

# Long Term Care Survey Process (LTCSP) Procedure Guide

*Effective November 28, 2017*

## Policy

Skilled nursing facilities (SNFs) and nursing facilities (NFs) must be in compliance with the requirements in 42 CFR Part 483, Subpart B to receive payment under Medicare and/or Medicaid. The LTCSP is a resident-centered, outcome-oriented inspection that relies on a case-mix stratified sample of residents to gather information about the facility's compliance with participation requirements.

## Introduction

The LTCSP Procedure Guide provides instruction on the procedural and software steps necessary for completing the LTCSP. Use the Procedure Guide for all standard surveys of SNFs and NFs, whether freestanding, distinct parts, or dually participating. The LTCSP steps are organized into seven parts: 1) offsite preparation; 2) facility entrance; 3) initial pool process; 4) sample selection; 5) investigation; 6) ongoing and other survey activities; and 7) potential citations. Below is a broad overview of the key onsite parts of the LTCSP (parts 3 – 7).

## Initial Pool Process

The first eight to ten hours onsite are primarily spent completing the initial pool process. This process entails screening all residents in the facility and narrowing down all residents, first to an initial pool of about eight residents per surveyor. Surveyors complete an observation, interview (if appropriate), and limited record review for the initial pool residents to help the team further narrow residents from the initial pool to identify residents who should be in the sample.

Each surveyor's initial pool includes some residents who are *offsite selected* based on MDS indicators. Complaint or facility-reported incident (FRI) residents also may be identified offsite and up to five (across the survey team) may be included in the initial pool. Surveyors select other residents in the initial pool onsite based on a brief screening and review of resident-specific data. *Onsite surveyor selected* residents may include vulnerable residents; new admissions in the last 30 days; and residents with a significant concern who do not fall into any other subgroup.

Surveyors use the survey software to complete an interview (if possible), observation, and limited record review for each initial pool resident. Surveyors indicate concerns for further investigation as they complete these activities.

## Sample Selection

After completing all initial pool activities, the survey team meets to choose residents from the initial pool to include in the sample based on concerns identified from the interview, observation, and/or limited record review, and consideration of resident-specific data.

The expected sample size is based on facility census. At the start of the survey, the offsite selected residents chosen based on MDS indicators make up 70% of the expected sample size. Once onsite, surveyors do not need to consider maintaining a 70/30 split between

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offsite and onsite selected residents; the focus is on identifying residents for the initial pool and sample based on concerns.

## Investigation, Other Survey Activities, and Potential Citations

After selecting the sample, the team spends the rest of the survey investigating all concerns that required further investigation for every resident in the sample. Facility task and closed record investigations are also conducted (although dining is observed the first day). When investigations are complete, the team makes citation, severity, and scope decisions for every tag identified by each surveyor.

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## I. OFFSITE PREP

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

- Create a survey shell in ACO based on state practices.

### Step 2: Export shell from ACO

- In ACO, export the shell according to state practices (e.g., using a USB flash drive or via Direct Connect). Export the survey shell as close to the survey start date as possible but no more than 5 business days before the survey start date because the exporting of the survey shell also brings with it the most up-to-date Minimum Data Set (MDS) data.
  - During the transfer, if there aren't any residents included in the shell you will receive a warning indicating there is no available MDS assessment data. It is recommended that the SA's MDS/RAI Coordinator resolve the issue if possible (e.g., address submission concerns with the facility) and reschedule the survey once the issue has been resolved since it is critical to have MDS data for the survey wherever possible.
  - If the survey shell has already been exported, you will get a warning. You should only recalculate the sample if the survey start date has significantly changed (e.g., the survey was postponed or delayed) or you pulled the shell more than 5 working days before the survey start date.

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

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

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appropriate, which means the survey may need to be delayed depending on the specific circumstances. If the number of residents is reasonable, click **OK**.

- Click **Apply**

## Step 4: Add team members in ASE-Q (if not completed in ACO)

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

- In ASE-Q, click on the appropriate alphabetical grouping
  - Click on the plus sign next to the facility name
- Right click on the Event ID
- Right click on **Team Roster**.
- Click on **Update Team**.
- Click on the Update button.
- Place a **checkmark next to each team member's name**, when all survey team members are selected, click **OK**.
- **Highlight** the name of the **TC (Team Coordinator)**, click **Leader** (a blue diamond appears by the TC's name), then click **Done**.
- **Important: Do not remove a team member from the team, even if the team member leaves the survey, to avoid accidental data loss.**

## Step 5: Access the survey

- Find your survey in the alpha tree (i.e., alphabetical listing of facilities) in ASE-Q
  - Click on the plus sign next to the correct alpha section for your facility.
  - Click on the plus sign next to the facility name.
- Right click on the Event ID and select **Citation Manager**.
- Click the **LTC Survey button**.

## Step 6: TC completes offsite prep screen

- To access the offsite prep screen, go to the Navigation menu on the upper left side of the screen and click on Survey Preparation | Offsite Prep.
- Obtain and review the information indicated on the screen. **Document your review findings for each part of the screen**, including the following:
  - The administrator's name and previous survey date will automatically populate.
  - **CASPER 3** report for pattern of repeat deficiencies.
  - **Results of last Standard survey**.
  - **Complaints since last Standard survey**, including active/outstanding complaints. Include information on the specific allegations for each resident.
  - **Facility Reported Incidents (FRI) since last Standard survey**, including any that require investigation during the survey.

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- If you are **investigating complaints or FRIs with the survey**, the complaint/FRI residents will be listed.
  - If the team includes **complaints/FRIs for more than five residents**, the team should **expect to add more surveyors or increase the time onsite**.
  - The **team may include up to five complaint/FRI residents in the initial pool and sample**. Any other complaint/FRIs that are brought onsite for investigation must be in **addition to the sample** and are referred to as **“additional complaints/FRIs”**. If more than five complaint/FRIs will be included, **the TC** (or whoever your state designates) **indicates which five will be in the initial pool and which will be the “additional complaints/FRIs”**. The additional complaints/FRIs will be investigated only for their allegations.
  - Clearly note in the appropriate field (Complaints or FRIs since last Standard survey) which complaint/FRI residents are included in the initial pool (five maximum) and which, if any, are “additional complaints”. You will assign each of these residents to a specific surveyor, as described further below. In addition, include information on the specific allegations for each resident in the “Review complaints since the last Standard survey” field.
  - If the system happens to select five offsite selected residents who also have a complaint/FRI being investigated during the survey, you may not add additional complaint/FRI residents to the initial pool or sample. These count as your five complaint/FRI residents.
  - If the system happens to select more than five offsite selected residents who also have a complaint/FRI investigated during the survey, you do NOT have to remove the additional complaint/FRI residents.
  - Attach the complaint/FRI allegations or information to the survey shell.
  - *Note: Refer to Attachment B for Policy for Incorporating Complaints into LTCSP.*
- Use the Yes/No drop-down to indicate whether the facility has a history of **abuse** allegations or citations since the last survey.
- Facility **variances/waivers** (e.g., a facility waiver for the Registered Nurse requirement).
- **Active enforcement cases** that shouldn’t be investigated (e.g., pending complaints already investigated that have a civil money penalty or other enforcement remedy).
- **Contact the Ombudsman** in accordance with State policy. Notify the ombudsman of the proposed day of entrance into the facility and to obtain any information/concerns if applicable. Ascertain whether the ombudsman will be available if residents wish her/him to be present during the Resident Council Interview. Enter the Ombudsman’s name, number, contact date, and areas of concern.

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## Step 7: TC makes facility unit assignments

- Still on the offsite prep screen, the **TC indicates the unit assignment for each surveyor.**
- **Assign all units** equally across the team members using last year's floor plan (denote assignments on the floor plan and/or on the offsite prep screen).
  - Do not assign the same surveyor to the rehab and Alzheimer's unit.
  - If the facility has a large rehab unit, consider whether you want to assign two surveyors to cover that unit.
  - Consider the location of the offsite selected residents and any complaint or FRI residents.
  - Keep surveyors on one unit/floor as much as possible. Be mindful of the number of residents in each surveyor's workload. The expectation is that each surveyor screens all residents in their assigned area and includes at least eight residents in the initial pool.
  - Assign units by discipline, if possible (e.g., assign a social worker to the dementia care unit).
  - You may attach a copy of the floor plan with assignments in the survey. Click on the paperclip icon on the far right side and follow the instructions on the screen to attach the floor plan.
- **Assign complaint/FRI** residents to the surveyor who has the resident on their unit.
  - Select Interview | Resident Manager on the Navigation menu. Select All Residents in the dropdown under "Filter by group".
  - Check the box to the left of the name of each complaint or FRI resident to be included on the survey.
  - Designate the resident as a Complaint Resident or Facility Reported Incident by clicking on the drop-down box under Subgroup.
  - Assign the resident to the surveyor assigned to that unit by clicking on the drop-down box under Surveyor.
  - If a complaint or FRI resident is not listed in Resident Manager, check the MDS viewer to see if the resident was discharged. If the resident is a new admission, add the resident by clicking on the Add Resident button (you may not know this until you are onsite).

