Focused Surveys

A Compliance Solution
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BACKGROUND

Participation in federal health care programs is conditioned on a facility’s compliance with federal and state regulations. The survey process, whether traditional or QIS, is CMS’ oversight mechanism for ensuring substantial compliance with those regulations. In recent years, CMS has added to the survey process by initiating various pilot surveys. These include surveys on dementia care, MDS/staffing, medication safety systems, and infection control. What processes are examined during these surveys? What deficiencies can be cited? What can providers do to be successful? The purpose of this educational piece is to answer those questions, and to offer solutions for success.

DEMENTIA FOCUSED SURVEYS

In 2012, CMS launched the National Partnership to Improve Dementia Care, which included an initiative to reduce antipsychotic medication use in nursing home residents. New survey guidance was released in 2013 for assessing compliance with F309-Quality of Care and F329-Unnecessary Drugs, including a survey checklist that was modeled after the CE pathways within the QIS survey process. A dementia care survey pilot was initiated in 2014, with a voluntary expansion in 2015. The survey checklists were revised as a result of the pilot and expansion effort, and were eventually forwarded to providers with the expectation that facilities would use the checklists as a self-assessment. Many goals within the National Plan to Address Alzheimer’s Disease are updated each year, and the Partnership continues to fulfill its larger mission to enhance the use of non-pharmacologic approaches and person-centered dementia care practices. While providers await a final report from the expansion project, dementia care will be an ongoing hot survey topic.

RELEVANT S & C LETTERS

13-35: Advanced Copy – Dementia Care in Nursing Homes – Clarification to Appendix P and Appendix PP for F309 and F329
14-22: Focused MDS and Dementia Care Surveys
16-04: Focused Dementia Survey Tools

PROCESSES EXAMINED DURING THESE SURVEYS

Dementia Survey Worksheets (from S&C Letter 16-04)

1. **Facility Level Processes** – specific policies and procedures related to dementia care, adoption of nationally-recognized dementia care guidelines or programs, coordinated dementia care training, QAA (QAPI) Committee oversight of dementia care processes and compliance
2. **Resident Level Processes** – initial and ongoing comprehensive assessment of dementia residents for identification of specific care needs; recognition, assessment, and cause identification of
behavioral manifestations of dementia; care planning with individualized approaches and treatment; monitoring and follow-up

Critical Element Pathways

1. Behavioral & Emotional Status Critical Elements (CMS Form 20067)
2. Unnecessary Medications and Medication Regimen Review Critical Elements (CMS Form 20082)

POSSIBLE DEFICIENCIES FROM DEMENTIA FOCUSED SURVEYS

If any deficient practices are noted during a dementia focused survey, relevant citations will be issued. Commonly cited tags during the pilot surveys were F309, F329, F520 and F279. The following table includes additional possible* deficiencies. (Click here for access to the regulations.)

<table>
<thead>
<tr>
<th>F-272 – Comprehensive Assessments</th>
<th>F-329 – Unnecessary Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>F-279 – Comprehensive Care Plans</td>
<td>F-490 – Facility Administration</td>
</tr>
<tr>
<td>F-281 – Professional Standards of Quality</td>
<td>F-498 – Proficiency of Nurse Aides</td>
</tr>
<tr>
<td>F-309 - Quality of Care</td>
<td>F-520 – Quality Assessment and Assurance</td>
</tr>
</tbody>
</table>

*This list is not all-inclusive. Surveyors have the authority to cite any deficiency in accordance with their protocols.

SOLUTIONS FOR SUCCESSFUL SURVEY

The following tools and resources can be used to facilitate a successful dementia focused survey.

1. Dementia Care Worksheets – use as a self-assessment of your dementia care processes.
2. Policies and Procedures
   b. Use of Antipsychotic Drugs Policy.
3. Care Plans
   a. Behavior Care Plan.
   b. Psychotropic Drug Use Care Plan.
4. Psychotropic Dose Reduction Form – the current national goal is a 30% reduction (from baseline data in 2011) in the use of antipsychotic medications in long-stay nursing home residents by the end of 2016.
6. Additional resources.
7. QAPI Quick Start Toolkit.

If you receive a deficiency, the following Plans of Correction may prove helpful:

1. F-329: Unnecessary Drugs/Excessive Dose.
2. F-329: Unnecessary Drugs/Without Adequate Indications for Use.
MDS/STAFFING FOCUSED SURVEYS

Minimum Data Set (MDS) accuracy is critical for many reasons. This assessment drives individualized care planning for the delivery of person-centered care and impacts payment rates via resource utilization group (RUG) scores. Its coding affects a facility’s quality measures used in the Five-Star Quality Rating System, as well as reportable measures in accordance with the IMPACT Act. In 2014, CMS initiated pilot surveys focusing on MDS coding practices and associated care planning. The pilot was expanded nationwide in 2015, and included an assessment of the staffing levels of nursing facilities. This expansion was to be rolled out into two phases; final results have not been communicated to providers. The reporting of payroll-based staffing data will become mandatory in July 2016. Therefore, the accuracy of staffing information will be as critical as the accuracy of the MDS.

