

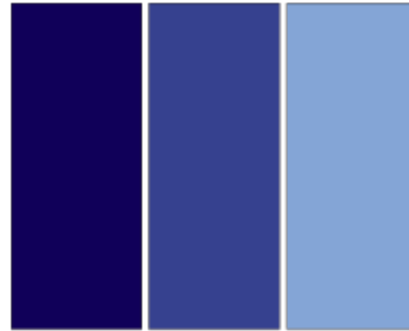
NEWS & VIEWS

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**The New Long Term Care
Survey Process Essentials for
Providers**



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The New Long Term Care Survey Process Essentials for Providers

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Background

The Consolidated Medicare and Medicaid requirements for participation for Long Term Care (LTC) facilities have been revised to reflect the advances in the theory and practice of service delivery and safety since these requirements were first published in the Federal Register on February 2, 1989 (54 FR 5316). The revisions were published in a final rule that became effective on November 28, 2016.¹

The survey protocols and interpretive guidelines help to clarify and/or explain the intent of the revised regulations which the surveyors will use to assess compliance. Deficiencies are based on violations of the regulations, which are based on observations of the nursing home's performance or practices.¹

CMS is incorporating the new regulatory requirements while at the same time combining the Traditional and Quality Indicator Survey processes. The interpretive guidance includes information about the new computer-based Long Term Care survey system. Providers must be in compliance with these Phase 2 regulations on November 28, 2017. All States will use the new computer-based survey process for LTC surveys effective on this date.

What has Changed?

The new computer-based LTC Survey Process replaces both the Traditional and QIS processes and ensures survey consistency throughout the country. It incorporates strengths from both survey processes such as retaining surveyor autonomy related to the questioning of residents from the traditional survey and introducing innovative investigative survey pathways, which are

strengths of the QIS process.

The New Survey Process

- Three components:
 1. 1. The initial pool process
 2. 2. Sample selection
 3. 3. The investigative process
- Fully automated - each survey team member uses a tablet throughout the survey process to record findings that are synthesized and organized by new software
- Offsite preparation- each team member independently reviews the Casper 3 report to identify patterns of repeat deficiencies and other facility history information including a review of selected residents, their indicators, and facility rates
- Survey structure
 - ◦ Entrance Information - the Team Coordinator (TC) conducts an Entrance Conference with the administrator; the survey team reviews information for the initial pool of residents including the updated Facility Matrix, an alphabetical list of residents, a list of residents who smoke, and smoking times
 - ◦ Initial Activities - there is no formal tour process; surveyors meet to select the sample and prioritize concerns;
 - Sample size is about 20% of the facility census; of the total sample, 70% is MDS pre-selected residents and 30% is surveyor-selected residents, including new admissions, vulnerable residents, and other residents with quality of life and care areas concerns; surveyors finalize the sample based on observations, interviews, and a limited record review. Maximum sample size is 35 residents
 - Surveyors go to assigned areas and complete a full observation, interview all interview-able residents, complete a limited record review for the pool of offsite selected residents, and ask questions; surveyors dedicate about eight hours for interviews, observations, and screening
 - ◦ Investigations are completed during the remainder of the survey for each resident sample using Appendix PP and Critical Element (CE) pathways
 - ◦ Facility tasks and closed record reviews are completed during the survey including:
 - Dining group interviews
 - Resident Council Meeting with active members including resident Council minutes
 - Infection control including observations, review of influenza and pneumococcal vaccinations, and antibiotic stewardship program
 - Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
 - Kitchen investigation including Appendix PP and Facility Task Pathway
 - Medication administration and storage including reconciliation of controlled medications, observation of different routes, units, and shifts of 25 medication opportunities; review of medication storage rooms and medication carts
 - Sufficient and competent nurse staffing- linking of staffing concerns to QOL and QOC concerns
 - The environment, Disaster Preparedness, and the Life Safety Code
 - QAA/QAPI
 - Compliance and Ethics Program
 - ◦ Brief surveyor meeting at the end of the day-team makes compliance determination
 - Compliance decisions reviewed by team for scope and severity
 - ◦ Exit conference- communicate potential areas of deficient practice

The Long Term Care Survey Process Procedure Guide 2.replaces Appendix P as the procedural and technical guide for conducting LTC standard surveys. CMS is revising Chapter 7 of the State Operations Manual (SOM) to include survey policy and has also provided a link to resources surveyors will need on the CMS web site3.. Survey findings of facilities surveyed under the

survey process will be published on Nursing Home Compare, but will not be incorporated into calculations for the Five-Star Quality Rating System for 12 months.

The overarching goal for the New LTC Survey Process is to have a unified survey process that:

- Effectively identifies survey outcomes in an efficient manner
- Accounts for survey resources for both time spent onsite and the number of surveyors
- Is resident-centered meaning resident-specific concerns are identified through resident observations and resident or representative interviews
- Balances structure to ensure survey consistency with surveyor autonomy to make decisions based on their expertise and judgment

Long Term Care Facilities must be ready for the new survey starting November 28, 2017.

References:

1. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
2. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTCSP-Procedure-Guide.pdf>
3. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Survey-Resources.zip>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/List-of-Revised-FTags.pdf>

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