## Step 8: TC makes mandatory facility task assignments

- **Assign mandatory facility tasks** by selecting Investigation | Facility Tasks from the Navigation menu:
  - Beneficiary Protection Notification Review
  - Dining Observation (assign all surveyors who are assigned to a dining area or room trays but communicate that one surveyor has primary responsibility)
  - Infection Control (assign all surveyors but communicate that one surveyor has primary responsibility)

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- Kitchen
- Medication Administration
- Medication Storage
- QAA/QAPI
- Resident Council Meeting
- Sufficient and Competent Nurse Staffing (assign all surveyors but communicate that one surveyor has primary responsibility)

Note: To enter data into a facility task, a surveyor must be assigned to that task. For those tasks where all team members need to enter data, assign to **ALL** (only the TC can assign to All).

## Step 9: TC prints documents

- **Print the following documents** (click the Reports icon – the clipboard without a pencil - on the right side of the screen or press **Alt+P**):
  - Facility Matrix with instructions (1 copy)
  - Entrance Conference worksheet (1 copy)
  - Beneficiary Notices worksheet (3 copies) – The worksheet is titled, “Beneficiary Notification Review” in the Reports window.

## Step 10: TC shares offsite prep data with team members

The TC should **share the completed offsite prep data** with team members using the Data Sharing screen. The Data Sharing overview and instructions below should be used for all data sharing throughout the survey, not just for the sharing of offsite prep data.

At a minimum, Data Sharing is performed during the following steps in the LTC survey process:

- End of day as a backup of information
- After offsite prep data is completed
- Before sample selection
- Before investigations begin
- Before final citation decisions are made
- If the surveyor team composition changes

Note: For new surveyors joining the team after the survey has begun use the ASE-Q import/export function to export the entire survey from the TC machine and import into the new surveyor’s machine.

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

To access the Data Sharing screen click on the flash drive icon on the right tool bar menu.

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## Data Sharing Methods

### Using the File method

- TC should receive data from all team members before sending the consolidated data back to the team excluding situations when workload is being shared between specific surveyors.
- Some data sharing steps only require the TC sending out data (e.g., offsite prep or investigation assignments), so the sharing of data from team members can be skipped. For example, the TC shares offsite preparation data to team members without needing to receive any data from team members.
- File used for data sharing can be written to a USB device, to a central location accessible by all surveyors or to another location where it can be sent by secured email. The file browser will default to the USB device if one is entered and the desktop if no USB device is found.
  - To send data to TC, all team members should:
    - Insert a flash drive.
    - Click **Send Data**.
    - A file browser will open and default to the flash drive folder with the correct file name entered.
      - Click **Open**.
    - Message will confirm that data was successfully sent.
  - To receive team member data, the Team Coordinator should:
    - Insert the flash drive containing one or more files from the team members.
    - Place a checkmark next to the team members' names.
    - Select **Receive Data**.
    - The flash drive folder should automatically appear. If not, browse to the flash drive.
      - The title of the browser window will contain the name of the survey team member it is currently processing.
      - Ensure the correct flash drive is entered and the correct file for that surveyor is selected. File name will default to the correct name for the team member currently being processed.
    - Click **Open**.
    - Message will confirm that data was successfully received.
  - To send consolidated data to team members the Team Coordinator should:
    - Insert a flash drive.
    - Place a checkmark next to the team members' names.

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- Click **Send Data**.
- The flash drive folder should automatically appear. If not, browse to the flash drive.
- Click **Open**.
- Message will confirm that data was successfully sent.
- To receive consolidated data from the TC, all Team Members should:
  - Insert the flash drive containing TC file.
  - Click **Receive data**.
  - The flash drive folder should automatically appear. If not, browse to the flash drive
  - The TC's data file will automatically appear
  - Click **Open**.
  - Message will confirm that data was successfully received.

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

- If using other wireless network(s) during the survey (e.g., a facility provided network) ensure that all team members have disconnected from those networks prior to sharing data.
- All team members must be connected to the same secured wireless or wired router your state is using for data sharing.
- To ensure that all team members receive data from all the other team members, it is recommended that all team members share data thru the TC at the same time. When a team member has to leave the survey this may not be possible, but at all other times it is recommended.
  - Team Coordinator should:
    - Ensure everyone is connected to the same secured wireless connection or plugged into the same wired switch.
    - Select all the team members' names you want to share data with.
      - Ensure the team members' have a server defined:
        - Use the pull down to find the team members' machine.
        - The **Reload Server List** button can be used to refresh the pull down list
      - **OR** have entered the Machine Address (IP).
        - Enter the IP address exactly as it is written on the team members' machine.
    - Click **Share Data Now**.
    - The TC will receive a message indicating each team member that was successful in sending data to the TC and each team member that successfully received data back from the TC.

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## Using Secured Wired method using a cable to connect 2 machines:

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

## Step 11: Team reviews offsite information

- **Team members independently review the Offsite Prep information prior to the survey.** There is no required offsite prep team meeting.
  - Review all information on the **Offsite Preparation screen**. Click on the Navigation menu on the upper left side of the screen, click on Survey Preparation | Offsite Prep.
    - Be sure you understand your unit assignment noted on the bottom of the screen, so you are ready to go there when you enter the facility.
  - **Facility Rate Report.** Review the report to get a sense of how many residents and which MDS indicators are of potential concern at the facility. Click on the Reports icon – the clipboard without a pencil - on the far right side of the screen. Check the box in front of Facility Rate Report, then click the Run Reports button at the bottom of the page.
  - **Offsite selected residents.** Review the list of offsite selected residents and their MDS indicators. To access this list, click on the Reports icon, select Offsite Selected Resident List and click Run Reports. You also can review this information by going to Interview | Resident Manager in the Navigation menu, then filtering by group and choosing Offsite Selected. Next, click on Sort residents and choose Room. You can then see the names of the offsite selected residents who are on your unit (based on the MDS-provided room number). Double click

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each resident's name to review their MDS indicators listed at the top right of the screen.

- Go to the Navigation menu, click on Interview | Closed Record Sample and review the list of **discharged residents who were selected for a closed record review** in the following categories: unexpected death, hospitalization and community discharge. The team can use these residents for the closed record review or choose offsite selected residents that have been discharged.
- **Assign yourself for the offsite selected residents** in your assigned unit/area, **if desired, or wait to do this onsite** when you know that the MDS room numbers are accurate. If you find once onsite that the MDS room numbers are inaccurate, update the room numbers in the system with the room numbers provided by the facility.
- **Survey Resources:** Ensure the following electronic documents are downloaded and saved to your desktop:
  - LTCSP Procedure Guide
  - List of Revised FTags/Substandard Quality of Care (SQC) FTags
  - Appendix PP – Guidance to Surveyors for LTC Facilities
  - Appendix Q – Guidelines for Determining Immediate Jeopardy (IJ)
  - Chapter 7 of the State Operations Manual
  - Psychosocial Outcome Severity Grid
  - Principles of Documentation

## II. FACILITY ENTRANCE

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

- After entering the facility, the TC discusses items 1 – 4 on the Entrance Conference screen (under Survey Preparation | Entrance Conference in the Navigation menu) and ensures the facility is making efforts to address those areas prior to conducting the Entrance Conference.
- TC: Conduct a brief **Entrance Conference** (under Survey Preparation | Entrance Conference in the Navigation menu) and then go to your assigned area.
  - The first time you click on the Entrance Conference screen, the date and time will populate.
  - Cover items 5 - 11 during the conference and ensure the administrator/facility representative understands what is needed in items 12 – 37.
  - The facility should exclude bed holds from the facility census number (item 1).
  - While you request the Facility Assessment (item 32) upfront, you will only review it if there are concerns with sufficient or competent staffing or patterns of concerns.
  - Document any notes regarding the Entrance Conference under the Notes field at the bottom of the screen.
- Surveyor assigned to kitchen: Conduct an initial brief visit to the **kitchen** and then go to your assigned area. To access the kitchen task pathway:

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- Go to Investigation | Facility Tasks under the Navigation menu.
- Verify that you are assigned to this task. If not, click the Assigned To drop-down list for Kitchen, select your name and click somewhere on the screen or press Esc(ape) to close.
- Double click on Kitchen to open.
- Review the guidance for each CE in the **Probes/CE** section.
- Document any concerns under the Notes section.
- **All other surveyors: Go to your assigned areas.**
- **Ask for a resident roster** for your assigned area with an indicator for the **new admissions** in last 30 days and then begin your initial pool process. The facility will provide a matrix for new admission residents and then a matrix for all other residents a few hours into the survey. Do not wait for the roster or matrices to begin screening residents.

Note: If this is an **off-hour survey**, complete Step 12 with the designated person in charge. Conduct a follow-up Entrance Conference with the administrator, as needed, upon his/her arrival at the facility.

## III. INITIAL POOL PROCESS

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

#### Overview

During the initial pool process, you will **briefly screen all residents in your assigned area** to identify **about eight residents (per surveyor)** to include in your **initial pool**.

Your initial pool may include the following types of residents from your assigned unit:

- offsite selected residents (must be in initial pool);
- complaint/FRI residents (must be in initial pool – no more than five across team – additional complaint/FRI residents will be added during step 17);
- vulnerable residents (dependent on staff such as a resident who has Alzheimer's or is quadriplegic);
- new admissions in the last 30 days; and
- other identified residents - those who have serious concerns but do not meet the definition of the other subgroups above.

In addition to screening all residents, you will **complete observations, interviews, and limited record review** for the residents who are in **your initial pool**. This entire process should take about eight to 10 hours. (Note that the initial pool process may take longer if residents are not available for interviews and observations due to an off hours/staggered survey. The team will have to adjust their time accordingly.)

