, and blocked fire doors) should be referred to the Life Safety Code surveyor.

Nursing Services, Sufficient Staffing

The Nursing Services, Sufficient Staffing task is completed only if triggered from Stage I family or resident interviews, observations, identification of concerns, and from facility-provided staffing information.

- Request a copy of the actual staffing schedule for the licensed nursing staff (LVN, LPN, and RN) for the most recently completed pay period with the resident census for the period, and any staffing waivers.
- Verify that the staffing schedule reflects 24-hour licensed coverage, 8-hour registered nurse coverage, and full-time director of nursing coverage.

The review of Nursing Services, Sufficient Staffing will be conducted as it is outlined in the current protocol from the SOM, which is reproduced below.

Nursing Services, Sufficient Staffing Protocol (per the SOM)

Objectives:

- To determine if the facility has sufficient nursing staff available to meet the residents' needs.
- To determine if the facility has licensed registered nurses and licensed nursing staff available to provide and monitor the delivery of resident care.

Use:

Note: This protocol is not required during the standard survey, unless it is triggered in the event of care concerns or problems that may be associated with sufficiency of nursing staff. It is required to be completed for an extended survey.

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This protocol is to be used when:

- Quality of care problems have been identified, e.g., residents not receiving the care and services to prevent pressure sore/ulcer(s), unintended weight loss and dehydration, and to prevent declines in their condition as described in their comprehensive plan of care, such as bathing, dressing, grooming, transferring, ambulation, toileting, and eating; and
- Complaints have been received from residents, families, or other resident representatives concerning services, e.g., care not being provided, call lights not being answered in a timely fashion, and residents not being assisted to eat.

Procedures:

- Determine if the registered/licensed nursing staff is available to:
 - Supervise and monitor the delivery of care by nursing assistants according to residents' care plans;
 - Assess resident condition changes;
 - Monitor dining activities to identify concerns or changes in residents' needs;
 - Respond to nursing assistants' requests for assistance;
 - Correct inappropriate or unsafe nursing assistants' techniques; and
 - Identify training needs for the nursing assistants.
- If problems were identified with care plans/services not provided as needed by the resident, focus the discussion with supervisory staff on the situations that led to using the protocol: how do they ensure that there is adequate staff to meet the needs of the residents; how do they ensure that staff are knowledgeable about the needs of the residents and are capable of delivering the care as planned; how do they assure that staff are appropriately deployed to meet the needs of the residents; how do they provide orientation for new or temporary staff regarding the resident needs and the interventions to meet those needs; and how do they assure that staff are advised of changes in the care plan?
- Determine if nursing assistants and other nursing staff are knowledgeable regarding the residents' care needs, e.g., the provision of fluids and foods for residents who are unable to provide these services for themselves; the provision of turning, positioning, and skin care for those residents identified at risk for pressure sores/ulcers; and the provision of incontinence care as needed;

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- If necessary, review nursing assistant assignments in relation to the care and/or services the resident requires to meet his/her needs;
- In interviews with residents, families, and/or other resident representatives, inquire about the staff's response to requests for assistance, and the timeliness of call lights being answered; and
- Determine if the problems are facility-wide, cover all shifts, or are limited to certain units or shifts, or days of the week. This can be based on information already gathered by the team, with additional interviews of residents, families, and staff, as necessary.

Determination of Compliance:

Note: Meeting the State-mandated staffing ratio, if any, does not preclude a deficiency of insufficient staff if the facility is not providing needed care and services to residents.

- Compliance with 42 CFR 483.30(a), F353, Sufficient Staff

The facility is compliant with this requirement if the facility has provided a sufficient number of licensed nurses and other nursing personnel to meet the needs of the residents on a 24-hour basis. If not, cite F353.

- Compliance with 42 CFR 483.30 (b), F354 Registered Nurse

The facility is compliant if a registered nurse is provided at least eight consecutive hours a day, seven days a week, and a DON is provided on a full-time basis. If not, cite F354.

Personal Funds

The Personal Funds task is completed only if triggered from information obtained during offsite data review or during Stage I family or resident interviews. The Personal Funds review focuses on the protection of resident's personal funds. Information gathering is completed through an interview with the personal funds manager, financial record review, and closed record review.

- Prior to beginning the review, verify that the resident has a personal funds account.
- Request a list of residents who expired over the last three to six months and for whom the facility managed personal funds.

Note: Adjust the timeframe of three to six months accordingly in an attempt to obtain a list of at least three residents who expired and had their personal money managed by the facility.

- Use the Personal Funds worksheet (Tab 9) to direct your review and to record information. The worksheet includes a series of questions to be answered.
 - For the review of questions 1-8, the resident sample will be composed of the resident(s) whose data triggered the task.
 - Interview the person who manages personal funds for questions 1-8.
 - After completing questions 1-8, complete one Closed Record Review.
 - If concerns are noted with the Closed Record Review, supplement the sample to review a total of three closed records.
- Help text is available on the worksheet to assist in identifying concerns. If any concerns are identified during interview of the personal funds manager or review of the financial record(s) (a "No" answer to any of the Personal Funds questions), gather additional information from some or all of the sources identified on the last page of the worksheet.

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- The Personal Funds worksheet references the Protection of Personal Funds tags F156, and F159 - F162. Relevant F tags are referenced for each question so that the surveyor can refer directly to the regulation and Guidance to Surveyors when making compliance decisions.

Task 6: Transition from Stage I to Stage II

After Stage I data entry is complete and the Resident Pool has been updated in the QIS DCT on the primary laptop (see Task 4, Update the Resident Pool), the team will transition to Stage II, in-depth investigation. Prior to creating the Stage II Sample, the surveyors must focus on the following activities, all of which are facilitated by the team coordinator.

The Stage I to Stage II transition team meeting should be held after all Stage I activities have been completed. The meeting should be focused, organized, and with minimal extraneous conversation. The team meeting encompasses the following activities:

- Confirm that all Census Sample and Admission Sample tasks are completed and entered into the QIS DCT.
- Merge the Stage I data onto the primary laptop.
- Print the Relevant Findings Report for team discussion while QCI Results are processing in the QIS DCT.
- Process and review the QCI Results in the QIS DCT.
- Review surveyor-initiated residents and/or Care Areas as well as the list of residents who receive dialysis services, Medicare-certified hospice services, or are ventilator dependent.

Verify the Completion of Stage I

Each surveyor needs to confirm that all resident-specific information from the Census Sample and Admission Sample tasks has been gathered and entered in his/her laptop. A surveyor can determine, at a glance, which questions remain unanswered for any given resident by the color of the text of each displayed item in the Survey Tree of the Stage I - Data Entry screen. Black text refers to information that has been completed; red text refers to incomplete information. After completing their Stage I data entry, all surveyors must export their Stage I data to flash drive.

Import (merge) all Stage I Data into the Primary Laptop

The team coordinator must import the Stage I Survey Data from each secondary laptop flash drive to the primary laptop. Once the import of data to the primary laptop is completed, the team coordinator can determine, at a glance, which questions remain unanswered for any given resident or Care Area by the color of the text of each displayed item in the Survey Tree of the Stage I - Data Entry screen. Black text refers to information that has been completed; red text refers to incomplete information. If any items' text displays in red, the team coordinator should consult the members of the survey team to ensure that all information has been entered and the reason for any missing items. If additional information must be entered, the surveyor must enter the information on the secondary laptop and repeat the export to flash drive. The team coordinator must import the completed secondary Stage I Survey Data to the primary laptop. The team coordinator should also review residents who were surveyor initiated to ensure that they were imported. After importing all of the Stage I Data and verifying its completion, the team coordinator will backup (export) the merged Stage I Data to flash drive.

Print the Stage I Relevant Findings Report

After the team coordinator has merged (imported) and backed up the secondary Stage I data, the team coordinator should print the narrative documentation of findings entered in QIS DCT during Stage I to facilitate discussion of potential problems. The Stage I Relevant Findings Report can be printed from the QIS DCT at any time to facilitate discussion of potential problems during team meetings.



How to Print the Relevant Findings Report

1. From the QIS DCT menu bar, select **Reports, Stage I Relevant Findings** report.
 2. When the resident list displays, select to display **All** (other options are: **Admission, Census, Surveyor Initiated, or Stage II**).
 3. Use the mouse to highlight (select) all listed residents, select a **Sort Order**, and click the **Preview Report** button.
 4. Click the **Print** icon on the preview screen menu bar.
 5. Click **OK**.
-

Process and Review the QCI Results

After merging and verifying all data on the primary laptop, the team coordinator needs to calculate the QCI Results. Calculating the QCI results uses information extracted from the MDS data and all data collected on Stage I Sample residents. The QCI Results screen displays residents according to whether their data comprises the numerator and the denominator of each QCI, and identifies residents whose data has been excluded from the QCI calculations (see Tab 4 for Quality of Care Indicators (QCI) and Facility-level Tasks).

It is useful for the survey team to review the QCI Results screen and printed QCI Results Report for a number of reasons:

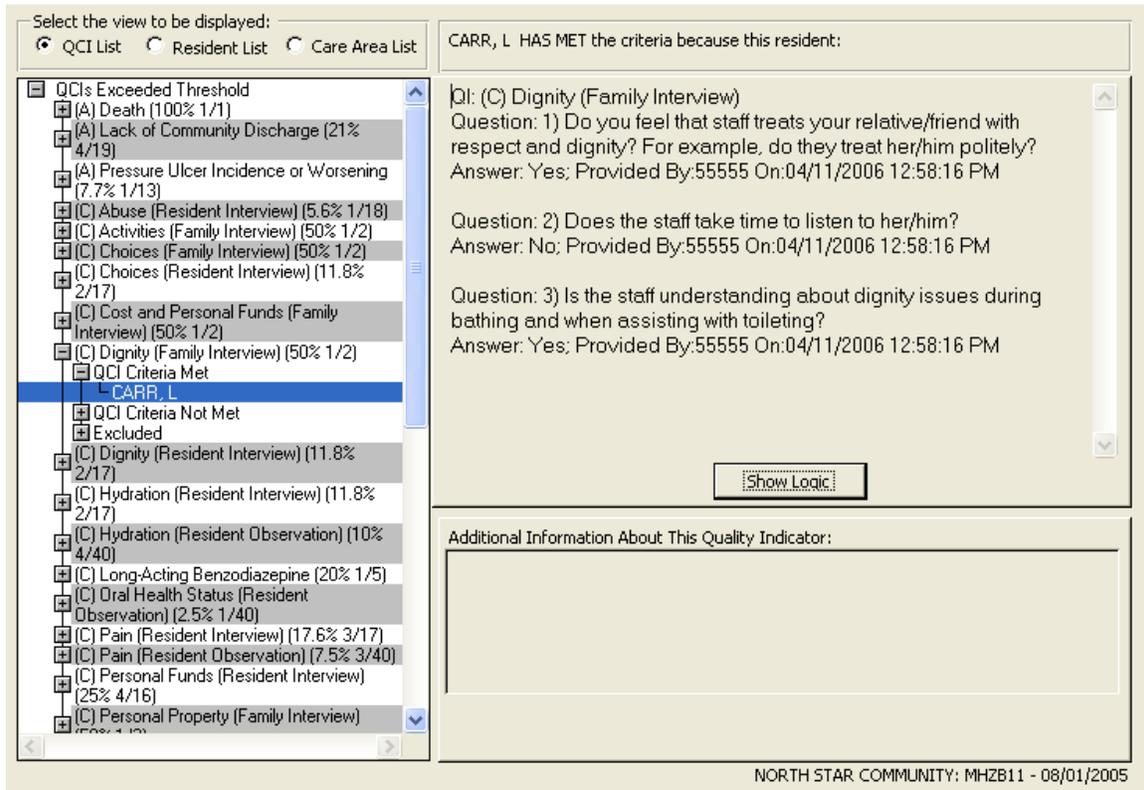
- To identify which QCIs exceeded the threshold for inclusion in Stage II;
- To identify residents who met the QCI criteria, or QCIs that exceeded the threshold for a particular Care Area;
- To identify all the QCIs that triggered for an individual resident;
- To access the specific questions and responses that define each QCI;
- To note whether a resident or Care Area may need to be surveyor initiated for inclusion in the Stage II Sample (see Task 7); and
- To detect a Stage I data entry error (for example, a resident is selected for a condition/Care Area that is not applicable to the resident). If data entry errors are found, see the QIS Checklist for instructions on correcting them.



