

Survey and Certification 101

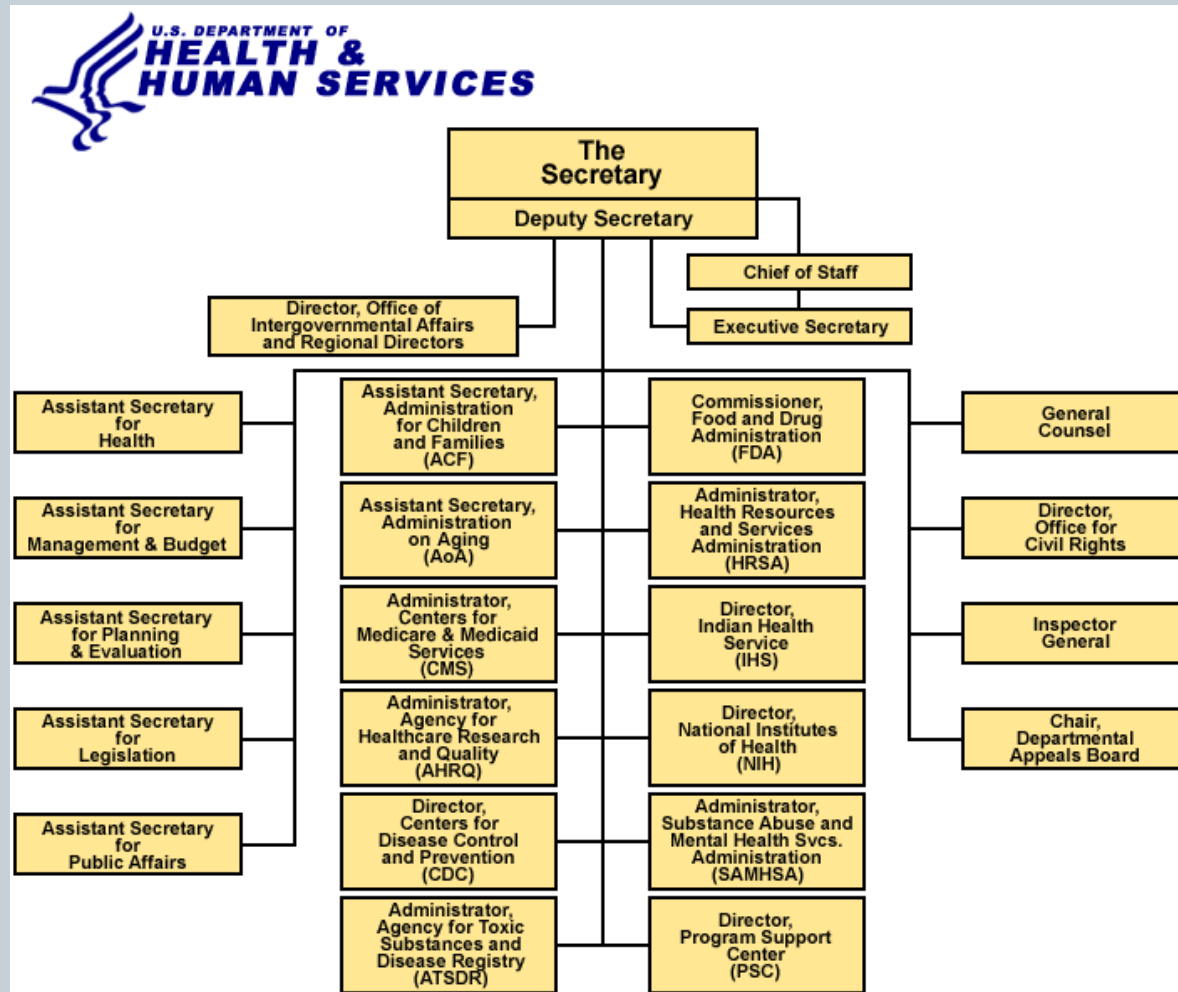
For Direct-Care Nursing Home Staff



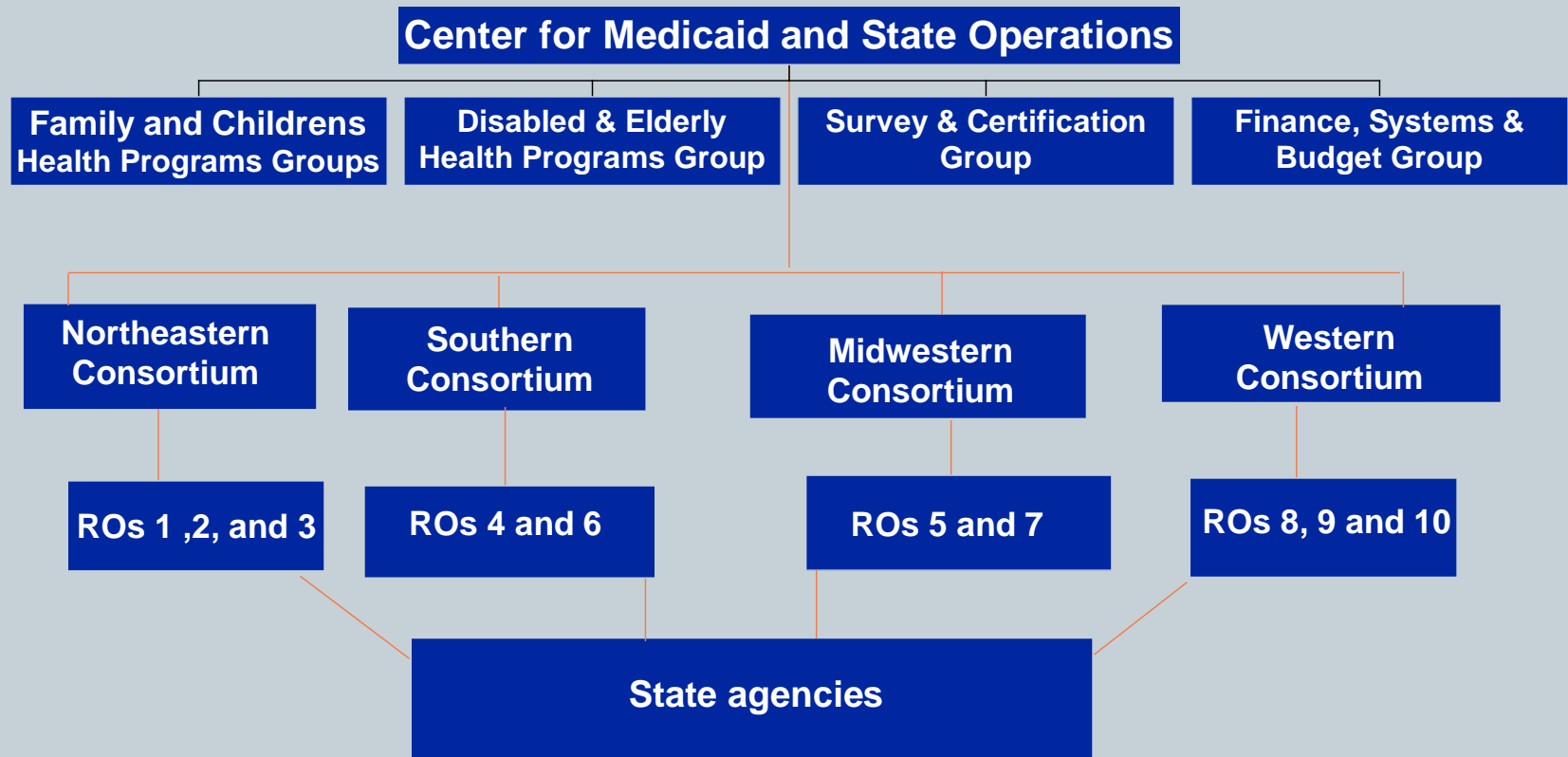
AN OVERVIEW OF THE SURVEY / INSPECTION PROCESS IN MISSOURI

**PROVIDED BY THE SECTION FOR LONG-TERM CARE
REGULATION**

Let's Start at the Top:



If CMS Is Supposed to Ensure Compliance, Why Does the State Do Our Survey?