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## Process

- **Go room to room** without staff. Initial pool selection is based exclusively on surveyor identified information and is not reliant on staff input at this point.
- Remember that **offsite selected residents and complaint/FRI residents (as indicated by your TC) in your area are required to be in your initial pool**. You will choose the onsite selected residents to include based on your screening and review of MDS indicators and matrix information when available.
- **You can choose the order in which you do the screening and interview and observation activities**. These are some options (there are pros/cons to each approach):
  - **Option A: Interview and observe initial pool residents when chosen as you screen**
    - Go room to room and briefly screen residents in each room and review their MDS indicators and matrix information (when available) to identify potential concerns. Immediately decide if a resident should be in your initial pool as an onsite selected resident. If so, conduct the observation and interview (if appropriate) for the resident at that time.
    - If you have included eight residents in your initial pool (including your offsite selected residents, complaint/FRI residents, and your onsite selected residents) before you have screened all residents, you must proceed with screening all remaining residents in your area and include any other appropriate residents in the initial pool. This may require exceeding eight residents or discussing the situation with the team to determine if other surveyors can add some of the residents on your unit into their initial pool.
  - **Option B: Interview and observe offsite selected and complaint/FRI residents first, screen all other residents, and return to interview and observe your initial pool onsite selected residents after all screening is complete**
    - Conduct interviews and observations for your offsite selected and complaint/FRI residents first. If other residents are in the room, screen those residents.
    - Then go room to room, briefly screen the other residents in each room and review their MDS indicators and matrix information (when available) to identify potential concerns.
    - When you have completed your first walk through and screened all residents, consider all of your screening information and decide which residents you will include in your initial pool as onsite selected.
    - Go back to conduct interviews and observations for the onsite selected residents you chose for your initial pool.

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- **Option C: Screen all residents, identify your initial pool, then return to conduct interviews and observations for all initial pool residents**
  - Go room to room. Screen and consider MDS indicators and matrix information for all residents in your area to help you decide which to choose as onsite selected residents in your initial pool. You likely will encounter the offsite selected and complaint/FRI residents in your area at this time and can briefly screen them (knowing they will be in your initial pool), but do not complete interviews and observations for these or any other residents during the first walk through.
  - When you have completed screening all residents, choose your eight initial pool residents. These will include your offsite selected residents, complaint/FRI residents, and onsite selected residents.
  - Go back to the rooms to conduct observations and interviews for all of your initial pool residents.
- Regardless of the approach you use to complete the screening, interview, and observation activities, you will need to **look at the resident names** on the door or resident roster **before you enter a room** and **determine if the residents are offsite selected** (by looking at the list in the system), **complaints or FRIs for the initial pool** (as designated in Offsite Prep and assigned by your TC), or **new admissions** (which the nurse told you or new admission matrix shows). For residents who are not listed in the above subgroups, you will **determine if they are vulnerable or are concerning in some other way** and if they should be in the initial pool.
- **To screen residents for the initial pool**, introduce yourself and briefly converse with the resident (e.g., ask how they are doing) while you complete a quick head-to-toe observation. Review their MDS indicators and/or matrix information before entering the room to give you a more complete picture.
- There are **two ways to view the residents** listed in Resident Manager: Resident List (the screen is labeled as “Residents”) or Card View. You can switch between these two views using the icon in the right upper corner of the screen. You may use either option during the initial pool process, whichever is easier for you.
- There are two **organizational methods in the system** to help you manage the initial pool process:
  - Organizational Option A: Assign initial pool residents to yourself as you identify them.
    - Go to Interview | Resident Manager in the Navigation menu.
    - Sort Residents by Room.
    - As you go room to room and identify a resident for the initial pool, assign yourself by choosing your name from the drop-down under the Surveyor

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- column. If using the Card View, click on the resident's name to open the **Add/Update Resident** dialog and use the drop-down for the Surveyor field to assign yourself to the resident, click out of the box or press Esc(ape) to close, then click **Save**. **Once you add your name to a resident, that resident is included in your initial pool.**
- You can search for a resident's name using the search feature in the upper right side of the screen (Enter the full first or last name in the **Search** box, click the **magnifying glass**, click the x to clear the search).
  - If the resident is a new admission, the resident may not be in the Resident List, so you will add the resident using the Add New Resident icon (a bright blue person with a plus sign) at the top of the screen.
    - Enter the resident name, room number, and admission date.
    - The system automatically assigns you as surveyor.
    - Click **Subgroup** and select **New Admissions** from the drop-down. Click out of the box or press Esc(ape) to close.
    - Click **Save**.
  - After assigning yourself to a resident, select the appropriate subgroups for the resident.
  - If you need to update the resident's information (e.g., room number), click on the Update Selected Resident icon (a gray person with a circular arrow) on the Resident List view or double click on the resident's name on the Card View.
  - Double click on the resident's name to access the interview, observation and limited record review screens if using the Resident List view or select the RI, RO or RR icon for a resident if using the Card View.
  - If you unassign an offsite selected resident, you will be required to enter the reason (i.e., discharge location or moved to a different unit and another surveyor is including the resident in the initial pool). You can only remove an offsite selected resident from the initial pool if they are discharged or being completed by another surveyor.
  - Organizational Option B: Assign all residents in your area to yourself (after you receive your unit assignment) and then unassign them as you determine they are not appropriate for the initial pool.
    - Go to Interview | Resident Manager on the Navigation menu.
    - Sort Residents by Room.

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- On the Resident List view, place a checkmark next to every resident in your assigned area. Assign yourself as surveyor for one checked resident and the system will automatically assign all other checked residents to you.
- Filter to My Residents and use either the Resident List view or the Card view – as you go room to room and identify a resident that you do not want to include in the initial pool, remove your name from the resident (on the Resident List view) or drag the resident to the Unassign folder (on the Card view).
- If you unassign an offsite selected resident you will be required to enter the reason (i.e., discharge location or moved to a different unit and another surveyor is including the resident in the initial pool). You can only remove an offsite selected resident from the initial pool if they are discharged or being completed by another surveyor.
- Select all appropriate subgroups for residents you want to add to the initial pool.
  - In List view: Click in the **Subgroup** drop-down for that resident; select all applicable subgroups; click out of the box or press esc(ape) to close.
  - In Card view: Click the resident name; click **Subgroup** and select all applicable subgroups from the drop-down; click out of the box or press esc(ape) to close; click Save.

**Note:** When you select **Identified Concern**, all other subgroups deactivate and cannot be selected. You cannot select **Identified Concern** for **Offsite selected** residents.

- Open the Interview, Observation and Limited Record Review screens for the resident. If using the Card view, click on the RI, RO or RR icon to access those screens. If using the Resident List view, double click on the resident's name to access the RI, RO, or RR.
- For both options, be sure to use the names on the door or the resident roster as your reference point to ensure you are aware of any room changes. If a resident has changed rooms and is no longer in your area, you are no longer responsible for that resident.
- For **New Admissions** or **Vulnerable** residents: When you identify these residents in your area, include them in your initial pool and conduct the observation, interview and limited record review unless your area has such a high number of new admissions (e.g., rehab unit) or vulnerable (e.g., Alzheimer's unit) residents that you must prioritize.
  - To prioritize, consider your screening, facility matrix data and/or MDS indicators. Include any resident with potential concerns in the initial pool.
  - It is the team's decision whether to include a resident admitted early on Day 1 in the initial pool.

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- For residents with **Identified Concerns**: For residents who are not in any other subgroup (i.e., offsite selected, new admission, vulnerable, complaint or FRI), you are only required to briefly observe the resident for significant concerns (e.g., staff are ignoring a resident yelling out in pain; resident has facial bruising). If you have a concern, introduce yourself and ask about the concern to help decide if the resident should be included in the initial pool. Interactions should be quick to allow time to complete full interviews and observations with initial pool residents. To include the resident in the initial pool as an Identified Concern, the resident should not meet any of the other subgroups. You will be required to provide a rationale if you include a resident in the Identified Concerns subgroup.
- **Review the MDS indicators and active complaint/FRI allegations** prior to entering the room. The MDS indicators are displayed in the top right corner of the resident's Interview and Observation screen and the complaint/FRI information which is documented on the Offsite Prep screen.
- **When you are assigned to complaint/FRI residents**, and the complaint/FRI resident is in the initial pool (up to five across the team), complete the interview, observation, and limited record review as you would for any other initial pool resident. You may begin to obtain information about the allegation during these activities. However, it is during the investigation portion of the survey that you will conduct the investigation of the allegation and of any other areas you marked for further investigation during the initial pool activities.
- **Assess the interview status** of residents in your initial pool and mark one of the following in the **Interview status** field, regardless of the resident's BIMS score.
  - Interviewable – Conduct a full resident interview.
  - Non-interviewable – The resident is a candidate for a resident representative interview (RRI)/family interview.
  - Refused - If the resident refuses, do not attempt to interview the resident again.
  - Unavailable for Interview - If the resident is busy when you attempt an interview, make a few more attempts or try to schedule an appointment before marking this option, but still complete the resident observation (as you are observing the resident during each encounter) and limited record review.
  - Out of Facility – If the resident is out of the facility for the duration of the initial pool process (dialysis), mark this option but still complete the limited record review.
- If you haven't already entered the applicable subgroups for the resident, you can do so on the Interview, Observation, or Record Review screens.
- **If the resident is interviewable, conduct a full resident interview (RI)** using the RI in the survey software.
  - Conduct the survey in a manner that allows for the greatest degree of confidentiality for residents, particularly regarding the information gathered during the in-depth interviews.