How to Process the QCI Results

1. From the QIS DCT menu bar on the primary laptop, select **View Screen, QCI Results**. A message will display "Please wait while QCI Results Are Loaded" indicating the QCIs are being processed. Do not interrupt the process (the process will take several minutes).
 2. After the QCI processing is complete, the **QCI Results** screen (see Figure 8) will appear.
-

Figure 8: QCI Results Screen - QCI List Displayed



The QCI results are reported as a rate for the facility for each QCI. This rate is then compared to an established threshold, which is based on the distribution of rates across facilities for each QCI. The prevalence rate of a QCI for a facility is compared to the prevalence rate of other facilities. If the facility rate exceeds the threshold rate, the QCI is “triggered.”

The QIS DCT displays the QCI Results in three views:

- QCI List;
- Resident List (found to be most helpful to surveyors); and
- Care Area List.

QCI List View

When the QCI List view is selected on the QCI Results screen, the QIS DCT displays the triggered QCIs beneath the **QCI Exceeded Threshold** heading, and displays the QCIs that did not trigger beneath the **QCI Did Not Exceed Threshold** heading. Beneath each QCI are three subheadings:

- **QCI Criteria Met:** includes the names of residents who make up the numerator of the QCI calculation.
- **QCI Criteria Not Met:** includes the names of residents who make up the denominator (but not the numerator) of the QCI calculation.
- **Excluded:** includes the names of residents who were excluded from the QCI calculation.

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Resident List View

When the Resident List view is selected on the QCI Results screen, the QIS DCT displays the names of all residents. Beneath each resident name are three subheadings:

- **QCI Criteria Met:** includes the QCIs for which the resident was included in the numerator of the QCI calculation.
- **QCI Criteria Not Met:** includes the QCIs for which the resident was included in the denominator (but not the numerator) of the QCI calculation.
- **Excluded:** includes the QCIs for which the resident was excluded from the QCI calculation.

Care Area List View

When the Care Area List view is selected on the QCI Results screen, the QIS DCT displays the Care Areas to be further investigated in Stage II. Beneath each Care Area are two subheadings:

- **QCI Exceeded Threshold:** includes the triggered QCIs, the actual facility rate, and the facility's prevalence rate.
 - **QCI Criteria Met:** includes the names of residents who make up the numerator of the QCI calculation.
 - **QCI Criteria Not Met:** includes the names of residents who make up the denominator (but not the numerator) of the QCI calculation.
 - **Excluded:** includes the names of residents who were excluded from the QCI calculation.
- **QCI Did Not Exceed Threshold:** includes the QCIs that did not trigger, the actual facility rate, and the number of residents who make up the denominator of the QCI calculation.
 - **QCI Criteria Not Met:** includes the names of residents who make up the denominator (but not the numerator) of the QCI calculation.
 - **Excluded:** includes the names of residents who were excluded from the QCI calculation.

QCI Results Example

The Admission Sample QCI, Weight Loss Since Admission, includes in the numerator any resident who lost 5% or more any time within 60 days as compared to their admission weight. Residents in the numerator are said to have met the criteria for the QCI (or had a negative outcome). This QCI includes in the denominator any resident who has been at the facility for at least 15 days. The QCI excludes from the numerator and denominator those residents who were on a planned weight loss program or who have a terminal prognosis. If the facility rate for Weight Loss Since Admission exceeds the threshold, which is set at 21.7%, the QCI will trigger for further investigation in Stage II.

The relationship between QCIs and Care Areas can vary; one or more QCIs may trigger just one Care Area. For example, the QCIs, Abuse (from the family interview) and Abuse (from resident observation), and Abuse (from resident interview) trigger the Care Area Abuse.

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Print the QCI Results Report

After the team coordinator has run the QCI results, print the QCI Results Report (see Figure 9) to review the following:

- The Care Areas to be investigated (in alphabetical order);
- The QCIs (and their reference number) that exceeded or did not exceed their threshold within each Care Area
- The source data (A for Admission; C for Census; M for MDS) for the each QCI;
- The Numerator (number of residents who met the QCI Criteria or who had a negative outcome), Denominator (number of residents included in the rate computation), Rate (for the facility), and the Threshold of the QCI. The QCI Results Report is the only source that shows QCI thresholds in the QIS DCT.

When a Care Area has QCIs that exceeded the threshold, that Care Area will be included in the Stage II Sample. The QIS DCT will automatically select one or more residents for each triggered Care Area during the Stage II Sample selection process (see Task 7 - Stage II Sample Selection).



How to Print the QCI Results Report

1. From the QIS DCT menu bar, select **Reports, QCI Results Report**.
2. Click the **Print** icon on the preview screen menu bar.
3. Change the **Number of Copies** to 4 (number of surveyors on the team), and click **OK**.

Figure 9: QCI Results Report

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QCI Results Report

Abuse

QCIs Exceeded Threshold

Quality Care Indicator	Num	Denom	Rate	Threshold
QP253 (C) Abuse (Resident Interview)	1	18	5.55	0

QCIs Did Not Exceed Threshold

Quality Care Indicator	Num	Denom	Rate	Threshold
QP236 (C) Abuse (Family Interview)	0	2	0.00	0
QP205 (C) Abuse (Resident Observation)	0	40	0.00	0

Accidents

QCIs Did Not Exceed Threshold

Quality Care Indicator	Num	Denom	Rate	Threshold
QP092 (C) Dangerous Device Use	0	40	0.00	0
QP218 (C) Potential Accident Hazards / Bed Side Rails	0	2	0.00	2.4
QP001 (M) Incidence of New Fractures [P-MR]	0	57	0.00	0

Exporting QCI Results to Secondary Laptops

QCI Results, after having been processed and reviewed for accuracy, can be exported from the primary laptop and imported at the secondary laptops. QCI Results for any Stage I resident, Care Area, and/or QCI can be viewed on any computer on the QCI Results screen of the QIS DCT during Stage II investigation. For example, the QCI Results screen can be reviewed to see which QCIs were met for a Stage II resident, in addition to those QCIs that were not met, and those QCIs from which the resident was excluded.

Note: The Stage I data on the primary laptop determine the QCIs representative of the survey; Stage I data on a secondary laptop should not be changed and QCIs subsequently recalculated on the secondary laptop. Instead, import the changed data at the primary laptop, recalculate the QCIs, and re-export the QCIs to the secondary laptop.

Review the QCI Results

The QCI Results screen displays residents according to whether their data comprises the numerator and the denominator of each QCI and identifies residents whose data has been excluded from the QCI calculations (see Tab 4 for Quality of Care Indicators (QCI) and Facility-level Tasks).

It is useful for the survey team to review the QCI Results screen and printed QCI Results Report for a number of reasons:

- To identify which QCIs exceeded the threshold for inclusion into Stage II;
- To identify all residents who met the QCI criteria, or QCIs that exceeded the threshold for a particular Care Area;
- To identify all the QCIs that triggered for an individual resident;
- To access the specific questions and responses that define each QCI;
- To note whether a resident or Care Area may need to be surveyor initiated for inclusion in the Stage II Sample (see Task 7); and
- To detect a Stage I data entry error (for example, a resident is selected for a condition/Care Area that is not applicable to the resident).

After the Stage I Relevant Findings, the QCI Results, and residents identified for surveyor initiation into the Stage II Sample have been reviewed, the team can begin Stage II activities.

Make Note of Residents and/or Care Areas to Surveyor Initiate in Stage II

The survey team should determine whether any residents should be added to the Surveyor-initiated Sample based on additional information gathered during Stage I or from offsite information (i.e., complaints). These residents and/or Care Areas can be added to the Stage II Sample (see the section titled Supplementing the Stage II Sample, which contains QIS DCT instructions on adding residents to the Stage II Sample).

The following examples illustrate the types of potential concerns that may lead a surveyor to select a resident for inclusion in the Stage II Sample, or, if the resident is already included in the Stage I Sample, may direct the surveyor to surveyor initiate a particular Care Area or F tag for further review:

- Ventilator, dialysis, hospice (residents listed by the facility on the Ventilator, Dialysis and Certified Medicare Hospice End of Life Services worksheet on the back of the last page of the Entrance Conference Facility Worksheet);

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- Observations of an uncovered inflamed surgical wound;
- Observations of a resident with a leg ulcer (vascular or neuropathic) that causes discomfort or is malodorous; or
- During the resident interview, the resident offers information about treatment or medications that were ordered but not received.

Task 7: Stage II Survey Tasks

Introduction

Stage II involves the in-depth review of residents whose related Quality Care Indicators (QCIs) exceeded thresholds in Care Areas as identified through the completion of the Stage I process. The QIS DCT has identified the Care Areas to investigate in Stage II. Additionally, during Stage II, facility-level tasks must be completed and compliance decisions made. Stage II data gathering includes a review of specific Care Areas based on Stage I results. As in Stage I, the team should always be alert to staff-resident interactions related to dignity, privacy, and respect in Stage II.

Care Areas identified in Stage II have a set of associated Critical Element (CE) Pathways (see Tab 10) which have been developed to provide information to guide the investigation and to assist surveyors in completing a consistent, organized, and systematic review of triggered Care Areas.