RELEVANT S & C LETTERS

14-22: Focused MDS and Dementia Care Surveys

15-06: Nationwide Expansion of Minimum Data Set (MDS) Focused Survey

15-25: MDS/Staffing Focused Surveys Update

15-35: Implementation of Section 6106 of the Affordable Care Act – Collection of Staffing Data for Long Term Care Facilities

PROCESSES EXAMINED DURING THESE SURVEYS

1. Entrance Conference Worksheet – facility transfer records for the last 90 days; wound care responsibility and processes; staffing responsibility and processes; policies and procedures related to the RAI, MDS, staffing, and scheduling; CMS 671

2. Focused Survey Facility Worksheet – restraints, falls with major injury, pressure ulcers, urinary catheters, antipsychotic medications, assistance of 2 or more
POSSIBLE DEFICIENCIES FROM MDS/STAFFING FOCUSED SURVEYS

If any deficient practices are noted during an MDS/staffing focused survey, relevant citations will be issued. The pilot results showed there is room for improvement in four areas: severity of injury associated with falls, pressure ulcer status, restraint use, and late loss ADL status. The following table includes additional possible* deficiencies. (Click here for access to the regulations.)

<table>
<thead>
<tr>
<th>F-222 – Physical and Chemical Restraints</th>
<th>F-309 – Quality of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>F-272 – Comprehensive Assessments</td>
<td>F-314 – Pressure Ulcers</td>
</tr>
<tr>
<td>F-273 – Assessment Frequency</td>
<td>F-315 – Urinary Incontinence</td>
</tr>
<tr>
<td>F-274 – Significant Change Assessment</td>
<td>F-329 – Unnecessary Drugs</td>
</tr>
<tr>
<td>F-275 – Annual Resident Assessment</td>
<td>F-353 – Nursing Services</td>
</tr>
<tr>
<td>F-276 – Quarterly Review Assessment</td>
<td>F-354 – Registered Nurse</td>
</tr>
<tr>
<td>F-278 – Accuracy of Assessment, Coordination, Certification, Penalty for Falsification</td>
<td>F-355 – Nursing Waivers</td>
</tr>
<tr>
<td>F-279 – Comprehensive Care Plans</td>
<td>F-356 – Nurse staffing Information</td>
</tr>
<tr>
<td>F-280 – Care Planning and Comprehensive Care Plans</td>
<td>F-360 – Dietary Services</td>
</tr>
<tr>
<td>F-281 – Professional Standards of Quality</td>
<td>F-361 – Staffing</td>
</tr>
<tr>
<td>F-282 – Qualifications of Staff</td>
<td>F-362 – Staffing of Dietary Services</td>
</tr>
</tbody>
</table>

*This list is not all-inclusive. Surveyors have the authority to cite any deficiency in accordance with their protocols.

SOLUTIONS FOR SUCCESSFUL SURVEY

The following tools and resources can be used to facilitate a successful dementia focused survey.

1. MDS 3.0 RAI Manual – an accurate MDS requires baseline knowledge of this manual.
2. MDS 3.0 Appendices – includes CAA resources, interviews, and draft forms
3. MDS 3.0 Supplemental Documents – includes tracking tools and clarifying memos.
4. MDS Focused Survey Facility Self-Assessment – use this as part of your QAPI efforts.
5. Policies and Procedures related to the MDS and staffing.
6. Care Plans – this comprehensive list addresses clinical conditions, CAAs, and more.
If you receive a deficiency, the following Plans of Correction may prove helpful:

1. **F-272**: Failure to Complete a Timely Assessment.
2. **F-278**: Inaccurate Assessment of Resident.
3. **F-279**: Developing Comprehensive Care Plans.
4. **F-280**: Failure to Review and Revise the Care Plan after a Significant Change.
5. **F-282**: Failure to Provide Assistive Devices.

### FOCUSED SURVEY ON MEDICATION SAFETY SYSTEMS

In response to a 2014 [OIG report](#) on adverse events in nursing homes, CMS began pilot testing in 2015 a Focused Survey on Medication Safety Systems. Surveyors were directed to look at nursing home practice around high-risk and problem-prone medications, and were provided with an adverse drug event trigger tool to assist with their investigations. No further guidance has been provided to long-term care facilities regarding this focused survey. However, one intent in the proposed reform of long-term care regulations regarding QAPI is that the system, policies, and procedures must include the process for identification, reporting, analysis, and prevention of adverse events.