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- The interview care areas are organized first by quality of life/resident rights, followed by quality of care. The same resident interview and observation care areas are shown together to facilitate making observations while interviewing a resident.
- You must **cover every care area** regardless of whether the area is an MDS indicator for a resident and determine if each area warrants further investigation or if there is no issue. A few care areas **are not applicable** for every resident (e.g., the resident doesn't have a catheter); skip such care areas when not relevant to the resident you are interviewing and place a checkmark in the No Issues/NA checkbox.
- Use the questions listed for each care area as a guide; however, you can **ask the questions as you would like**, just maintain the intent of the care area.
- To easily navigate to different care areas on the RI screen, you can pull out the list of care areas on the right side of the screen by clicking the tab for the Care Area menu.
- You can hide the pre-identified suggested Interview questions by unchecking the Show Probe Text box at the bottom left corner of the screen.
- For any resident expressed concern, ask follow up questions to **determine if the concern warrants further investigation** or if it can be ruled out.
- **If a concern warrants further investigation**, select the Further Investigation checkbox and document the specifics of the concern in the Notes field.
- If there is **no concern or a concern is ruled out**, select the No Issues/NA checkbox.
- If you identify a potential **MDS discrepancy** (e.g., MDS says the resident has pain and the resident says he/she has never had pain or the resident has a contracture but the MDS doesn't have it marked), select the MDS Discrepancy checkbox. Base your decision to select MDS Discrepancy solely on the MDS indicator information and your initial pool findings - you do not have to confirm an actual discrepancy at this time.
- You must **answer every care area** as either Further Investigation or No Issue/NA. For any Further Investigation, include documentation regarding the specific concern which will help guide your investigation. Any care area marked as Further Investigation is designated with an orange exclamation point (!). Any care area that has been marked as No Issue/NA will have a green checkmark.
- The date/time will be populated for your first entry in the Notes field. Any subsequent date/time can be added by using the **Insert Timestamp** icon (clock) or **Alt+T**.
- Enter the resident's ID in the notes field by clicking on the **Insert Resident ID** icon (the person next to the clock) in the bar above the notes field or **Alt+R**.
- When you have answered every care area in the interview, you should receive a **green checkmark** on the RI icon. This is your indication that the **interview is complete**.

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- If the resident halts the interview midway, make additional attempts later to complete the interview. If you are unable to complete the interview, keep the responses you have and leave the rest of the interview blank. If you were unable to complete an interview with a resident but you have a complete check on the resident observation (RO) and limited record review (RR) icons, you can place a checkmark next to **Complete** on the resident's interview screen or you can manually move the resident into the Complete folder. The system will warn you if there are missing responses if you manually move the resident into the Complete folder and don't have a green checkmark on the RI icon.
- If you **entered information under the wrong resident**, you can transfer all of your interview information to the correct resident. Be aware that this will also transfer the observation and record review data.
- Open the **Add/Update Resident** dialog for the resident that you want to transfer data from:
  - From the Card view: Click the name of the resident.
  - From the List view: Select the resident and click the **Add/Update Resident** icon.
- Click the **Transfer Interview Answers to Other Resident** button at the bottom of the dialog box.
- Click the down arrow for **Transfer Interview Answers to** and select the name of the resident you want to transfer the data to.
- Click the **Transfer** button.
- Review the message stating how many items transferred.
  - Click Ok.
- You can only transfer interview, observation, and record review data to a resident that has no data entered and is not assigned to another surveyor. If not assigned to you, the system will automatically assign the resident to you with the transfer.
- Once you have successfully transferred the data, review all notes and update the resident ID if it was added to a notes field.
- **Conduct the full resident observation (RO)** for all residents in the initial pool.
  - On the RI and RO screen, any observation care area not paired with an interview care area is displayed at the end of the interview section. Once the interview is completed, you can also use the RO screen which just lists the observation care areas.
  - Address the probes listed for each care area when conducting your observations.
  - Conduct rounds until you can answer all observation care areas with either No Issues/NA or Further Investigation. If a concern warrants further investigation, document the specifics of the concern in the Notes field.
  - Only a licensed nurse, physician's assistant, or a physician may make an observation of a resident's genitals, rectal area, or for females, the breast area.
  - Even if continuous observations are not completed, you can identify repositioning and incontinence care concerns based on whether a resident is in the same position for an extended period of time during your rounds.

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- Complete formal observation (e.g., wound or incontinence care) if the situation presents itself or is necessary (e.g., resident hasn't been provided incontinence care for a long period of time or a resident is covered in bed).
- If you want to collapse the care areas that have been completed, select the **Collapse Completed Care Areas** checkbox in the bottom left corner. Once you leave the screen, the care area completion will update or when you click the **Collapse Now** button.
- Once you have **completed the observation, you will receive a green checkmark on the RO icon**. This is your indication that the observation is complete.
- **Conduct resident representative interviews (RRI)/family interviews.**
  - The RRIs/family interviews are for non-interviewable residents.
  - The person (e.g., friend, family or other resident representative) should be familiar with the resident's care.
  - The goal is to complete **at least three RRI/family interviews across the team on the first day** of the survey to be better informed for sampling decisions. You may call the resident representative/family, especially if you have observational concerns with a resident in the initial pool.
  - If you complete an RRI/family interview during the initial pool process, include the resident in the initial pool and follow the same guidance as the RI (e.g., answer every care area, document details for any area that warrants further investigation).
  - To access the RRI/family interview care areas, select **Non-interviewable** for the Interview Status and select the checkbox for **Representative Interview**.
  - If the three RRI/family interviews have not been completed when the sample is selected, an RRI can be conducted after sample finalization for a sampled resident (preferably) or a non-sampled resident if you are having difficulty locating a representative/family member for resident in the sample. If an RRI/family interview is conducted after the sample is selected, you must complete it early enough in the survey to follow up on any concerns.
  - **If you complete an RRI after the sample has been finalized**, the areas you mark for Further Investigation will not carry forward automatically for investigation. Instead, you will have to initiate the areas for investigation by going to Investigation/Investigations and clicking on the icon with a plus sign at the top of the screen.
  - The system will track the RRIs/family interviews and display a warning if fewer than three have been completed.
  - If three cannot be completed (e.g., all residents are interviewable), document a rationale on the team meeting screen.
- **Conduct a limited record review (RR) after** your interviews and observations are completed. Surveyors should continue to complete observations of the residents while working on resident record reviews by completing the RRs on the floor and not in the conference room.

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- Go to the RR screen for the resident by clicking on the RR icon in the upper left hand corner of the screen if you are in Resident View or on the RR icon on the resident's card if you are in Card View. The system will automatically show the record review care areas required for your initial pool resident based on interview status and specific MDS indicators.
- If the facility uses Electronic Health Records (EHRs), refer to the EHR information the facility provided to quickly locate the information required for the initial pool record review.
- Follow the RR screen to guide you in the record review. For all residents in the initial pool, you will briefly review the record for the following: 1) **advance directives**, 2) to **confirm specific information** based on interviews and observations (e.g., questionable interview status or pressure ulcer), and 3) any **other concerns** (e.g., identify a resident-to-resident altercation).
- For any resident marked as non-interviewable, refused, or unavailable, review the record for the following information: **pressure ulcers, dialysis, infections, nutrition** (system can help calculate % weight loss), **falls** in the last 120 days, **ADL decline** in the last 120 days, **low risk bladder and bowel (B&B), unplanned hospitalizations, elopement** and **change of condition** in the last 120 days.
- For any resident in the initial pool who is currently receiving **insulin, an anticoagulant, an antipsychotic with a diagnosis of Alzheimer's or dementia**, or has an appropriate diagnosis but is not receiving **PASARR Level II** services, review the record to confirm the information.
- For newly admitted residents in the initial pool who did not have an MDS, complete a review of the record to identify current **high risk meds** and **hospice**.
- **If you have answered every care area within the record review, you should receive a green checkmark on the RR icon.** This is your indication that the record review is complete. If there are extenuating circumstances (e.g., you cannot gain access to the EHR), you can interview staff. However, every effort should be made to review the information in the resident's record.
- The majority of your time should be spent conducting interviews and observations, and limited time spent on record review.
- **Once you respond to all care areas for the RI or RRI/family interview, RO, and RR, the system will mark the resident as complete** and automatically move the resident into the Complete folder on the Card View or display a green checkmark next to the resident's name on the Resident List view.
- **If you identify a significant concern (IJ or harm)** during your observations, interviews or limited record review, select Harm or IJ in the **Include in sample due to** (under the interview status) to ensure the resident is included in the sample.
  - Immediate jeopardy is defined as a situation in which the facility's failure to meet one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. At any time

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during the survey, if one or more team members identifies possible immediate jeopardy, the team should meet immediately to confer. The guiding principles to determine immediate jeopardy and serious threat make it clear that the threat can be related to mental, as well as physical well-being, and that the situation in question need not be a widespread problem. If the team concurs, the team coordinator must consult immediately with his/her supervisor. If the supervisor concurs that the situation constitutes immediate jeopardy, the team coordinator informs the facility Administrator or designee that the immediate jeopardy termination procedures are being invoked. The team coordinator should explain the nature of the immediate jeopardy to the Administrator or designee. The survey team should complete the entire survey. See Appendix Q for guidance regarding determination of immediate jeopardy, and §3010 for procedures to follow if the immediate jeopardy termination procedures are invoked.