The CE Pathways have a format similar to CMS' current investigative protocols. Sixteen of the Stage II CE Pathways pertain to a specific Care Area and provide information to guide the investigation and help surveyors determine whether a facility meets the associated regulatory requirements. A General CE Pathway is available for a resident with a care issue not addressed in one of the CE Pathways developed for a specified Care Area. Although CE Pathways have been developed for particular Care Areas, it is worth noting that a common link exists between pathways; the CE Pathway incorporates each step of the resident care process reflected in the regulations: assessment, care planning, implementation of care that meets professional standards of quality, care plan revision, and provision of care and services to meet the needs of the resident.

The surveyor may be reviewing just one Care Area for one resident while looking at a number of Care Areas for another resident. Regardless of the Care Areas being reviewed, general observations of the care environment that suggest concerns with staff-resident interactions should be noted and reported to the team during the daily team meetings.

Stage II Sample Selection

Stage II Sample selection is performed in the QIS DCT and consists of residents who triggered through the Stage I process and residents selected through surveyor initiation. The QIS DCT identifies Stage II Sample residents and Care Areas for further review.

Stage II Sample residents are selected in the following order:

1. All surveyor-initiated residents.
2. A minimum of three residents (if available), from triggered Care Areas are selected in the following order:
 - a. Residents from the Census Sample or the Admission Sample;
 - b. Residents currently residing in the facility; and
 - c. Residents who have been discharged from the facility.

The QIS DCT may select more than three residents who triggered for a Care Area because surveyor-initiated residents are included and some CE Pathways combine Care Areas. For example, Nutrition, Hydration, and Tube Feeding are three Care Areas within one Critical Element Pathway. Therefore, in this case, a minimum of three residents will be selected for each triggered Care Area within the combined CE Pathway.

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If the Ventilator, Dialysis, and Certified-Medicare Hospice, End of Life services list, delivered during the entrance conference and completed by the facility, indicates that the facility has residents who are ventilator dependent, or on dialysis, or hospice, the surveyor should select one resident from each of the three categories to review in Stage II. From zero to three residents could be added to the Stage II Sample for review of Ventilator, Dialysis, and Certified Medicare Hospice/End of Life services; one resident could possibly meet criteria for more than one of the combined categories.

The TC should surveyor initiate any residents that the team determined during the transition from Stage I to Stage II that should be added to the Stage II Sample based on additional information gathered during Stage I or from offsite information (i.e., complaints).

Stage II Staff Assignments

The QIS DCT allows the surveyors to make assignments in three ways: by Surveyor, Care Area, and Resident. The team coordinator usually assigns the Stage II Sample to the team by Resident. It is convenient, in some cases, to switch to the Care Area view during assignment, so that assignments can be made to surveyors with expertise in the relevant Care Area to complete those reviews.

In the process of determining surveyor assignments and workload distribution, the team coordinator should consider the following points:

- Surveyor expertise in specific Care Areas.
- The number of Care Areas triggered.
- The number of residents assigned to each surveyor.
- The facility-level tasks assigned to individual surveyors.
- To use time efficiently, attempt to assign a surveyor to residents in the same or neighboring units.
- The QIS DCT automatically assigns surveyor-initiated residents to the surveyor who initiated the resident into the sample. The team coordinator can reassign the resident to another surveyor, as necessary.
- Assigning residents to the surveyor who reviewed them in Stage I, allows surveyors to follow residents through the entire survey.

Additionally, the QIS DCT offers an automatic assignment button on the Stage II - Assignment screen that distributes and balances the workload across all surveyors on the team (see the QIS Checklist).

After the assignments have been made, print the Stage II Report (sort by Surveyor) after assigning all residents and Care Areas. Distribute the applicable pages of the report to each surveyor (pages break so that when the last of one surveyor's assignments is listed, a new page begins with the next surveyor's assignments).

Stage II Team Meetings

The survey team should meet daily to discuss progress and findings related to individual residents as well as facility-level findings. During team meetings, the team should accomplish the following tasks:

- Assess each surveyor's progress. Make workload adjustments as necessary.

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- Discuss the progress and results of the facility-level tasks to determine which issues may need further review in Stage II. Since some facility-level tasks are not staged, while others require completion in Stage II, these tasks will be at various levels of completion. Any currently identified potential concerns/issues should be shared with the team.
- Determine what information should be shared with the facility to allow staff an opportunity to provide additional information before making compliance decisions. Information should not be shared with the facility if information gathering needs to occur over time to determine a trend. However, the team should consider the seriousness of the information gathered and appropriately inform the facility of situations placing residents at immediate risk of harm.
- Discuss the need to substitute a sampled resident or to supplement the Stage II Sample (discussed in the next section).
- Discuss the progress and results of the facility-level tasks to determine which issues may need further review in Stage II. Since some facility-level tasks are not staged, while others require completion in Stage II, these tasks will be at various levels of completion. Any currently identified potential concerns/issues should be shared with the team.

Removing and Replacing Residents in Stage II

Rarely, a resident in the Stage II Sample may need to be removed from a particular Care Area review and replaced by a different resident in the Resident Pool, if the Care Area cannot be completed for the resident, or is not relevant to the resident. The surveyors should discuss removal of the resident from the Stage II Sample at the team meeting. A resident may be considered for removal in the following circumstances:

- Stage I information was recorded incorrectly due to a data entry error or an observation being recorded for the wrong resident.
- Incorrect information was provided during the staff interview.
- The resident is transferred or discharged from the facility and observations are essential to completion of the Care Area review.
- The resident/representative does not want observations essential to completion of the Care Area Review to occur.

To remove a resident from the Stage II Sample, the team coordinator must go to the QCI Results screen in the QIS DCT, find another resident who triggered the same Care Area(s) as the resident being removed, if one exists, and surveyor initiate the replacement resident into the Stage II Sample. (See the QIS DCT Software User Manual, section titled, Maintain Stage II Care Area, for instructions on removing a Care Area).

Supplementing the Stage II Sample

If the review of residents selected for the Stage II Sample does not provide enough information to make deficiency determinations concerning specific requirements, or to determine that there is "substandard quality of care,"⁴ supplement the Stage II Sample with residents representative of the area(s) of concern. Focus the review for these residents only on the concern being investigated and any other concerns discovered during the review.



How to Add Residents to the Stage II Sample

1. From the QIS DCT menu bar, select **View Screen, Stage I - Sample**.
 2. From the **Stage I - Sample** screen, select the option to display the **Resident Pool**.
 3. In the **Resident List** (left pane), find and select the relevant resident's name using the mouse.
 4. Click the **Initiate/Remove Care Area** button (in the bottom right pane).
 5. When the **Initiate/Remove Care Area** screen appears, select either the option to display Care Areas (**QCI Based**) or the option to display F tags (**Ftag Direct Cite**).
 6. Select (highlight) the relevant **Care Area/F tag**, and click the **Include** button.
 7. Click the **Relevant Findings** button to document comments/relevant findings.
 8. After entering findings, click on the Close Form button.
 9. Click the Close button to return to the Stage I - Sample screen.
-

Stage II In-depth Investigation

Stage II in-depth investigation includes completion of resident-level Care Area reviews and completion of facility-level tasks. Before beginning the Stage II investigation, surveyors should review any notes written during Stage I, including the Stage I Relevant Findings Report about those residents included in their Stage II assignments. Additionally, surveyors should review the QCI Results screen for pertinent information related to the admission date and the reason for the review.

Stage II Forms that Facilitate Gathering of Information

- A Critical Element Pathway (CE) should be reviewed for each Care Area to be investigated in Stage II. The CE guides the surveyors through the process of determining if the Critical Elements of care are in place.
- The Critical Element Summary Forms (Tab 10) should be used in conjunction with the CEs to document their Stage II Care Area investigation prior to team discussion, decision-making, or entering documentation in the QIS DCT.
- A Stage II Resident Face Sheet (Tab 10) should be completed prior to initiation of the CE Pathways to provide an overview of the condition of the resident at the time of the review.

⁴ Substandard quality of care is defined as one or more deficiencies related to participation requirements under 42 CFR 483.13, Resident Behavior and Facility Practices, 42 CFR 483.15, Quality of Life, or 42 CFR 483.25, Quality of Care, which constitute either immediate jeopardy to resident health or safety, pattern or widespread deficiencies at severity level 3, or widespread deficiencies at severity level 2.

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- A listing of the Care Areas that have an associated CE Pathway can be found at the beginning of Tab 10, followed by a listing of the Care Areas that require use of the General CE Pathway. Additionally, The QIS DCT Stage II Report directs the surveyor to use the General CE Pathway in relevant Care Areas. To review a Care Area not covered by an associated CE Pathway or the General CE Pathway, use the current Guidance to Surveyors protocol.
- As noted previously, the Surveyors Notes Worksheets should be used for documentation of additional concerns identified throughout Stage II.

Stage II Information Validation

Stage II in-depth investigation for each triggered Care Area will vary somewhat based on the regulatory requirement being investigated, but surveyors should attempt to use as many information sources as possible – staff, resident, and family interviews; observations; and record reviews -- to strengthen the validity of the information gathered. The focus should be on obtaining information through observation and interviews using record review to validate those information sources.

- It is recommended that a copy of the care plan should be obtained, if possible, to assist with directed observations and interviews.
- Observations and interviews should begin as soon as possible (do not wait for the care plan copy) and should occur over several shifts to ensure consistent application of interventions.
- Begin information gathering in a manner most efficient to the time of day and the Care Areas being reviewed. For example, if it is midmorning and a resident being reviewed for the Care Area, Activities, is attending an activity, it would be most beneficial to start with observing the activity.

Critical Element (CE) Pathways

The following 17 Critical Element Pathways, including the General Critical Element Pathway, are available for use in Stage II investigation:

1. Activities
2. Activities of Daily Living and/or Range of Motion (includes Cleanliness, Grooming, and Positioning)
3. Behavioral and Emotional Status
4. Bowel or Bladder Function/Use of an Indwelling Catheter
5. Communication and Sensory Problems (includes Hearing and Vision)
6. Dental Status and Services
7. Dialysis
8. General Critical Element Pathway (see details below)
9. Hospice and Palliative Care
10. Hospitalization or Death
11. Nutrition, Hydration, and Tube Feeding Status
12. Pain Management
13. Psychoactive Medications

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14. Physical Restraints
15. Pressure Ulcers
16. Rehabilitation and Community Discharge
17. Ventilator Dependent Residents

General Critical Element Pathway

CE Pathways relate to specific Care Areas. The exception is the General Critical Element Pathway, which is available for a resident with a care issue not addressed in one of the CE Pathways developed for a specified Care Area.