Why is it So Important to be in Compliance with the Regulations?



There are several reasons.

- Most importantly, compliance is consistent with good care, and nursing home residents deserve good care.

But speaking purely to the regulatory aspect:

- A home has to be certified as compliant with regulations in order to participate in the Medicare and/or Medicaid programs.
- If a home can't stay in substantial compliance, it is de-certified.
- Sometimes monetary penalties are also assessed because of non-compliance.

So Being Surveyed Is Just About Participating in Medicare and Medicaid?



Not quite.

- A nursing home also has to be licensed by the state in order to operate.
- If a facility can't maintain compliance with state and federal regulations, its license may be revoked or not renewed.
- So the survey results also determine whether the *state* will allow the home to continue operations.
- And again, the main point is to ensure good care.

Questions?



This is pretty much the end of
the federal portion.

So Missouri DHSS Visits Every Home in the State?



Yes, every year.

- 495 Skilled Nursing Facilities
- 35 Intermediate Care Facilities
- 471 Residential Care Facilities
- 145 Assisted Living Facilities
- We also respond to approximately 7,000 hotline calls each year.

Are All Types of Facilities Surveyed the Same Way?



Almost.

- RCFs and ALFs (and a few SNFs and ICFs) are not federally-certified, so they only have to follow Missouri's state regulations.
- Missouri regulations are very similar to the federal regulations, though.
- In these homes, the process is officially called an "inspection" rather than a "survey."

When Does DHSS Visit Facilities?



We can't let anyone know when we're coming, but there are some guidelines.

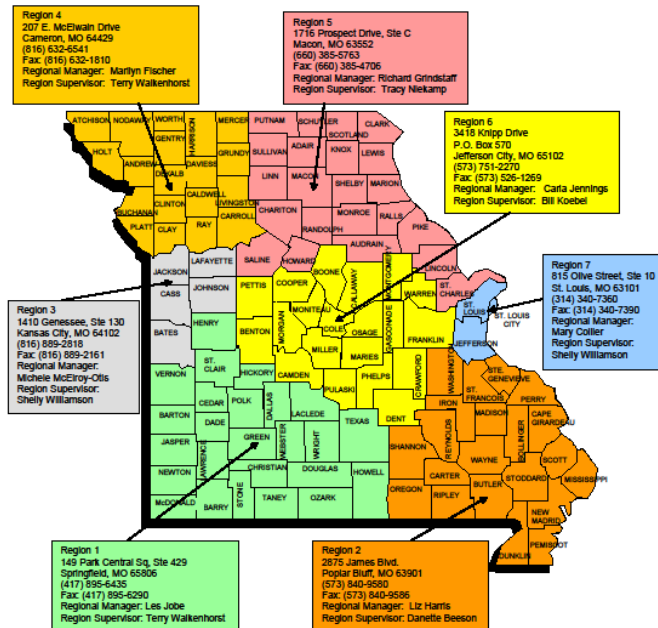
- Missouri law requires each home to be inspected twice per fiscal year (July 1 – June 30).
- CMS requires one survey every 9 – 15 months.

How Can DHSS Be In So Many Places At Once?



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Long Term Care Regions



Revised 7/1/11

Questions?



We're about to start focusing on
the survey process.

Which Type of Survey Are We Talking About?



- Many states have begun using a computerized survey system in which surveyors carry tablet PCs. This is called the QIS survey process.
- Eventually, CMS will require *all* states to conduct this type of survey.
- Missouri currently plans to begin implementing the QIS survey in 2013.
- The following slides only pertain to the current, standard survey process.

When Does A Survey Actually Begin?



A day or two before surveyors visit your home.

- At the regional office, members of the survey team review your home's Quality Indicator report (the exact same one your Administrator and DON can access from the home).
- They also review recent complaint investigations and previous survey results.
- They may visit with your Ombudsman.
- This review helps the team identify a sample of residents that they will observe for the next few days.

What Things Really Catch the Team's Attention?



Things that might be dangerous.

- Weight loss
- Dehydration
- Pressure ulcers
- Fecal impaction
- Quality indicators at or above 90%

So When Does The Real Surveying Begin?