## **Additional Initial Pool Process Information**

- To navigate to another resident, click on the back arrow at the top left corner of the screen to return to the resident view you were previously working with.
- The facility should complete the facility matrix within four hours (check the conference room periodically). Once the matrix is received, each surveyor will **review the matrix** for residents in their assigned area to identify any substantial concern that should be followed up on. At least one resident who **Smokes**, one resident who is receiving **Dialysis**, one resident on **Hospice**, one resident on a **Ventilator**, and one resident who is on **Transmission-Based Precautions** should be included in the initial pool for the team if available.
- If there are too many residents in your area to include in the initial pool (e.g., more than eight offsite selected residents, or too many qualifying residents who have issues), discuss the issue with the team to create a plan (e.g., adjust workload or increase initial pool time).
- Complete all resident observations, interviews and limited record review by the end of Day 1 or beginning of Day 2.
- **If you finish your initial pool activities early or you are having difficulty finding at least eight appropriate residents to include in the initial pool**, check to see if other team members need assistance. If not, continue making observations for your initial pool residents, conduct interviews or observations for additional residents (e.g., include more than eight residents in your initial pool), or begin facility tasks (such as Resident Council Interview).
- To **share a resident** during the initial pool, if the assigned surveyor has completed a portion of the resident, the assigned surveyor should share their data with the surveyor helping out (follow Step 10 for instructions). The surveyor helping out will not assign themselves to the resident. The surveyor helping out just finishes any outstanding areas for the resident. When the initial pool process is complete, all responses and

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notes will merge and any care area marked for Further Investigation will override a response of No Issue.

- If a **complaint is called into the State Agency and added to the survey during the initial pool process**, the team should discuss whether to include the complaint resident in the initial pool as long as the team hasn't included five complaint or FRI residents already.
- The *Sample Size Grid and Recommended Team Size* (Attachment A) shows the expected sample size and recommended survey team size according to facility census number. States have some flexibility around the recommended **survey team size**, but must adhere to the expected **total number of residents in the initial pool**. For example, if the recommended survey team size on the *Sample Size Grid and Recommended Team Size* is four surveyors, then each of the four surveyors is expected to have about eight residents in their initial pool, which results in an initial pool of about 32 residents across the survey team.
  - If a State decides to send **more than the recommended number of surveyors** on a survey (e.g., because the survey needs to be done in a shorter time period), then it is acceptable for the team to split unit assignments and distribute the expected initial pool size across the larger team. For example, if a State sends a survey team of six surveyors when the recommendation is four surveyors, then the expected initial pool of 32 residents can be distributed across the team. Under this example, four of the six surveyors on the team would have about five residents in their initial pool and the other two surveyors would have about six residents in their initial pool.
  - If a State sends **fewer than the recommended number of surveyors**, the smaller team also must adjust their initial pool numbers. For example, if a State sends three surveyors when the recommendation is four surveyors, then the three surveyors must still include about 32 initial pool residents across the team, or two surveyors with about 11 initial pool residents and one surveyor with about 10 initial pool residents.
- For **off hour surveys**, modify the Initial Pool Process as necessary to accommodate the residents' activities occurring at the time of entry. Introduce yourself, make observations and begin screening residents that are available. Begin other facility tasks as appropriate (e.g., medication administration, medication storage).

**Dining Observation:** Each surveyor will **observe the first scheduled FULL meal** using the Dining facility task pathway in the software.

- Go to Investigations – Facility Tasks in the Navigation menu (ensure you are assigned the task) – double click on Dining to access the investigation screen.
- Expand the Use, Instructions and CEs to use the investigative probes on the screen to guide your investigation OR you can click on “Pathway” to see a full screen display of the pathway (you will have to toggle between the pathway and entering notes on the screen).

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- The team should cover all dining locations and room trays. If there are more dining areas than surveyors, prioritize the dining areas with the most dependent residents.
- Observe the beginning of the first scheduled full meal and enough of the dining experience for all residents to adequately identify concerns. Additional observations may be required.
- Use the Notes field for your documentation regarding dining. To see a full screen display of the Notes field, click on the center icon in the blue Expander bar above the Notes field.
- If feasible, observe the meal for your initial pool residents who have weight loss, food, or hydration concerns. A list of residents will be displayed on the screen if the resident had an MDS indicator or you marked further investigate for nutrition/hydration concerns. If nutrition/hydration concerns are identified, document the concern under the resident (not on the dining screen).
- If concerns are identified, a subsequent meal can be observed after discussion with the team.
- If you want to add a resident who has dining concerns, click on the **Add Resident** icon in the upper right corner OR add the resident's ID in the Notes field using Alt+R or the person icon (next to the clock icon).

## Step 14: Share data at the end of each day

- **At the end of each day, share your data with the TC** using the Data Sharing screen. Click on the flash drive icon on the right side of the screen. Follow the data sharing instructions in Step 10.
- **Following the meeting, the TC should share all team members' data with each team member** so every surveyor has all survey data (in case of team composition changes).
- If the team composition changes (e.g., TC or team member), complete the following:
  - **If a new surveyor is added to the team** because a surveyor does not return (TC or team member) or a specialty surveyor (e.g., a pharmacist, physician, or registered dietician) participates in only a portion of the survey, **do not remove the outgoing team member from the team roster in ASE-Q (to avoid risking data loss)**. All team members need to **add the incoming surveyor to the team roster in ASE-Q**. One surveyor should export the survey in ASE-Q and the incoming surveyor should import the survey. The incoming surveyor (and TC) will have to redistribute the outgoing surveyor's assignments.
  - If there is a change within the team: **If the TC changes**, just change the TC designation in the team roster in ASE-Q. If a team member leaves, the team member should share their data with the TC and then other team members can redistribute the outgoing team member's assignments accordingly. (Again, don't remove the team member from the team roster.)

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## Step 15: End of Day 1 team meeting

- Meet for 15 to 30 minutes at the end of Day 1.
- The TC should cover the areas listed on the Team Meeting screen (Go to Team Meeting in the Navigation menu).
- There are a number of areas that are system-populated and updated each day to assist the TC in the discussion. The TC should still discuss the system-populated items. If the team has different information than the system-populated information, enter the information under the Notes field.
- The following questions have **information provided in the system** to help you:
  - Were any offsite selected residents discharged?
  - Ensure all offsite selected residents were included in the initial pool, unless discharged.
  - Was at least one resident who smokes included in the initial pool? This is system populated if a surveyor marked further investigate for smoking. If no residents were marked for further investigation, then ensure that one resident, if available, was observed for safe smoking.
  - Is each surveyor identifying vulnerable residents?
  - Go over each newly admitted resident listed on the matrix and ensure each resident listed was screened by a team member.
  - Did anyone include a resident in the “identified concerns” subgroup?
  - How many residents did each surveyor include in the initial pool?
  - How much work does each surveyor have left to do?
  - Any harm, SQC, IJ, or other concern that should be discussed? All concerns will be discussed during the sample meeting.
    - **If SQC is suspected** - expand the sample as necessary to determine scope and whether there is sufficient evidence to rule out SQC. If the evidence is not adequate and the number of observations only allowed for isolated scope when there is a severity level 3, or pattern for scope when there is a severity level 2, then expand the sample to include additional reviews of that requirement. For example, if residents in the facility are receiving care for a colostomy, and for the one resident with a colostomy in the sample, it is determined that care provided caused actual harm to the resident, there would be a deficiency of isolated actual harm, but there would not be sufficient evidence to determine that there was substandard quality of care. Thus, the sample would need to be expanded before determining that substandard quality of care did or did not exist. On the other hand, if the number of individuals with a colostomy in the facility was the same (6), and 4 residents with colostomies were included in the sample and only one had deficient care, there would be no need to expand the sample. If the team verifies the existence of SQC, the Administrator should be informed that the facility is in SQC and an extended survey will be conducted. When communicating the issues to the facility, identify the resident(s) by name if

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

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

## IV. SAMPLE SELECTION

### Step 16: Share Completed Initial Pool Data

- When you complete the initial pool process, share your data with the TC using the Data Sharing screen. Click on the flash drive on the right side of the screen. Refer to Step 10 for instructions. **All data must be shared before selecting the sample.**

### Step 17: Select the Sample

Once the initial pool process is finished and the data is shared with the TC, meet for an hour, on average, to select the sample.

- The residents included in the sample will have an in-depth investigation completed for any area of concern marked for further investigation.
- There may be some residents who had concerns from the initial pool who are not included in the sample. The team should ensure that their concerns will be covered by other sampled residents.
- The sample should include only active residents. Closed records are not included in the total sample number.
- If you have met the total sample number, but there is a concern you want to investigate for a resident who did not make it into the sample, include the resident

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now even though the team is over the total sample number, so you have sufficient time to investigate the additional resident.