The QIS DCT Stage II Report directs you to use the General CE Pathway to investigate concerns related to the following QICs:

- Accidents (such as falls, fractures, and hazards related to the use of assistive devices) and supervision;
- Fecal impaction;
- Other skin conditions (such as abrasions, bruises, skin tears, or burns); and
- Non-urinary tract-related infections (such as respiratory or wound infections).

The General CE Pathway is also used for other quality of care concerns not related to an existing CE Pathway, such as diabetes mellitus, chronic obstructive pulmonary disease, congestive heart failure, and non-pressure-related wound care (venous/arterial or neuropathic ulcers), which will need to be surveyor initiated to be further evaluated during Stage II.

Critical Element Pathways

Each Critical Element Pathway follows the same basic format. Sections include probes that guide the surveyor through the process of determining if the Critical Elements are in place. In turn, the Critical Elements assist the surveyor in determining if the facility is in compliance with the specific regulation. The probes suggest avenues for inquiry, and assist the surveyor through the investigative process. The probes do not directly reflect the language of the relevant regulation. Each pathway identifies F tags that should be considered for citation. A Critical Element Pathway (CE) should be reviewed for each Care Area to be investigated in Stage II

- Because the elements are considered “critical” to compliance in a particular regulatory area, the facility’s failure to meet a Critical Element suggests the facility’s failure to meet a participation requirement.
- Documentation on the CE summary form should be specific enough so that compliance decisions can be made and supportable deficiencies can be written if the facility has been determined to be noncompliant.
- Brief notes can be recorded next to specific probes, or Surveyor Notes Worksheets can be used for documentation of interviews and observations, and information and quotes taken from the clinical record.

Using Critical Element Pathways when Reviewing a Care Area

While the format for each CE Pathway is similar, each one of the CE Pathways is unique, and directs the surveyor to specific actions. In some cases, a Critical Element Pathway will direct the surveyor to complete a related Care Area review using a different Critical Element Pathway. For example, when reviewing the Hospice CE Pathway, the Pressure Ulcers CE Pathway, or the Dental CE Pathway, the surveyor may be directed to also complete the Pain CE Pathway.

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The Hospitalization or Death CE Pathway will usually be conducted via closed record reviews. In each case, the surveyor should carefully follow the directions provided for successful completion of the Critical Element Pathway review. Although the surveyor is free to organize information gathering as desired, it is not necessary to work through one Critical Element Pathway before moving on to the next one.

Unnecessary Drug Review

The QIS DCT selects Stage II residents currently residing in the facility and who have the most Care Areas identified for Stage II review to undergo an Unnecessary Drug Review. The intent of this sampling selection process is to include review of residents with more complex clinical needs. The surveyor's review of medication use is not intended to constitute the practice of medicine, and does not empower the reviewer to dictate the medication regimen. Use one review form for each resident reviewed.

1. Review all medications ordered, not just those observed, and not just psychopharmacological drugs.
 2. Review physician orders, physician progress notes, history and physical, laboratory reports, consultant reports, the Resident Assessment Instrument, care plan, and other appropriate interdisciplinary notes for information addressing the resident's total medication regimen.
 3. For the selected resident sample, the total medication regimen will be reviewed to ensure that it is free from unnecessary medications. An unnecessary medication is any drug given:
 - a. In excessive dose (including duplicative therapy); or
 - b. For excessive duration; or
 - c. Without adequate monitoring; or
 - d. Without adequate indications for its use; or
 - e. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
 - f. For any combination of the reasons above.
- If the facility did not provide the appropriate monitoring, duration, dose, or indication for the use of each medication ordered, cite F329.

If F329 is cited and the consulting pharmacist did not identify the problem and bring it to the attention of the attending physician and director of nurses, cite F428.

Systematic Review and Documentation of Critical Element Compliance

After a surveyor has gathered all available information through observations, interviews, and record reviews for a specific resident, a systematic review of the information for each critical element should be completed to determine whether the critical element is met.

- The Guidance to Surveyors should be used as a reference to assist the surveyor in understanding the regulation. (The QIS DCT provides Interpretive Guidelines and Regulations for each potential citation, accessible through the Document button).
- The Critical Element compliance decision should be documented on the CE Pathway worksheet and then entered in the Stage II - Critical Elements screen of the QIS DCT.

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- A citation should be considered if one Critical Element for one resident is not in place. A deficient practice decision should be made for each Critical Element.
- The analysis of information gathered and decision-making builds on discussions during the daily team meetings, which should include discussions of observed problems, areas of concern, and possible failure to meet requirements.
- The Critical Element Pathways and survey procedures are designed to assist the surveyor in gathering, investigating, organizing, and analyzing information about the quality of services provided by the facility in order to determine whether the facility is meeting long-term care requirements.
- In some instances, surveyors may find noncompliance under additional F tags listed on a Critical Element Pathway. If an F tag is not listed but surveyors determine that a facility is out of compliance (needs to be cited), the F tag should be surveyor initiated and appropriate documentation completed on the Stage II - Critical Elements screen. The individual severity level for the F tag must also be assigned.

Completing Critical Element Documentation in the QIS DCT

During the investigation of a Care Area for a particular resident, the surveyor must mark each Critical Element in the QIS DCT as either Yes (Met), or No (Unmet). To mark an F tag as Not Applicable, mark No (Unmet), select the F tag, and click the Not Applicable button. The QIS DCT will prompt the surveyor to enter relevant findings and to assign severity for the F tag at the resident level each time a Critical Element is marked as No (Unmet).

- The severity level for each Critical Element marked as No should be determined independently of any severity levels assigned to other unmet Critical Elements within the Care Area.
- To enter documentation and severity, the surveyor should select No next to the appropriate Critical Element in the QIS DCT, select (highlight) the F tag in the Possible Citations list (bottom right pane) beneath the Critical Elements pane, and click the Document button.
 - On the Documentation Form that appears, the surveyor should enter findings utilizing Principles of Documentation (POD). Stage I findings for the resident, current Regulations (REG button), and Interpretive Guidelines (IG button) are available for viewing, and copying and pasting into the documentation.
 - When the surveyor is ready to assign severity, he/she should click the Review Severity button at the bottom of the Documentation Form screen.

The Resident/Care Area Severity form provides the following Severity of Potential Citation selections:

- Level 4 – Immediate jeopardy
- Level 3 – Actual harm
- Level 2 – No actual harm with the potential for more than minimal harm
- Level 1 – No actual harm with the potential for no more than minimal harm

When the surveyor has entered documentation and assigned severity, click the close button (icon of an open door) to return to the Stage II - Critical Elements screen. The F tag text remains red until documentation and severity have been entered.

Task 8: Stage II Analysis, Decision-making, and Integration of Information

Review Completion of Stage II

Ensure that all resident-specific information from Stage II has been gathered and entered on each surveyor's laptop. It can be determined, at a glance, which questions remain unanswered for any given resident or Care Area by the color of the text of each displayed item in the Survey Tree of the Stage II - Critical Elements screen. Black text refers to information that has been completed; red text refers to incomplete information. Some facility-level tasks will remain red if not all questions needed to be answered.

Import all Stage II Data into the Primary Laptop

- All survey data from the secondary laptops must be exported to disk /flash drive and then imported to the primary laptop.
- Once the import of data to the primary laptop is completed, the team coordinator can determine, at a glance, which questions remain unanswered for any given resident or Care Area by the color of the text of each displayed item in the Survey Tree of the Stage II - Critical Elements screen. If any items' text displays in red, the team coordinator should consult the members of the survey team to ensure that all information has been entered, and the reason for any missing items.

Review the Potential Citation Screen in the QIS DCT

Once the Stage II activities are complete, and all data have been imported to the primary laptop, the QIS DCT will aggregate, on the Potential Citation screen, all Care Areas and residents within an F tag. The QIS DCT will show the maximum individual severity of all residents and facility Care Areas reviewed in Stage II for that F tag.

The team coordinator will use the QIS Checklist as a guide while leading a team discussion of the aggregated Care Areas and residents showing on the Potential Citation screen.

- The pane on the left side of the Potential Citation screen lists all F tags documented by the team during Stage II.
- The pane on the right side of the Potential Citation screen displays, by F tag, an aggregation of the documentation created during Stage II (see the QIS Checklist).

The survey team will review all potential citations and accompanying documentation that resulted from the Stage II investigations to determine whether a deficiency exists based on the evidence gathered. If cited, the team will select the final severity for each deficiency and then select the scope and the severity (using the Scope and Severity Matrix).

Once all citation decisions have been made, the Potential Citation Report is printed to assist in presenting the preliminary findings during the Exit Conference.

The F tags selected for citation by the team and the associated documentation will be loaded into ASE and used in the 2567.

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Analysis/Assignment of Scope and Severity and Team Decision-making

Surveyors should refer to Deficiency Categorization, part V, in Appendix P of the SOM in addition to referring Appendix PP guidance for making severity decisions related to selected tags.

Scope and Severity Matrix

SEVERITY	SCOPE		
	Isolated	Pattern	Widespread
Level 4 - Immediate Jeopardy	J	K	L
Level 3 - Actual Harm	G	H	I
Level 2 - No Actual Harm with Potential for More than Minimal Harm	D	E	F
Level 1 - No Actual Harm with Potential for No More than Minimal Harm	A	B	C

Severity

- Level 4:* Immediate jeopardy to resident health or safety (J, K, L). Noncompliance that results in immediate jeopardy, a situation in which immediate corrective action is necessary because the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment, or death to a resident receiving care in a facility.
- Level 3:* Actual harm that is not immediate jeopardy (G, H, I). Noncompliance that results in a negative outcome that has compromised the resident's ability to maintain and/or reach his/her highest practicable physical, mental, and psychosocial well-being.
- Level 2:* No actual harm with potential for more than minimal harm that is not immediate jeopardy (D, E, F). Noncompliance that results in no more than minimal physical, mental and/or psychosocial discomfort to the resident and/or had the potential (not yet realized) to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental, and/or psychosocial well-being.
- Level 1:* No actual harm with potential for minimal harm (A, B, C). A deficiency that has the potential for causing no more than a minor negative impact on the resident(s).

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Scope

- Isolated:* (A, D, G, J) Scope is isolated when one or a very limited number of residents are affected.
- Pattern:* (B, E, H, K) Scope is a pattern when more than a very limited number of residents are affected and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice, but the effect of the deficient practice is not found to be pervasive in the facility.
- Widespread:* (C, F, I, L) Scope is widespread when the problems causing the deficiency are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents. Widespread refers to the entire facility, not a subset of residents.

Pre-exit Conference

Upon completion of the team's deficiency decision making, the facility administrator can be offered the option to attend a pre-exit conference to discuss any issues of a sensitive confidential nature with the survey team. The pre-exit conference is distinct from the exit conference.