### RELEVANT S & C LETTERS

- **13-02**: Nursing Homes - Clarification of Guidance related to Medication Errors and Pharmacy Services
- **15-47**: Medication Related Adverse Events in Nursing Homes

### PROCESSES EXAMINED DURING THESE SURVEYS

**Adverse Drug Event Trigger Tool (from S&C Letter 15-47)** – identification of and risk factors for adverse drug events, interventions utilized to eliminate or mitigate risk, monitoring systems, and response to adverse drug events.
POSSIBLE DEFICIENCIES FROM FOCUSED SURVEY ON MEDICATION SAFETY SYSTEMS

Surveyors will investigate medication related adverse events and assess compliance around medication issues during standard and complaint surveys. If any deficient practices are noted, relevant citations will be issued. The following table includes a list of possible* deficiencies. (Click here for access to the regulations.)

| F-281 – Professional Standards of Quality | F-425 – Pharmacy Services |
| F-309 – Quality of Care | F-428 – Drug Regimen Review |
| F-329 – Unnecessary Drugs | F-501 – Medical Director |
| F-332 – Medication Errors | F-514 – Maintaining/Content of Clinical Records |
| F-385 – Physician Supervision | F 520 – Quality Assessment and Assurance |

*This list is not all-inclusive. Surveyors have the authority to cite any deficiency in accordance with their protocols.

SOLUTIONS FOR SUCCESSFUL SURVEY

The following tools and resources can be used to facilitate a successful survey related to medication use and safety.

1. Adverse Drug Events Tool – use with residents who are receiving high risk medications.
2. Beers Criteria for Potentially Inappropriate Medication Use in Older Adults – includes a list of medications that must be used with caution in the geriatric population.
3. AHRQ Resources
   b. Medication Management Guideline.
5. Care Plans
   a. Anticoagulation Care Plan.
   b. Risk for Bleeding Care Plan.
   c. Psychotropic Drug Use Care Plan.
   d. Use of Medication with Black Box Warning Care Plan.

If you receive a deficiency, the following Plans of Correction may prove helpful:

2. F-332: Medication Error Rate 5% or Greater.
3. F-425: Failure to Administer Medication in a Timely Manner
INFECTION CONTROL PILOT PROJECT

In December 2015, CMS announced a three year pilot project to improve assessment of infection control and prevention regulations in nursing homes, hospitals, and during transitions of care. A national contractor will perform the surveys, 10 of which will occur in nursing homes in 2016. These contractors will not issue citations, but will refer any Immediate Jeopardy issues to the CMS Regional Office.

RELEVANT S & C LETTERS

15-46: Publication of Proposed Rule for Long-Term Care Facilities

16-05: Infection Control Pilot Project

PROCESSES EXAMINED DURING THESE SURVEYS

(From S&C Letter 16-05) - "New surveyor tools and processes will be developed and tested, focusing on existing regulations as well as recommended practices (such as those for antibiotic stewardship and transitions of care)."

POSSIBLE DEFICIENCIES FROM INFECTION CONTROL PILOT PROJECT

These surveys are educational, and no citations will be issued. However, the contractors will refer any Immediate Jeopardy deficiencies to the CMS Regional Office. When comparing existing to proposed regulations, the following F-tags may be relevant.* (Click here for access to the regulations.)

<table>
<thead>
<tr>
<th>F-202 – Documenting Resident Transfers and Discharges</th>
<th>F-334 – Influenza and Pneumococcal Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>F-329 – Unnecessary Drugs</td>
<td>F-389 – Availability of Physicians for Emergency Care</td>
</tr>
<tr>
<td></td>
<td>F-441 – Infection Control</td>
</tr>
</tbody>
</table>

*This list is not all-inclusive. Surveyors have the authority to cite any deficiency in accordance with their protocols.
The following tools and resources can be used to facilitate a successful survey related to infection control.

1. [Reform of LTC Regulations: Summary of Major Changes](#) – this provides information on the recommended practices that contractors will be focusing on.
3. The Core Elements of [Antibiotic Stewardship](#) for Nursing Homes – refer to this CDC publication for more information on recommended practices regarding antibiotic use.
4. Inter-Facility Transfer Forms – use these forms when transferring residents to facilitate adequate hands-off communication.
   a. Inter-Facility [Infection Control](#) Transfer Form.
   b. Inter-Facility [Isolation](#) Transfer Form.
5. [Infection Control Validation Checklists](#) – use these to validate compliance with hand washing, handling soiled linen, and removing PPE.
6. [Policies and Procedures](#) related to infection control.
7. Care Plans
   a. [Infection Care Plan](#).
   b. [Infection Related to Medical Condition Care Plan](#).
   c. [Urinary Tract Infection Care Plan](#).
8. AHRQ Resources
   a. [CRE Control and Prevention Toolkit](#).
   b. [Infection Control Guidelines and Pocket Cards](#).
   c. [Suspected UTI SBAR](#).

If you receive a deficiency, the following Plans of Correction may prove helpful:

1. [F-334](#): Influenza and Pneumococcal Immunizations.
2. [F-441](#): Infection Control
THE COMPLIANCE STORE

If you need guidance with preventing and managing pressure ulcers, turn to The Compliance Store for help. We have multiple resources for this challenge, including educational tools, policies and procedures, and a plan of correction packet.

Managing compliance and regulatory information is a constant battle for Long Term Care providers. The Compliance Store offers a comprehensive web-based library that provides you with the regulatory tools and information needed to win that battle.

The Compliance Store...
- Maintains a complete library of federal and state regulations.
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- Saves your organization time and money by eliminating paper manuals and government website searches.

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www.TheComplianceStore.com

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