- As you discuss concerns for each sample resident, refer to the Sufficient and Competent Nurse Staffing facility task pathway to determine if any concerns may indicate staffing concerns.
- The team may include up to five complaint/FRI residents in the sample. Any other complaint/FRIs that were brought onsite for investigation must be in addition to the sample (i.e., “additional complaints/FRIs”).
- To finalize the sample, the TC opens the Finalize Sample screen in the navigator and clicks on the **Start Sample Finalization** button. The system will select and display the five residents for an Unnecessary Medication review who may or may not be in the sample.
- The TC should **enter the facility census number** provided by the facility upon entrance if different than the number in the Facility Census box. The sample size number will automatically be adjusted, if necessary.
- The TC should **share the data** with team members using the Data Sharing screen (refer to Step 10 for instructions). Team members will be able to view, but not alter, the Finalize Sample screen, including those residents selected for Unnecessary Medication review.
- Return to the Finalize Sample screen.
- To review the areas marked for further investigation for a resident, expand the down arrow next to the resident’s name. To review your initial pool notes, select the care area. To add or remove a care area associated with a resident, select Modify Care Area and check (e.g., to add an area if missed) or uncheck (e.g., for a data entry error) any care area listed.
- The system will identify the residents that should be included in the sample, even if the sample number must be exceeded. **Discuss the system selected residents** to determine if the team wants to replace any of the residents (if a system selected resident is removed, a rationale must be provided). The system selected residents include:
  - Any offsite selected resident who had at least one care area marked as further investigation.
  - Any resident that a surveyor marked as Include in Sample (i.e., harm or IJ), which is displayed under the Sample Reason column.
  - Any identified abuse concern from the initial pool process or the facility has a history of abuse citations or allegations since the last survey (abuse is now a care area, not a triggered task). If abuse is being investigated based exclusively on a facility history of abuse (refer to Offsite Prep screen), ask the facility for all allegations of abuse since the last survey so you can select at least one resident to review (different from residents reviewed in the past).
- **Have each surveyor identify additional residents they want to include in the sample** and the reason why, even if the sample number must be exceeded. **To include**

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a resident in the sample, the TC selects the checkbox for the resident's name on the Finalize Sample screen.

- Using the **Finalize Sample by Care Area** screen (click on the CA icon in the upper right hand corner), include a resident to **cover all care areas marked as further investigation for any resident** and ensure enough residents are sampled to adequately investigate the scope of each area. Include at least one resident for each of the following conditions/treatments: hospice, dialysis, ventilator, and transmission-based precautions, if available, even if there were no potential concerns identified in the applicable area during the initial pool process.
- **Complaint/FRI residents:** If there are other residents who had further investigation marked for the complaint allegation/care area, the team is required to sample three residents. If there weren't any other residents who had concerns regarding the complaint allegation, the team is only required to investigate the complaint resident. If the complaint allegation is not covered by the interview, observation, or record review areas addressed in the initial pool process (e.g., record keeping), then the team is required to sample three residents to investigate the area.
- **If the sample size is not met, consider the criteria below to include more residents in the sample:**
  - Residents with the most concerns
  - Residents with concerns related to QOL and resident rights
  - Residents who were selected for the Unnecessary Medication review but are not a part of the sample. They will have a Yes indicated in the Unnecessary Medication column but won't have any surveyor assigned to the resident. To include the resident, in the Sample column, select the resident's name.
  - Prior survey and complaint results
  - Unrepresented area(s) of the building
- Once the sample size is met, **add any additional complaint/FRI residents above the maximum of five** that were included in the initial pool. To add a resident not in the initial pool, filter by All Residents, place a checkmark next to the resident's name and select all applicable care areas that should be investigated from the drop-down list (i.e., based on the complaint allegations). Enter a **Reason for Inclusion**. When all care areas for this resident have been added, click **Save**.
- **Ensure a surveyor is assigned** to all residents in the sample, additional complaint/FRI residents, and non-sampled unnecessary medication residents. To help ensure the workload is distributed evenly across surveyors, click **View Current Workload** in the top right corner of the screen.
- Once the sample and assignments are finalized, select the **Finalize Sample** button. You will receive a warning if an area was not covered by a resident in the sample. Resolve the issue or provide a rationale for the reason that area was not covered. If you realize you made a mistake but already finalized the sample, make any sample adjustments on the Investigation screen.

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- Open Facility tasks (from Navigation menu, select Investigation | Facility Tasks) to see if any facility tasks were triggered - **environment, personal funds or resident assessments**. If any of these triggered tasks are listed, assign a surveyor(s) to the task. The TC should ensure that every surveyor who had MDS discrepancy concerns is assigned to the resident assessment task since each surveyor will follow up on their own concerns (double click on the task to determine which residents had concerns).
- **Finalize the selection of residents for the three closed record reviews** (death, hospitalization and community discharge) on the Investigation | Closed Record Sample screen in the Navigation menu.
  - The survey team may use discharged offsite selected residents, complaint or FRI residents, or another resident who had a concern brought to the attention of the team to replace system-selected residents for the closed record reviews, as long as the discharged offsite selected residents fit the required discharge types. For example, if there is an active **complaint resident** regarding a death, the complaint resident may be reviewed for death even if there is an offsite selected resident who died.
  - If the system wasn't able to find a resident in one of the three closed record review care areas (e.g., a resident did not unexpectedly die in the last 90 days) and there are no discharged offsite residents who died unexpectedly, you do not need to find a resident that fits that care area. Just don't complete the closed record review for that area.
  - Once you have finalized the closed record review selection, click on the **Finalize Closed Record Sample** button, which will then display the closed records on the Investigation screen. On the Investigation screen (All Investigations), the surveyor who reviews the closed record can assign him/herself to the applicable area.
- After finalizing the sample, the TC **shares the data** with team members using the Data Sharing screen (follow the steps listed in Step 10) so every surveyor has their investigation assignments.

## V. INVESTIGATION

### Step 18: Conduct investigations for sampled residents

- You will **investigate all concerns** identified as requiring further investigation **for your sampled residents** for the remainder of the survey.
- Go to **Investigations** in the Navigation menu. You will now see your assignments and the reason that caused the care area to be investigated under the **Inv Reason** column.
- There are **two ways to conduct your investigation**:
  - **Investigation By Resident** – you can access all of the care areas being investigated for that resident. Click on the resident's name and you will see all the care areas (one investigative area is listed per screen) in the pull out on the right side of the screen. This option is useful when making observations, interviewing the resident, RR or family, or reviewing the record.

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- **Investigation By Care Area** – you can access all of your residents being investigated for that care area. Click on the care area and see all the residents you are investigating for that resident listed in the pullout menu on the right. This option is useful when interviewing staff.
- Using either of the screens above, you can access **the full Critical Element (CE) Pathway** for a care area, if one is available, by clicking on the pathway icon on the upper right part of the screen. You can scroll through the pathway to use the observation, interview and record review probes as a guide. You can copy and paste probes into your notes section, as desired.
- Investigate the concerns thoroughly so you can make a compliance decision.
  - To help guide your observations and interviews, you should complete a review of the MDS, physician's orders and care plan.
  - **To view the MDS**, minimize your LTCSP or click the ASE-Q aspen leaf in the toolbar. If Citation Manager is still open, click **Done**. Expand your facility in the alpha tree and right-click **Residents MDS 3.0**, select **MDS 3.0 Resident Viewer**. You cannot copy and paste from the MDS Viewer but you can document specifics in your notes field; attach a particular section to the survey (right click in the section; select **Export**; select Acrobat (PDF) file; save the file. Open LTCSP again, click the **Attachments** icon or press Alt-A; browse to the location, then drag and drop the file into the attachments screen or copy and paste; or you can refer back to any MDS assessment in ACO.
  - Observe and interview staff to determine whether they consistently implement the care plan over time and across various shifts.
  - During observations of the interventions, note and follow up on deviations from the care plan as well as potential negative outcomes.
  - Observe care (e.g., AM care, wound care, restorative, incontinence care, transfers) if warranted for the investigation. For pressure ulcers and abuse, you can click on the icon in the upper right corner to access a **body map** to draw your observations of the wound. You can access a blank document to **handwrite or draw** using the Draw icon in the top right corner for any care area.
  - If concerns are identified with areas such as pressure ulcers and incontinence, complete continuous observations to adequately determine whether appropriate care and services are provided in accordance with the care plan.
  - If a non-interviewable resident has a representative or family who visits often, make an effort to interview the representative/family just like you would interview the resident, as part of your investigation.
  - For nutrition investigations, use the **Weight Calculator** to calculate % weight loss/gain.
  - You may need to return to the record to corroborate information from the observations and interviews.
  - The facility must conduct a **facility wide assessment** to determine what resources are needed to competently care for residents each day and during emergencies. If systemic concerns are identified in resident-specific areas (e.g., hospice, dialysis,

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ventilators, activities, nutrition, behavioral/emotional, dementia) or if there is a systemic concern with a lack of adequate resources (e.g., specialized rehabilitation, pharmacy), review the facility assessment.