Task 9: Exit Conference

The general objective of the exit conference is to inform the facility of the survey team’s observations and general preliminary findings. During the exit conference, provide the facility 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 in which the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.

- Conduct the exit conference with facility personnel.
- Invite the ombudsman and an officer of the organized residents group, if one exists, and additional residents who expressed interest in attending the exit conference.
- The team may provide an abbreviated exit conference specifically for residents after completion of the normal facility exit conference.
- If two conferences are held, notify the ombudsman and invite him/her to attend either, or both, conferences.
- Describe to the facility the team’s preliminary deficiency findings and let the facility know that they will receive a written report of the survey results (CMS-2567).
- The Potential Citation Report (see Figure 10), printed from the QIS DCT, can be utilized by the surveyors to guide the exit conference. If requested, provide the facility a list of residents included in the Admission, Census, and Surveyor-initiated Samples.

Figure 10: Potential Citation Report

NORTH STAR COMMUNITY: MHZB11 - 08/01/2005

Potential Citation Report

F159	FACILITY MANAGEMENT OF RES FUNDS		
Scope/Severity:	A	Scope: Isolated	
		Severity: No Actual Harm with Potential for Minimal Harm	
		<u>Care Area</u>	<u>Number of Residents</u>
		Resident Funds	1
F164	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS		
Scope/Severity:	A	Scope: Isolated	
		Severity: No Actual Harm with Potential for Minimal Harm	
		<u>Care Area</u>	<u>Number of Residents</u>
		Privacy	1
F242	SELF-DETERMINATION - RESIDENT MAKES CHOICES		
Scope/Severity:	A	Scope: Isolated	
		Severity: No Actual Harm with Potential for Minimal Harm	
		<u>Care Area</u>	<u>Number of Residents</u>
		Choices	1
F248	ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS		

The QIS Extended Survey

When the survey team is conducting a QIS standard survey and they have determined there is substandard quality of care, they will conduct QIS extended survey procedures. Substandard quality of care is defined as one or more deficiencies with scope/severity levels of F, H, I, J, K, or L in any of the following regulatory groupings:

- 42 CFR 483.13, Resident Behavior and Facility Practices;
- 42 CFR 483.15, Quality of Life; and/or
- 42 CFR 483.25, Quality of Care.

The purpose of the QIS extended survey is to gather further information (unless already gathered during the standard survey) concerning the facility's nursing and medical services and administration, in order to evaluate systemic issues with the facility's provision of services and management that may be non-complaint with the long term care requirements, and may have contributed to problems cited in the substandard quality of care deficiency(ies). The survey team shall document their findings about these Tags on Surveyor Notes Worksheets (Form CMS-807) and shall input their findings into the QIS software. If the QIS Staffing Review protocol was not already completed during the standard survey, the survey team will complete this protocol.

At the discretion of the State Survey Agency, the QIS extended survey can be conducted either:

- Prior to the exit conference, in which case the facility will be provided with findings from the standard and extended survey; or
- Subsequent to the standard survey, but no longer than 2 weeks after the completion of the standard survey, if the survey team is unable to complete the extended survey prior to the exit conference.

When conducting the QIS extended survey, the team coordinator will surveyor initiate the Care Area titled "Extended Survey". All F tags associated with an extended survey will then need to be answered on the Stage II - Critical Element screen as to whether compliance was met. The team will document compliance within the following regulatory groupings:

Nursing Services

F353 – Sufficient nursing staff

F354 – RN and DON requirements

Physician Services

F385 – Supervision of medical care

F386 – Review care, write progress notes, and sign orders

F387 – Frequency of physician visits

F388 – Physician Assistant/Nurse Practitioner visits

F389 – Availability of physicians for emergencies

F390 – Delegation of tasks in SNFs and NFs

Administration

- F490 – Administration uses resources effectively and efficiently
- F491 – Facility licensed
- F492 – Compliance with federal, state, and local laws
- F493 – Governing body
- F494 – NA employed > 4 months/non permanent employees
- F495 – NA employed < 4 months competency
- F496 – Registry verification
- F497 – CNA in-service training
- F498 – Proficiency of CNAs
- F499 – Staff qualifications
- F500 – Use of outside resources/written agreements
- F501 – Medical Director

- F502 – Laboratory Services
- F503 – Requirements for the facility's lab services
- F504 – Obtaining lab services when ordered
- F505 – Notification of lab results
- F506 – Transportation arrangements for lab services
- F507 – Filing lab results/dating of lab results/lab address

- F508 – X-ray services
- F509 – Requirements for facility's own x-ray services
- F510 – Obtaining x-ray services when ordered
- F511 – Notification of x-ray results
- F512 – Transportation arrangements for x-ray services
- F513 – Filing x-ray results/dating reports

- F514 – Clinical records and contents
- F515 – Retention of medical records
- F516 – Safeguarding medical records/confidentiality

- F517 – Emergency and Disaster plans
- F518 – Staff training in emergency procedures
- F519 – Transfer agreement with hospital

- F520 – Quality assessment and assurance
- F521 – QA meets quarterly/develops plans of action

- F522 – Disclosure of ownership

The QIS Complaint Survey Procedures

The QIS is used for investigation of complaints during a QIS standard survey. The team coordinator will surveyor initiate the care area(s) that relate to the complaint allegation(s) for the resident(s) involved in the complaint, or at the facility level, as appropriate. The team coordinator will add the allegations to the list of issues and residents evaluated during the QIS standard survey. No Stage I activities are required for the complaint investigation. The complaint area(s) of concern and the resident(s) involved will be investigated in Stage II of the QIS standard survey. The team coordinator will surveyor initiate the complaint area(s) of concern and the resident(s) involved in the complaint during the transition from Stage I to Stage II.



How to Add Residents to the Stage II Sample

1. From the QIS DCT menu bar, select **View Screen, Stage I - Sample**.
 2. From the **Stage I - Sample** screen, select the option to display the **Resident Pool**.
 3. In the **Resident List** (left pane), find and select the relevant resident's name using the mouse.
 4. Click the **Initiate/Remove Care Area** button (in the bottom right pane).
 5. When the **Initiate/Remove Care Area** screen appears, select either the option to display Care Areas (**QCI Based**) or the option to display F tags (**Ftag Direct Cite**).
 6. Select (highlight) the relevant **Care Area/F tag**, and click the **Include** button.
 7. Click the **Relevant Findings** button to document comments/relevant findings.
 8. After entering findings, click on the **Close Form** button.
 9. Click the **Close** button to return to the **Stage I - Sample** screen.
-

The QIS Post-Survey Revisit (Follow-up)

A QIS post-survey revisit is conducted in accordance with §7317 to confirm that the facility is in compliance and has the ability to remain in compliance. The purpose of the revisit is to reevaluate the specific care and services that were cited as noncompliant during the QIS standard and/or extended survey. The specific procedures for each revisit depend on the deficiencies that were cited during the QIS standard survey. For each QIS revisit, the surveyor(s) will use portions of the QIS standard survey, only as applicable to their need to evaluate the facility's return to compliance for requirements cited as deficiencies. For all QIS revisits, the surveyor(s) will review offsite the Statement of Deficiencies and conduct a focused review of the summary information from the QIS standard survey.

Once onsite, the surveyor(s) will ask the facility to provide an alphabetical resident census. The surveyor(s) will use the QIS software as well as information from the QIS standard survey (such as residents investigated) to surveyor initiate the Care Areas and/or Tags and residents to be investigated. The surveyor(s) will use Stage II Critical Element Pathways (CEs) protocols as applicable to the Tags that have been cited, or the general CE for aspects of care not covered by the other CEs. For example, if deficiencies were cited for pressure ulcers and medication errors, the surveyor(s) would use the Pressure Ulcers CE and the Medication Administration Review form to conduct these investigations. The surveyor(s) will input findings into the QIS software, and proceed through QIS deficiency decision making, and scoring of scope and severity for any deficiencies that are cited.

QIS DCT Software Procedures



How to Update the Team in ASPEN

1. After importing the MDS extraction into ASE, locate the facility under the **Alpha** tab or the **Survey** tab. Use the mouse to expand and collapse tree nodes.
2. After locating the facility, expand the facility node and then expand to display the Survey.

The screenshot shows the ASPEN Explorer application window. The menu bar includes File, View, Quality, System, and Help. The toolbar shows Config, Local, and Filters. The main area displays a tree view under 'ASPEN Desktop (Alpha View)'. The tree structure is as follows:

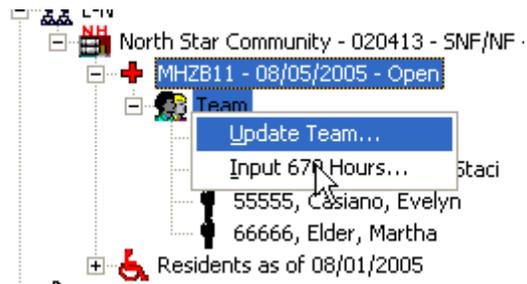
- ASPEN Desktop (Alpha View)
 - My Surveys (Brown, Laurel)
 - 0-9
 - A-C
 - D-F
 - G-K
 - L-N
 - North Star Community - 020413 - SNF/NF
 - MHZB11 - 08/05/2005 - Open
 - Team
 - 22228, Brown, Laurel
 - 44444, Monney-Young, Staci
 - 55555, Casiano, Evelyn
 - 66666, Elder, Martha
 - Residents as of 08/01/2005
 - O-Q
 - R-T
 - U-W
 - X-Z
 - Regulations
 - Surveyors
 - Internet
 - Recycle

Callout boxes provide the following information:

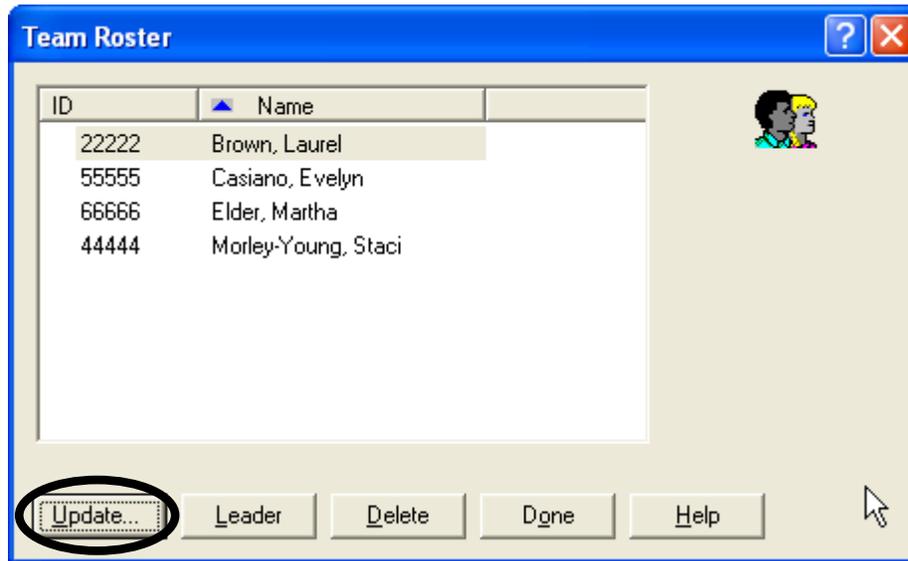
- Facility Name, Provider Number, Facility Type, and City:** Points to the 'North Star Community - 020413 - SNF/NF' node.
- Survey ID, Survey Date, and Survey Status:** Points to the 'MHZB11 - 08/05/2005 - Open' node.
- Team Members assigned to this Survey:** Points to the list of team members under the 'Team' node.
- Resident Pool for this Survey:** Points to the 'Residents as of 08/01/2005' node.
- Tabs:** Points to the 'Alpha', 'Type', and 'Survey' tabs at the bottom of the window.