With the Entrance Conference.

- Upon entering the building, the team leader should introduce the team to the Administrator.
- The team leader explains the process and requests some standard information.
- The remainder of the team begins a tour of the home, with staff members if possible.

What's Going On During The Tour, Anyway?



A few different things.

- Surveyors are making sure their pre-selected residents are still in the nursing home.
- They're confirming information collected during the off-site preparation.
- They're taking note of any potential new concerns that are immediately obvious.
- And one of them is probably heading toward the kitchen.

What Are Surveyors Trying to Accomplish with A Tour?



- To get a general look at the care and services offered.
- To meet the residents (especially the pre-selected sample) and visit with them.
- To observe how residents and staff interact.
- To identify newly-admitted residents, or those awaiting transfer or discharge.
- Note which residents are interview-able, or *not* interview-able.
- Determine if any family members are available for interviews.

What Happens After these First Minutes of the Tour?



The surveyors start paying close attention to the quality of specific services.

- Are the residents clean and groomed appropriately?
- Are residents active, or sitting around and mainly inactive?
- Are caregivers available when needed?
- What is the response of nursing home employees to residents with behavioral issues?

Other Evidence of Quality:



- Whether the environment is home-like.
- Whether the home is clean (and smells clean).
- Whether the staff seems to understand infection control practices.
- Whether residents seem to have the assistive devices they need.
- Whether any residents are at risk of dehydration.

What Happens After the Tour?



Sample Selection.

- The team gets together on-site and reviews its pre-selected sample of residents.
- They agree to select additional residents if necessary for a mixed sample.
- Later, the team may have to select another sample of residents based on new concerns identified during the survey.

What Happens After the Sample is Selected?



The team begins gathering information.

- Information about the environment (maintenance personnel).
- Information about the kitchen, meals and dietary staff.
- Information about the residents' quality of life.
- Information about medication passes.
- Information about the Quality Assurance Committee.
- Information about abuse prevention.

Why Might Surveyors Want to Speak with Maintenance Staff?



- The home should be free of accident hazards.
- The resident call system and other equipment should be functioning properly.
- The building should be sanitary and comfortable.
- An effective pest control program should be in place.
- Housekeeping compounds should be stored safely.
- Things should appear home-like.

Why Might They Speak with Dietary Staff?



- Food needs to be stored, prepared, distributed and served in ways that prevent food-borne illness.
- Potentially dangerous ingredients need to be cooked appropriately.
- Frozen items should be thawed properly.
- The equipment and environment should be *clean*.
- The food should taste good to the residents.
- The dining experience should be pleasant.

What About the Nursing Staff, Specifically?



The nursing staff tends to be observed the most.

- Surveyors watch to see if residents are treated with dignity while interacting with nursing staff.
- They watch to see whether residents are offered choices when they are assisted.
- They notice whether the residents' needs are met.
- They look to see if drugs are appropriate and effective.
- They verify the accuracy of the Resident Assessment Instrument (RAI) and the Minimum Data Set (MDS).
- They review residents' care plans.

What About the Medication Pass?



Surveyors will check to determine that staff members safely store and administer meds.

- The medication error rate has to be below 5%.
- Surveyors initially view 20-25 opportunities for an error.
- If a rate of 5% or more is observed, then they have to observe 20-25 more opportunities for error.
- After 40-50 opportunities, the rate *has* to be below 5%.

What Exactly is a Medication Error?



Many things are counted as medication errors:

- Medication given to wrong resident.
- Wrong medication given.
- Wrong dose of medication is given.
- The medication is given in the wrong route.
- Medication is given at the wrong time.
- Documentation related to medications is inadequate.
- Evaluation of medication effectiveness is inadequate.

Do Surveyors Look for Evidence of Abuse?



They ask aides how to report abuse, and they look for policies and procedures that prohibit the following:

- Abuse
 - Neglect
 - Misappropriation of resident property
 - Involuntary seclusion
-
- These documents should also outline prevention measures (hiring practices, training, etc.)
 - Investigation protocol should ensure that residents are protected during any investigation period.