- You can **attach documents to the survey** (it will also be added to ASE-Q). Click the Attachments icon or press Alt-A; locate the file you want to attach, and then drag and drop the file into the attachments screen or copy the file and click the Paste from Clipboard button on the bottom of the Attachments screen. You may add a description of the document in the blank field, if desired. The attachment must be smaller than 4 MG; any attachment that is larger will not attach.
- If a **care area does not have a pathway** or you initiate an Ftag directly, the system will indicate that there is no pathway for this investigative area. In such cases, refer to Appendix PP to guide your investigation. To access the **regulation (reg)** or **Interpretive Guidance (IG)**, click on the tag.
- Enter **Investigation Notes** for any information specific to the care area being reviewed (e.g., observations, interviews, specific record review). Any notes entered during the initial pool process will be displayed in the investigation notes. To see a full screen display of the Notes field, click the center icon in the blue Expander bar above the Notes field.
- Enter **Resident Notes** for any general information about the resident that you would like to have access to for all care areas (e.g., diagnoses, general MDS and care plan information).
- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified) or NA (if the CE does not apply to your investigation). If you mark a CE as No, you should have investigative documentation and severity. If you need severity guidance, click on the information icon (the **Severity** column header).
- You must **answer every Critical Element (CE)** as either Yes, NA, or No. For any No you should have documentation supporting the determination of non-compliance. Any care area with a CE marked as No is designated with an orange "!". Any care area with all CEs marked as Yes/NA will have a green checkmark. Your Resident Notes and applicable Investigation Notes will pull forward to the potential citation screen (read-only format). To expand the CE field, click on the toggle in the blue line above the CEs.
- To switch to another resident or investigative area, click on the **Back** arrow button to return to the Investigation main screen.
- If **additional concerns are identified** for sampled residents or concerns are identified for non-sampled residents, they can be added with team consensus to determine if there is deficient practice.
  - To initiate a new care area, on the Investigations screen, click on the **Add New Investigation** icon; select a resident; select all applicable care areas (or tags if no care area is available) and click out of the box or press Esc(ape) to exit; click **Save**.

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- To initiate an Ftag directly, on the Investigation screen, click on the **Add New Investigation** icon; select a resident; select FTag Direct Cite for the investigation; click **Save**. On the Investigation screen, click FTag Direct Cite next to the applicable resident and then click **Select Tags** link (under CEs) and check the applicable tags to be investigated; click **Save**.
- To **remove a care area** (e.g., the information was inaccurate or the resident was discharged and an investigation cannot be completed without additional observations), on the Investigations screen, click on the X in the Remove column and provide a reason for the removal. You can only remove those Investigations assigned to you unless you are the TC who can delete all investigations.
- To **share a resident** during investigations (e.g., a nurse conducts the wound observation or for workload adjustments), if the assigned surveyor has completed a portion of the resident, the assigned surveyor and the surveyor helping out should share data with the TC (see Data Sharing instructions at Step 10). The surveyor helping out should then assign themselves to the resident (multiple surveyors can be assigned to the same resident/care area). The surveyor helping out finishes any outstanding areas for the resident or just completes the applicable portion (e.g., wound or incontinence care observation). When investigations are complete, all responses and notes will merge and any CE marked as No will override a response of Yes.
- If you accidentally **entered CE responses under the wrong resident**, you can transfer the CE responses by clicking **Transfer Investigation Answers to Other Resident** and selecting the appropriate resident from the drop-down (only those residents with the same care area marked for investigation appear in the list). Only the CE responses transfer; you will have to manually cut and paste any investigation notes.
- If a **complaint is called into the state and added to the survey during the investigative process**, the assigned surveyor should initiate the complaint resident and the applicable allegation areas on their investigation screen. Click the **Add New Investigation** icon; select a resident; select all applicable care areas and click out of the box or press esc(ape) to exit; click **Save**.
- If the complaint resident has MDS information and is already in the system, follow these steps:
  - Click on the Add New Investigation icon (icon with the plus sign at the top of the screen) on the Investigations screen.
  - Use the drop-down to click on the resident you wish to add as the complaint resident.
  - Indicate the allegation(s) for the complaint by marking the area(s) required for investigation.
- If the complaint resident does not have MDS data and is not in the system, go to Interview | Resident Manager on the navigation menu and click on the Add New Resident icon (icon with the plus sign). After you add the resident's information, go back to the Investigations screen. Click on the resident you just added and add the

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complaint allegations as the areas you are going to investigate (e.g., if the resident had concerns with falls, you would initiate accidents).

## VI. ONGOING AND OTHER SURVEY ACTIVITIES

### Step 19: Complete closed record reviews

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

### Step 20: Complete facility task assignments

- **Complete facility task investigations** any time during the survey, unless otherwise noted.
- Go to Investigation | Facility Tasks in the Navigation menu – double click on the facility task to access the investigation screen (verify that you are assigned to the task).
- **Dining**
  - All surveyors complete dining observations for the first full meal. However, only the surveyor assigned responsibility of the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).
  - Complete a second meal observation if concerns were identified during the first meal.
  - If you need to view another surveyor's documentation from the first meal, at the bottom left of the screen, select **All Surveyors** from the **Show Answers** for drop-down menu. All notes and CEs marked by other surveyors display in read-only format. A No for In Compliance overwrites any Yes marked for the same CE.
  - Two tags are applicable for **CE6** (F676 and F677). If you determine noncompliance with CE6, mark the CE as No; click Select; put a checkmark next to the tag(s) you want to cite, and indicate the appropriate severity; click Save.

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- **Infection Control**
  - All surveyors observe for breaks in infection control throughout the survey, as specified on the pathways and investigative protocols.
  - The assigned surveyor(s) should coordinate a review of the infection prevention and control and antibiotic stewardship programs, and the influenza and pneumococcal vaccinations.
  - Only the surveyor assigned responsibility of the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).
- **SNF Beneficiary Protection Notification Review**
  - Randomly select three residents from the list provided by the facility on the Entrance Conference worksheet.
  - Give the facility three Beneficiary Notification worksheets, one for each resident, to complete.
  - Review the completed worksheets and notices with the provider if issues are identified.
  - If the facility is a Medicaid-only facility, the Beneficiary facility task will not be listed.
- **Kitchen**
  - Make observations throughout the survey to gather all needed information.
  - For CE16 (unit refrigerators), either the assigned surveyor can review all unit refrigerators or the review can be shared amongst team members. In that case, each team member should assign themselves to the task and only answer CE16 based on their findings.
- **Med Admin**
  - We highly recommend that nurses and pharmacists conduct this task.
  - If the opportunity presents itself, observe meds for a sampled resident whose med regimen is being reviewed. Otherwise, observe meds for any resident to whom the nurse is ready to administer meds.
  - Observe different routes, units and shifts.
  - Observe 25 medication opportunities, including whether the administered med is expired.
  - There are two options to document your med observations (click Med Admin Observation icon in the upper right corner):
    - Option 1: Handwriting panel – Uncheck the Show Text Editor box. In tablet mode, use your stylus to document your med observation just like you were writing on a piece of paper. Enter YOUR number of errors and opportunities in the error calculator at the top of the screen.
    - Option 2: Text editor – Uncheck the Handwriting Panel box. You can type in your med observations. Enter YOUR number of errors and opportunities in the error calculator at the top of the screen.

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- On the main med admin screen, once the team shares their data, you can review the team's med error rate by changing Show Answers for to All Surveyors (the system will consolidate and calculate the team's error rate from each individual surveyor's error rate).
- **Med Storage**
  - Any surveyor can complete the med storage task.
  - At the top of the screen, enter the number of med storage rooms and the number of med carts the facility has. The system will tell you how many areas should be reviewed.
    - Review half of the med storage rooms, covering different units.
    - Review half of the med carts on units where the storage room was not observed.
  - If there are no concerns, the review is complete.
  - If there are concerns, expand and review more meds in the med carts and med storage rooms.
- **Resident Council Meeting**
  - Complete an interview with active members of the Resident Council early enough in the survey to afford you enough time to investigate any concerns preferably on Day 2 of the survey.
  - If there is not a Resident Council, do not conduct this task; however, determine whether residents have attempted to form one and have been unsuccessful, and if so, why. To remove the task, on the Facility Task screen, the TC selects the X in the Remove column and select "No Resident Council" as the reason for the removal.
  - Request the assistance of the president for arranging the meeting. If there is no president, ask for a list of active Resident Council participants and select a resident to assist in arranging the meeting.
  - Surveyors can invite residents (even those not in the Resident Council) they encounter who are able to converse and provide information.
  - Try to keep the group manageable, usually no more than 12 residents to facilitate communication.
  - Obtain permission from the president to review council minutes.
  - Review three months of minutes prior to the interview to identify any unresolved areas of concern.
  - If the ombudsman has indicated interest in attending the interview, ask the president if that is acceptable; if it is, notify the ombudsman of the time/place of the meeting.
  - When conducting the interview, refer to the questions on the Resident Council screen. For **CE25**, if additional concerns are identified and your investigation determines non-compliance, you can select the appropriate Ftag and severity level by clicking Yes for the resident council answer; then clicking No for In compliance; and then clicking Select to view all the tags—select the appropriate tags and assign a severity; click Save.

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- Document the names of the residents in the meeting by selecting the Add Residents icon in the top right corner of the screen and selecting all attending residents' names; click OK. Under the Other column indicate whether the resident is the President, attends resident council meetings or does not attend meetings.
- **Sufficient and Competent Nurse Staffing**
  - Throughout the survey, all surveyors are considering whether concerns with staffing can be linked to resident complaints, or quality of life and care concerns.
  - The surveyor assigned primary responsibility for the task should coordinate the review of the availability of licensed nursing staff to provide and monitor the delivery of care.
  - However, only the surveyor assigned responsibility of the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).