Quality Indicator Survey Procedures for Long-term Care Facilities

3. Beneath the Survey, right-click the Team node, and select **Update Team** from the pull-down menu to update and edit the survey team.

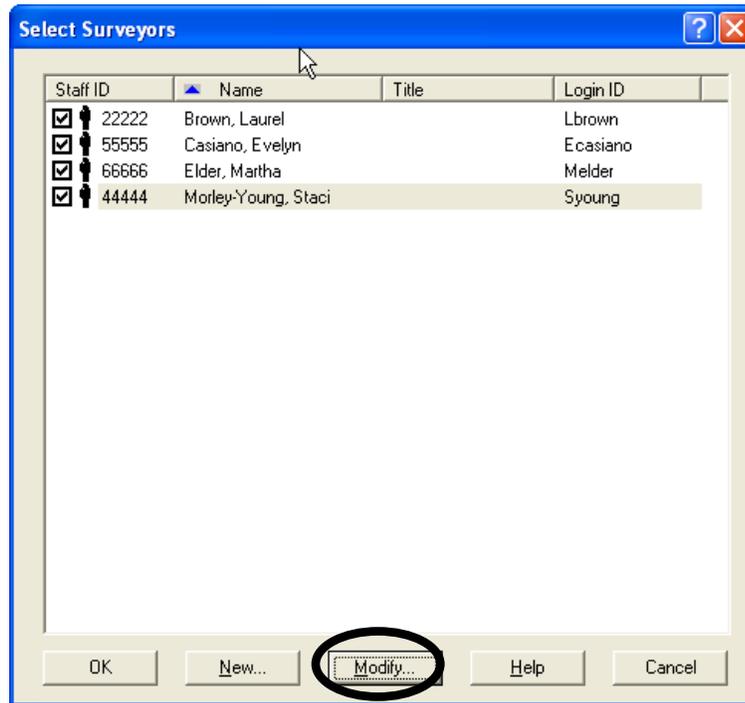


4. At the Team Roster window, click **Update**.



Quality Indicator Survey Procedures for Long-term Care Facilities

5. The **Select Surveyors** window will appear. Add members to the survey team by clicking in the box to the left of their names.
 - a. To **add** a new surveyor, click the **New** button and add the surveyor information in the dialog box that appears.
 - b. To **modify** an existing record, select (highlight) the surveyor name, click the **Modify** button and update the surveyor information in the dialog box that appears. When updating of the information is complete, click **OK**.



Staff Identification

Federal Surveyor ID: 44444 State Personnel ID: 44444

Name
First: STACI Middle: Last: MORLEY-YOUNG

Title Code: 09 Generalist Surveyor

E-Mail Address:

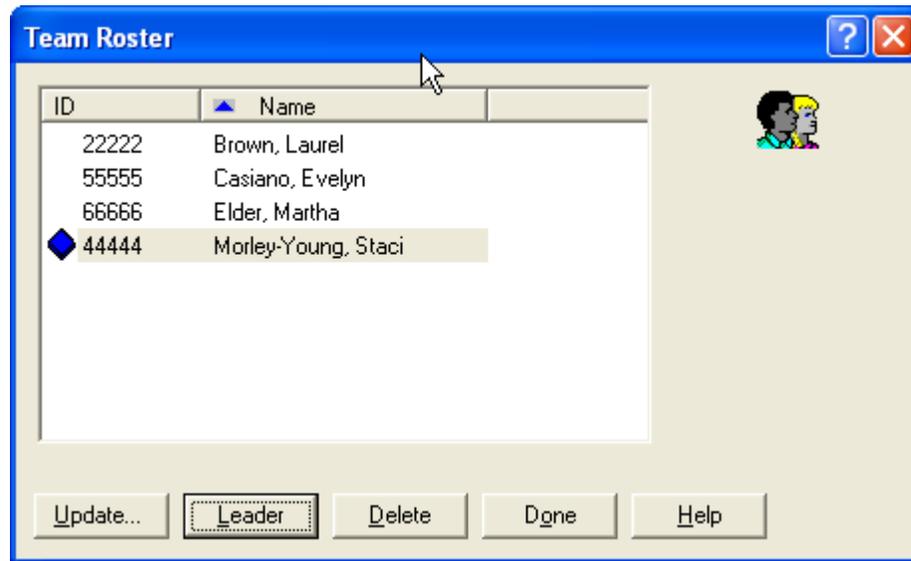
Login Detail

Network Login: SYOUNG

Oracle Login: Oracle Password:

Quality Indicator Survey Procedures for Long-term Care Facilities

6. Once the Team Roster is modified, assign the team coordinator by right clicking on the **Team** icon and selecting **Update Team** from the drop-down menu.
7. At the **Team Roster** dialog box, select the surveyor's name and click the **Leader** button to designate the selected surveyor as the team coordinator (indicated by the blue diamond). To remove the **Leader** designation, simply select the surveyor and click the **Leader** button, or select a different surveyor to serve as the team coordinator and click the **Leader** button.



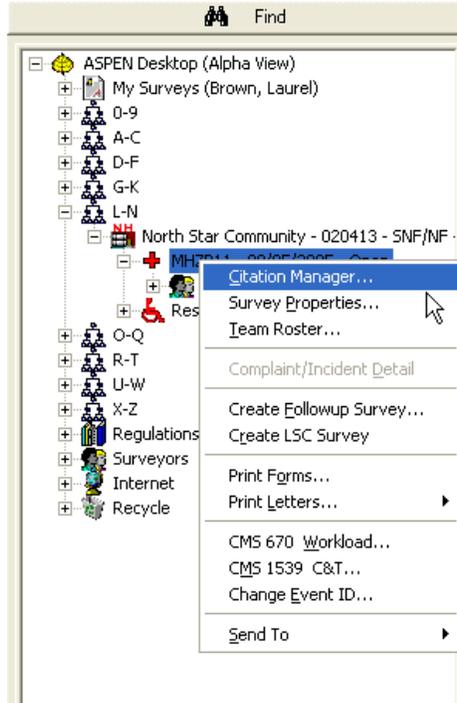
Quality Indicator Survey Procedures for Long-term Care Facilities



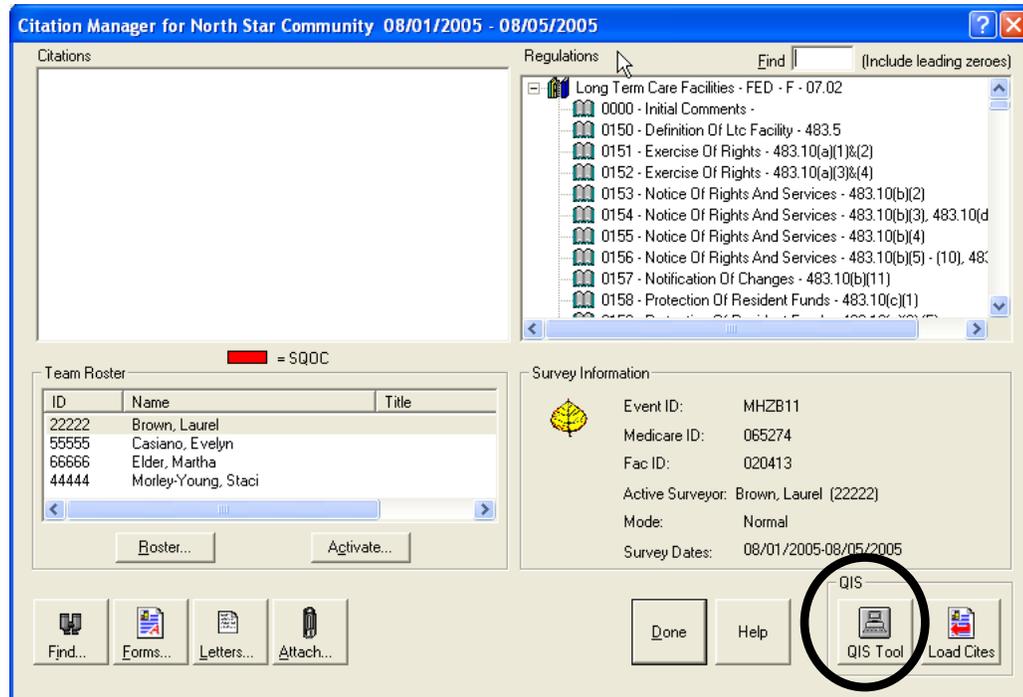
How to Start the QIS Software

Once the survey and MDS extract is imported into ASE, start the QIS DCT software to perform the survey tasks.

1. At the main screen in ASPEN, select and right click the relevant Survey (red cross). At the drop-down menu, select **Citation Manager**.



2. At the **Citation Manager** screen, click the **QIS Tool** button.



Quality Indicator Survey Procedures for Long-term Care Facilities

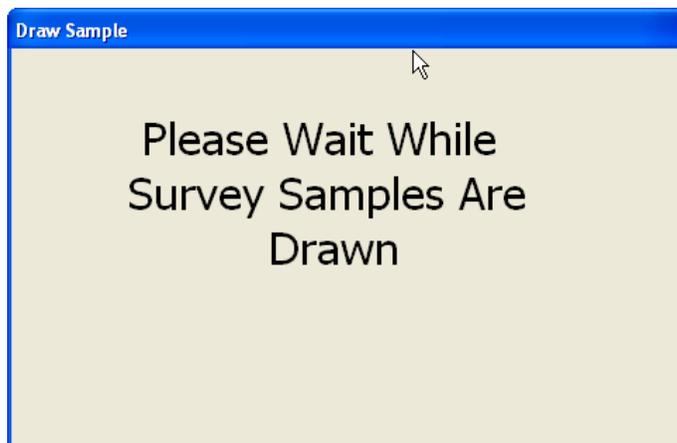


How to Calculate the MDS QCIs

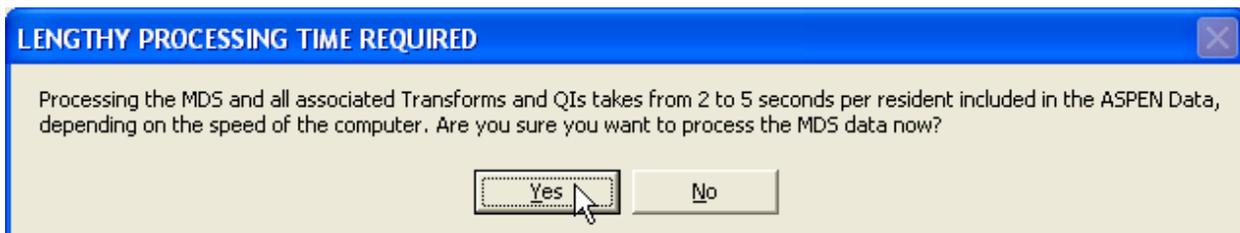
(Primary Laptop only - approx 15-25 minutes)

The team coordinator must run a utility on the primary laptop that will calculate the MDS QCIs using the MDS data imported into ASE. After the MDS QCIs are calculated, the surveyor must make a data backup of the MDS QCIs.

1. Open the QIS DCT software from the **Citation Manager** in ASE.
2. A **QIS Collection Tool version 3.0** splash screen will appear for several seconds. The **Logon** screen will then appear; select (highlight) the current surveyor name from the **Select Current Surveyor** list and select **Primary Laptop** as the **Laptop Type**.
3. Click the **Select** button. A **Please Wait while Survey Samples Are Drawn** message box will appear for several seconds. The **MDS Data Form** screen will then appear. Click the **Process MDS Data Now** button.



4. A warning message will appear which explains that this process can be lengthy depending on the size of the facility. Click the **Yes** button to calculate (run) the MDS QCIs. Once the calculations are complete, the **Stage I - Sample** screen will appear.

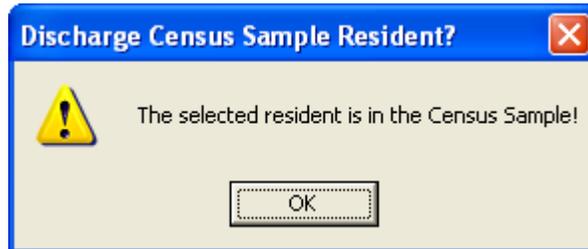


Quality Indicator Survey Procedures for Long-term Care Facilities

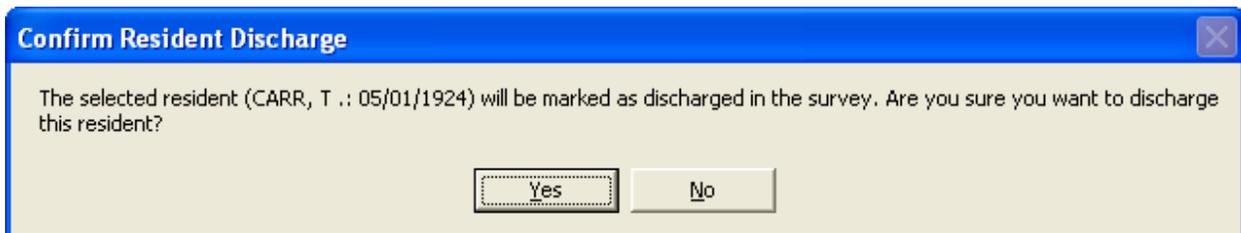


How to Reconcile the Census Sample, Admission Sample, and Resident Pool

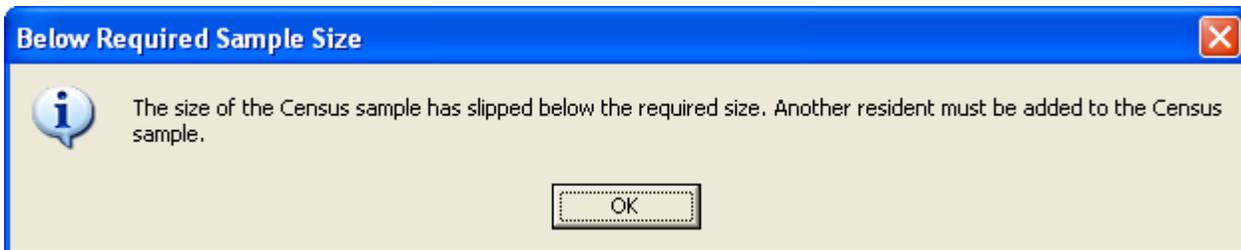
1. Use the facility-provided resident census to verify that the residents on the Census **Sample** list are still residing in the facility. If a sampled resident has been discharged, use the QIS DCT to replace the discharged resident with a resident who is currently in the facility.
2. To discharge a resident, select (highlight) the resident's name in the left vertical pane of the **Stage I - Sample** screen and then click the **Discharge/Readmit Resident** button.
3. If the Resident is in the **Census Sample**, a **Discharge Census Sample Resident?** message box will appear; click **OK**.



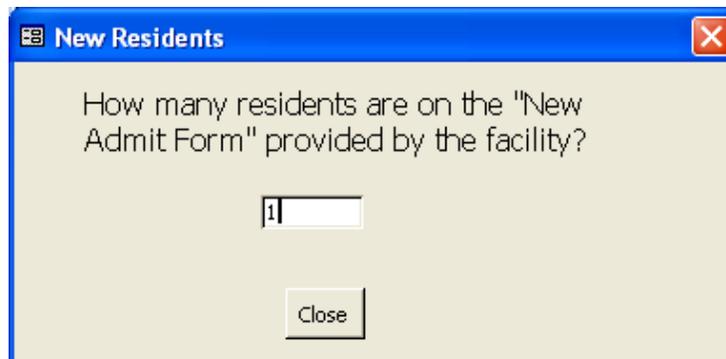
4. When a **Confirm Resident Discharge** message box appears, click **Yes**.



5. A **Below Required Sample Size** message box will appear; click **OK**.



6. The *first* time a resident is discharged, the QIS DCT will request that the surveyor enter the number of new admissions. This information is found on the **New Admission Information** form completed by the facility.



Quality Indicator Survey Procedures for Long-term Care Facilities

7. After the surveyor enters the number of new admissions, the QIS DCT will randomly select a replacement resident and request that the surveyor enter that resident's information (identified by the resident's number on the **New Admission Information** form).

Add Resident

Please enter the following data for resident number 1 on the 'New Admissions' list.

Admit Date	<input type="text"/>	Date Of Birth	<input type="text"/>
Last Name	<input type="text"/>	Gender	<input type="text"/>
First Name	<input type="text"/>	Unit Number	<input type="text"/>
Middle Init	<input type="text"/>	Room Number	<input type="text"/>

- If the surveyor attempts to add a resident who is already in the **Census Sample** or **Resident Pool**, the QIS DCT will prompt the surveyor to select a different resident as a replacement.
 - Each time a resident is discharged, the QIS DCT will randomly select another resident from the **New Admission Information** form. If there are no more new admits remaining to replace a discharged resident, the QIS DCT will select a resident from the **Resident Pool** and prompt the surveyor to confirm that the replacement is a current resident.
8. After the surveyor has verified that all residents in the **Census Sample** are currently residing in the facility, click the **Update Census Resident** button, and enter **Room Numbers**, **Units**, and assign surveyors to residents, using the drop-down list or by typing the first letter(s) of a surveyor name and pressing the down arrow.

Update Census Residents

Sort By:

Name Unit

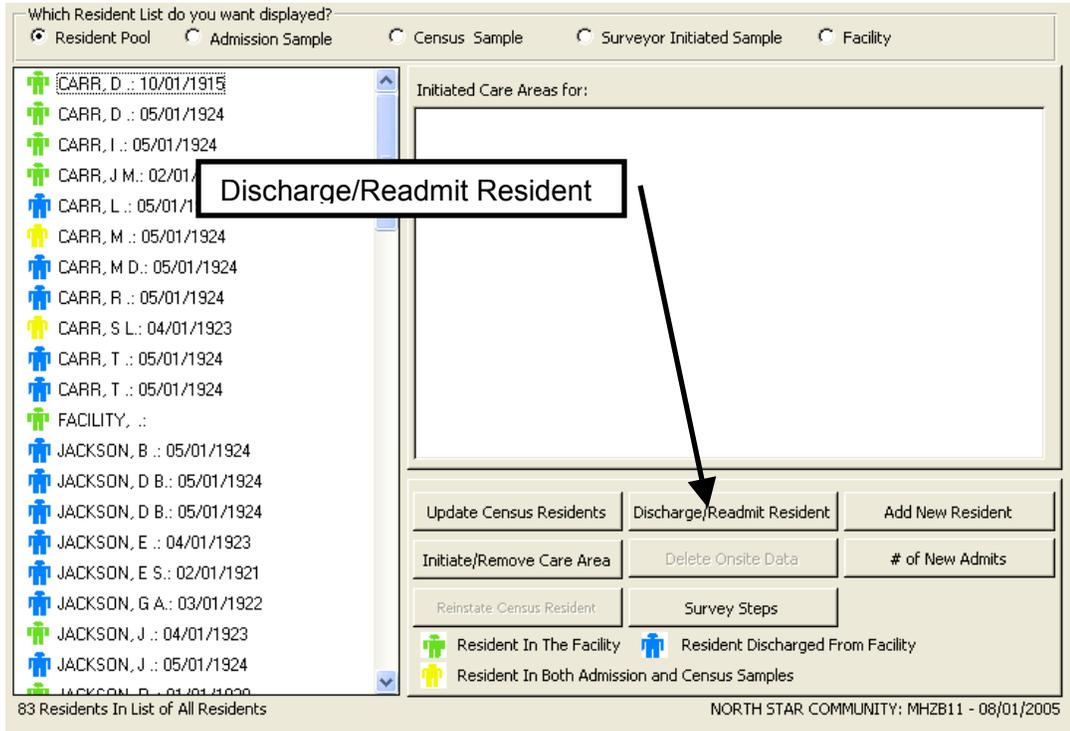
Name	D.O.B.	Unit	Room #	Assigned Surveyor
CARR, D	05/01/1924		53-2	ELDER, MARTHA
CARR, D	10/01/1915			
CARR, I	05/01/1924			
CARR, J	02/01/1921		26-2	CASIANO, EVELYN
CARR, L	05/01/1924		39-1	CASIANO, EVELYN
CARR, M	05/01/1924		3-2	BROWN, LAUREL
CARR, S	04/01/1923		43-1	CASIANO, EVELYN
JACKSON, G	03/01/1922		80-1	MORLEY-YOUNG, STACI
JACKSON, J	04/01/1923			
JACKSON, P	01/01/1920			
JACKSON, R	05/01/1924			
STEVENSON, F	03/01/1922		59-1	ELDER, MARTHA
STEVENSON, G	05/01/1924		45-1	CASIANO, EVELYN
STEVENSON, J	05/01/1924		5-2	BROWN, LAUREL
STEVENSON, L	05/01/1924		4-2	BROWN, LAUREL
STEVENSON, M	05/01/1924			
STEVENSON, P	05/01/1924			
STEVENSON, P	05/01/1924		57-1	ELDER, MARTHA

9. The **Admission Sample** and **Resident Pool** must also be reconciled to accurately reflect any recent discharges. The surveyor assigned the sampling task will use the facility-provided resident census to make sure that the residents listed in the **Resident Pool** are appropriately identified as a current resident or as being discharged from the facility. This activity should be performed on the **Primary laptop** anytime during the Stage I activities. The **Resident Pool** needs to be updated before advancing to Stage II because the QIS DCT prioritizes

Quality Indicator Survey Procedures for Long-term Care Facilities

those residents who are in the facility over those who have been discharged when selecting the Stage II Sample.