The following **triggered tasks** are only completed if the survey team has concerns:

- **Personal Funds**
  - Complete this review when there are identified concerns with sampled residents not having access to funds or not receiving a quarterly statement.
- **Environment**
  - Complete an environmental review only if there are concerns identified with sampled residents. Review the specific concerns the team has with the environment. Note: it may not be necessary complete a review of the entire environment.
  - Do not complete a review of oxygen storage, the generator, or disaster and emergency preparedness as these areas are reviewed by life safety.
- **Resident Assessment**
  - Complete this review if there were concerns with 1) a delay with the completion and/or submission of MDS assessments; and/or 2) MDS discrepancies for care areas that weren't marked for further investigation.
  - Each surveyor should review their own residents who had MDS discrepancy concerns (review the screen for the list of residents who had concerns).
- For triggered tasks, only complete the applicable section of the pathway.
- To access the **reg** or **IG**, click on the tag.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified) or NA (if the CE does not apply to your investigation). If you mark a CE as No you should have investigative documentation. When determining severity, refer to the severity grid and the psychosocial outcome severity guide in the software.
- Once you have answered all CEs, you will receive a green checkmark on the Facility Task screen indicating the task is complete.
- The Facility Task screen will display the tags cited by the surveyor (after data is shared, the tags that are in bold are cited by you).

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- To add a facility task, click on the Add New Task icon.

## Step 21: End of the day meeting

- Each team member **shares their data with the TC** (follow step 10 for instructions).
- **Meet for 30 to 45 minutes at the end of each day** to discuss the areas noted on the Team Meeting screen (Go to Team Meeting in the Navigation menu, select the Day 2 or later button).
- The system populated areas include:
  - Are there newly identified harm or IJ concerns (system populates only if severity 3 or 4 is marked)?
  - Have at least three resident representative interviews been completed?
- **If the team determines IJ or SQC** at any point during the survey, the extended survey should be completed. If the team plans to complete the extended during the survey, go to Investigations | Facility Tasks from the Navigation menu and assign the surveyor(s) who will investigate the extended.

## Step 22: Complete QAA/QAPI

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

## VII. POTENTIAL CITATIONS

### Step 23: Deficiency determination as a team

- Once the team shares their completed investigation data with the TC, there will be a consolidated list of potential citations (refer to Step 10 for instructions).
- The TC should then share the consolidated list of potential citations with the team (refer to Step 10 for instructions).
- The **team makes a compliance and scope and severity** determination for individual potential deficiencies.

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- To **cite a tag**, select the tag, place a checkmark next to each resident who should be included in the citation, mark Cite and include the final severity and scope.
- When determining scope and severity refer to the scope and severity grid and the psychosocial outcome severity guide in the software (to view grid and select, click the arrow in front of S/S).
- After determining the severity level of a deficient practice, determine scope. When determining scope, evaluate the cause of the deficiency. If the facility lacks a system/policy (or has an inadequate system) to meet the requirements and this failure has the potential to affect a large number of residents in the facility, then the deficient practice is likely to be widespread. If an adequate system/policy is in place but is being inadequately implemented in certain instances, or if there is an inadequate system with the potential to impact only a subset of the facility's population, then the deficient practice is likely to be pattern. If the deficiency affects or has the potential to affect one or a very limited number of residents, then the scope is isolated.
- If the evidence gathered during the survey for particular requirement includes examples of various severity or scope levels, surveyors should generally classify the deficiency at the highest level of severity, even if most of the evidence corresponds to a lower severity level. For example, if there is a deficiency in which one resident suffered a severity 3 while there were widespread findings of the same deficiency at severity 2, then the deficiency would be generally classified as severity 3, isolated.
- Past noncompliance may be identified during any survey of a nursing home. When a citation of past noncompliance is written, a nursing home does not provide a plan of correction as the deficiency is already corrected; however, the survey team documents the facility's corrective actions on Form CMS-2567. (Additional information about citations of past noncompliance is found at Chapter 7). To cite past noncompliance with a specific survey data tag (F-tag or K-tag), all of the following three criteria must be met:
  - The facility was not in compliance with the specific regulatory requirement(s) at the time the situation occurred;
  - The noncompliance occurred after the exit date of the last standard survey and before the survey currently being conducted; and
  - There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s).
- You can document the based on statement or universe in the Opening Statement field.
- If your survey contains multiple survey categories such as recertification and complaint, indicate which category pertains to the cited tag.

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- If the team cites a tag at SQC, an orange exclamation point (!) marks the tag to help you track the SQC tags and remind you that the extended has to be investigated.
- If you **don't cite a tag**, select the tag, ensure no residents are checked, mark Don't Cite and include a rationale.

## Step 24: Exit Conference with Facility

- Conduct an exit conference with the facility administration/leadership to inform the facility of the survey team's observations and preliminary findings.
- Invite the ombudsman and an officer of the organized residents group, if one exists, to the exit conference. Also, invite one or two residents to attend. The team may provide an abbreviated exit conference specifically for residents after completion of the normal facility exit conference. If two exit conferences are held, notify the ombudsman and invite the ombudsman to attend either or both conferences
- Do not discuss survey results in a manner that reveals the identity of an individual resident. Provide information in a manner that is understandable to those present, e.g., say the deficiency "relates to development of pressure ulcers," not "Tag F686."
- Describe the team's preliminary deficiency findings to the facility and let them know they will receive a report of the survey which will contain any deficiencies that have been cited (Form CMS-2567).
- If an extended survey is required and the survey team cannot complete all or part of the extended survey prior to the exit conference, inform the Administrator that the deficiencies, as discussed in the conference, may be amended upon completion of the extended survey.
- During the exit conference, provide the facility with the opportunity to discuss and supply additional information that they believe is pertinent to the identified findings. Because of the ongoing dialogue between surveyors and facility staff during the survey, there should be few instances where the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.
- If your state provides the sample list during the exit, click the Reports icon; select the "Sample List Provided to Facility" report; click **Run Reports** and then send the report in a secure method electronically OR print the report. States may also elect to send the Sample List with the CMS-2567.

## Step 25: Load Cites

- Exit the tool and click on Load Cites on the Citation Manager screen.
- If any potential citations are incomplete for any tags, you will receive a warning that these tags were not copied forward.

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- Edit the potential citation documentation following your state practice (e.g., either in ASE-Q or ACO). The general objective of this section is to write the statement of deficiencies in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. For findings of past noncompliance and or current noncompliance indicate the data prefix tag and regulatory citation, followed by a summary of the evidence and supporting observations using resident identifiers. This documentation must be written in language specific enough to use to identify levels of severity and scope at the completion of the survey. If information was identified during confidential resident interviews, do not include a resident identifier when recording the source of the evidence. List the data tags in the order specified in the Code of Federal Regulations. The statement of deficiencies should:
  - Specifically reflect the content of each requirement that is not met;
  - Clearly identify the specific deficient entity practices and the objective evidence concerning these practice
  - Identify the extent of the deficient practice, including systemic practices, where appropriate; and
  - Identify the source(s) of the evidence, e.g., interview, observation, or record review.

## **Step 26: Save Completed Survey**

- Export the completed survey from ASE-Q and import the survey back into ACO following your state practice.
- If the floor plan was inaccurate, ensure the TC includes an updated floor plan for the next survey.

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## Attachment A: Sample Size Grid and Recommended Team Size

Below is the required sample size and the recommended number of surveyors for each survey.

| Facility Census | # of Residents in Sample | % of Residents | Recommended # of Surveyors |
|-----------------|--------------------------|----------------|----------------------------|
| 1-8             | All residents            | 100%           | 2                          |
| 9 - 19          | 8                        | 42% - 89%      | 2                          |
| 20 - 48         | 12                       | 25% - 60%      | 2                          |
| 49 - 52         | 13                       | 25% - 27%      | 3                          |
| 53 - 56         | 14                       | 25% - 26%      | 3                          |
| 57 - 61         | 15                       | 25% - 26%      | 3                          |
| 62 - 65         | 16                       | 25% - 26%      | 3                          |
| 66 - 69         | 17                       | 25% - 26%      | 3                          |
| 70 - 90         | 18                       | 20% - 26%      | 3                          |
| 91 - 95         | 19                       | 20% - 21%      | 3                          |
| 96 - 100        | 20                       | 20% - 21%      | 4                          |
| 101 - 105       | 21                       | 20% - 21%      | 4                          |
| 106 - 110       | 22                       | 20% - 21%      | 4                          |
| 111 - 115       | 23                       | 20% - 21%      | 4                          |
| 116 - 123       | 24                       | 20% - 21%      | 4                          |
| 124 - 128       | 25                       | 20%            | 4                          |
| 129 - 133       | 26                       | 20%            | 4                          |
| 134 - 138       | 27                       | 20%            | 4                          |
| 139 - 143       | 28                       | 20%            | 4                          |
| 144 - 148       | 29                       | 20%            | 4                          |
| 149 - 153       | 30                       | 20%            | 4                          |
| 154 - 158       | 31                       | 20%            | 4                          |
| 159 - 164       | 32                       | 20%            | 4                          |
| 165 - 169       | 33                       | 20%            | 4                          |
| 170 - 174       | 34                       | 20%            | 4                          |
| ≥175            | 35                       | 20% or less    | 5                          |

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We note that team size for an initial certification or annual recertification survey will also be dependent on other tasks that may need to be performed at the time of the survey (e.g., licensure tasks, facility history of larger care concerns, etc.). Survey agencies should staff the team to promote an effective and efficient survey process. Please see note within this Guide regarding team size effect on initial pool process (Step 13).

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

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## **Attachment B: Complaints and Facility Reported Incidents with Standard Survey**

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

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

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

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

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

### ***Enforcement Considerations***

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

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