- To discharge a resident from the **Admission Sample** or **Resident Pool**, select (highlight) the resident's name in the left vertical pane of the **Stage I - Sample** screen and then click the **Discharge/Readmit Resident** button.



- When a **Confirm Resident Discharge** message box appears, click **Yes**.
- The icon next the resident's name will change to blue to indicate that the resident has been discharged from the facility.

GLOSSARY

Glossary

Admission Sample

The Admission Sample consists of 30 residents randomly selected by the Quality Indicator Survey (QIS) Data Collection Tool (DCT) to undergo clinical record review by the survey team during Stage I. Residents are eligible for inclusion in the Admission Sample if they have had completion of an admission MDS (Minimum Data Set) within the 180 day period before the beginning date of the survey.

Admission Sample Report

The Admission Sample report lists the residents selected by the QIS DCT for inclusion in the Admission Sample (during which clinical record review is completed for 30 residents).

- One copy of the Admission Sample report is provided to the facility for use when gathering discharged residents' clinical records for review by the survey team (clinical records for Admission Sample residents who are currently residing in the facility are reviewed on the unit). Before providing the report to the facility, the survey team will use the facility's resident census to reconcile residency/discharge status for residents on the Admission Sample report, blacking out current residents' information.
- The second copy of the report is used by the survey team when marking record reviews as being completed.

Aspen (Automated Survey Processing Environment) Central Office (ACO)

ASPEN (Automated Survey Processing Environment) Central Office is a Windows®-based program that enables State Agencies (SAs) to implement information-based administration of the health care facilities under their supervision. ACO stores data about certified facilities regulated by the Centers for Medicare & Medicaid Services (CMS) and the regulations pertinent to those facilities. ACO includes full survey operations support, which enables agencies to centralize survey event planning, and team assignment in addition to providing access to MDS resident and assessment information (historical and current) and regulatory and interpretive guidelines. ACO provides survey performance reporting and integration with Quality Measure/Indicator (QM/QI) statistics, which facilitates inclusion of survey findings in the State Standard System.

Aspen Survey Explorer (ASE)

ASPEN (Automated Survey Processing Environment) Survey Explorer is a Windows®-based program that enables State Agencies to implement information-based administration of the health care facilities under their supervision. ASE stores data about certified facilities regulated by the Centers for Medicare & Medicaid Services (CMS) and the regulations pertinent to those facilities. ASE provides access to MDS resident and assessment information (historical and current), regulatory and interpretive guidelines, and the Quality Indicator Survey Data Collection Tool (QIS DCT) via the Citation Manager.

Quality Indicator Survey Procedures for Long-term Care Facilities

Care Area

A Care Area refers to a critical component of nursing home care that, in the QIS process, is defined by one or more related resident-centered outcome and process indicators called Quality of Care Indicators (QCIs). If Stage I information gathering identifies residents whose QCI data exceeded rate thresholds for Care Areas, or "triggers" Care Areas, Stage II will involve in-depth investigation of the residents using Critical Element Pathway(s) (CEs) to systematically review information and document concerns.

Census Sample

The Census Sample consists of 40 residents currently residing in the survey facility who are randomly selected by the QIS DCT for information gathering by surveyors through interview, observation, and record review during Stage I of the QIS process.

Critical Element Pathway (Investigative Protocol)

A Critical Element (CE) Pathway corresponds to an associated Care Area identified in Stage I and provides information to guide Stage II QIS process investigation. A CE Pathway assists surveyors to determine whether a facility undergoing survey meets the associated regulatory requirements by incorporating each step of the resident care process reflected in the regulations:

- Assessment,
- Care planning,
- Implementation of care that meets professional standards, and
- Monitoring of care.

A General Critical Element Pathway is available for a resident having a care issue not addressed in one of the specific CE Pathways. The Critical Element Summary Form documents investigation results for use during team discussion, decision-making, or documentation in the QCI DCT.

Facility-level Tasks

Facility-level tasks are not specific to any one resident and are completed by the survey team throughout Stage I and/or Stage II of the QIS process. The six facility-level tasks completed on every survey include: Resident Council President/Representative Interview, Dining Observation, Kitchen/Food Service Observation, Infection Control, Demand Billing, and Quality Assessment and Assurance Review. The survey team completes task specific worksheets from which information is entered in QIS DCT during Stage II. Five additional facility-level tasks are assigned and completed during Stage II only if triggered during Stage I. These triggered tasks are Environmental Observation, Resident Funds, Admission, Transfer, and Discharge Review, Sufficient Staff, and Abuse Prohibition Review.

Family Interview

A family interview is conducted during Stage I of the QIS process for each of three families (or representatives) of Census Sample residents. The Family Interview applies in cases in which the resident is unable to be interviewed (e.g., due to cognitive difficulties).

MDS Sample

The MDS Sample consists of a facility's residents who have had completion of an MDS Assessment (except discharge or re-entry assessments) within the 180 days before the survey.

Quality Indicator Survey Procedures for Long-term Care Facilities

Residents who have only an Admission, Discharge, or Re-entry MDS Assessment within the 180 days before the survey are excluded. The MDS Sample is drawn offsite in the QIS DCT, which then uses the MDS Sample data for QCI calculations that will identify residents to be further investigated during Stage II of the QIS process.

New Admission Information Report

The New Admission Information Report is generated by the QIS DCT, and is provided to the facility to record all residents who have been admitted within the 30 days before the survey date. The survey team uses the information to update the Admission Sample and the Census Sample in the QIS DCT.

Primary Laptop

The primary laptop refers to the survey laptop used by the team coordinator and designated to process the MDS QCIs, draw the Stage I Sample, calculate QCIs based on merged Stage I data from all survey laptops, create the Stage II sample, report and assign Stage II Critical Elements and import the potential citations into ASE.

Quality Indicator Survey (QIS)

The Quality Indicator Survey (QIS) process is a standardized, computer-assisted, systematic two-stage process, using large random samples, and a threshold data base to compare the facility under survey to all others in a large set of subject areas (QCIs).

Quality Indicator Survey Data Collection Tool (QIS DCT)

The Quality Indicator Survey Data Collection Tool (QIS DCT) is the software used to facilitate data collection during the QIS process. The QIS DCT processes MDS data, draws the Stage I and Stage II samples, is used to input survey information (document relevant findings) for Stage I and Stage II data, merges Stage I and Stage II data collected at all survey laptops, calculates QCIs, and provides review of potential citations and assignment of each citation's scope and severity. The QIS DCT is accessed through the Citation Manager of ASPEN Survey Explorer.

Quality of Care Indicators (QCI)

Quality of Care Indicators (QCIs) are resident-centered outcome and process indicators constructed from calculations of downloaded MDS Data and data collected onsite during a survey (i.e., observations, interviews, and clinical records review). Once compared with national and/or state norms, QCIs focus the Stage II review of Stage I findings.

Relevant Findings

Relevant findings are surveyors' documentation of additional findings related to observed problems, areas of concern, and sources of findings related to a prescribed Care Area review or facility-level review. Relevant findings can be entered as narrative text in the QIS DCT and subsequently printed as a report for review, to facilitate team discussions of potential problems, and to assist in Stage II information analysis, decision-making, or deficiency writing as appropriate. Relevant findings not included in the prescribed review can be used to determine whether to surveyor initiate a particular Care Area for in-depth review in Stage II.

Resident Council President/Representative Interview

The Resident Council President/Representative Interview (which replaces the Group Interview) is a facility-level task that focuses on resident rights, facility rules, and facility responsiveness to council concerns. If there is no resident council leader or officer, the interview questions can be asked of a resident who is active in the council as indicated by the facility. As part of the

Quality Indicator Survey Procedures for Long-term Care Facilities

interview, surveyors can review resident council minutes to become familiar with issues that have been discussed before the interview.

Secondary Laptop

A secondary laptop is the survey laptop used by a team member (other than the team coordinator) to enter gathered information for assigned sample residents and facility-level tasks. When information gathering is complete at the end of Stage I and Stage II, the data is exported to disk from the secondary laptops and then imported (or merged) on the primary laptop.

Stage I

Stage I is the portion of the survey process in which Census Sample and Admission Sample residents are randomly selected and assigned in the QIS DCT software; subsequently the survey team, using QIS process worksheets, conducts resident, family, and staff interviews, and makes and records observations. Stage I findings are the basis of QCI calculations, which focus the Stage II in-depth review of Care Areas that exceeded QCI thresholds.

Stage II

Stage II is the portion of the survey process in which an in-depth directed review is conducted of residents within Care Areas that exceeded thresholds identified during the Stage I process. Surveyor-initiated Care Areas are investigated, and facility-level tasks are completed during Stage II. Compliance decisions are made at the completion of Stage II.

Surveyor-initiated Sample

The surveyor-initiated sample consists of residents specifically chosen by surveyors (not randomly selected by the QIS DCT) to be further evaluated during the Stage II Care Area in-depth review. This sample can be based on resident- or facility-specific information obtained from ombudsman information, off-site complaints, surveyor observation, or interviews.

Threshold

The term threshold refers to the prevalence rate established to govern the decision whether to conduct a Stage II investigation in a particular Care Area. The prevalence rate consists of a defined numerator and denominator for each QCI. Thresholds established for each QCI are based on distribution data from numerous facilities or concerns-based absolute standards.

Trigger

The term trigger refers to the initiation of Stage II investigation of a Care Area whose threshold has been exceeded based on Stage I findings from observation, interviews, or record reviews, and MDS data for specific residents.