Questions?



We're about to discuss deficiencies.

What Happens After the Observations Are Done?



- Information and collected evidence is discussed to determine if sufficient evidence exists to cite a deficiency or non compliance.
- The team determines whether substandard care exists (which may trigger an extended survey).
- An exit conference is held, and preliminary deficiency findings are shared with the Administrator and other staff members.

Why Are Deficiencies Written as a Combination of Letters and Numbers?



Different letters and numbers mean different things.

- Deficient practices are identified as F-Tags or K-Tags in the State Operations Manual (SOM).
- State regulations have different letters and numbers (they're sometimes called A-Tags), but usually correspond to an F-Tag.
- Federal deficiencies are also assigned a letter that establishes the scope and severity of the deficiency.

What is Meant By Scope and Severity?



Severity

Immediate Jeopardy

Actual harm

No harm, potential
more than minimal

No harm, potential
Less for minimal

J	K	L
G	H	I
D	E	F
A	B	C

Isolated

Pattern

Widespread

Scope

Does This Apply to All Types of Facilities?



No.

- It applies to Medicare- or Medicaid-Certified homes (or those undergoing their initial certification).
- For state-licensed-only homes, violations are classified as Class I, II, or III.
- Class I violations usually = a *s/s* of J or higher.
- Class II violations usually = a *s/s* of between D & I.
- Class III violations usually = a *s/s* of A, B or C.

What is Substandard Care?



Not exactly what you might think. In the survey process, this term has a specific meaning.

- The tag number of the deficiency falls between F221 & F225, between F240 & F258, or between F309 & F334.
- (These are tags related to restraints, pressure sores, hydration, supervision, accidents, etc.)

AND

- The scope and severity must be an F, H,I,J,K or L.
- (Scope and severity of G is excluded.)

Can A Home Receive A Deficiency & Still Be In Substantial Compliance?



Yes.

- Any deficiency may be cited at a scope and severity of A, B or C, and the home is still considered to be in substantial compliance.
- On the state side, a home may have up to 20 deficiencies, with none higher than a Class III, and it is still considered in substantial compliance.

Questions?



If you have a question about a survey or investigation that you've experienced, get ready to ask it.

What Does All of this Mean For Aides?



It means (unfortunately) that they're under the microscope.

- The survey process is designed to evaluate the care residents receive.
- Since aides deliver almost all of the direct care, surveyors spend a lot of time watching and interviewing aides.

How Do Surveyors Decide Which Aides to Watch?



They don't.

- The survey team samples residents, not employees.
- Especially in homes with consistent staffing, it may feel like surveyors are monitoring *you*.
- If you happen to be caring for more than one sampled resident, you may *really* be getting a lot of attention from surveyors.

What If You Get Nervous?



You're not the only one.

- If you make a mistake because you're nervous, and you realize that you've done it, say something. That way, the surveyor knows it was just a one-time mistake, and not something you do all the time.
- Try saying something like, "Sorry, I don't normally do it that way, but I'm nervous about being watched. I normally do it *this* way instead."

Why Do Surveyors Want to Ask Me Questions?



Sometimes they have to.

- As part of the “information-gathering” of the survey, the team needs to conduct interviews with some staff members, some residents, and some family members.
- Some homes do things differently than all other homes (especially with culture change, now). A surveyor really might not understand what you’re doing.

Why Else Might A Surveyor Want to Talk to Me?



They might just be making polite conversation.

- Surveyors are in your building to do a job, but for the most part, they're more friendly and less sneaky than you probably think.

Can You Have Your Supervisor With You When You Answer A Surveyor's Questions?



Probably.

- Nothing says you have to be alone when answering a surveyor's questions, and if you'd be more comfortable with someone else present, you can say so.
- If an aide can't answer even basic questions at the bedside without consulting a supervisor first, a surveyor might logically wonder if something is wrong.

Can You Ask A Co-Worker For Help When A Surveyor Is Watching?



Absolutely.

- You should care for residents however you normally care for them.
- If you normally work alone, that's fine.
- If you normally ask for assistance with some things, ask for assistance.
- The point is, surveyors understand that they disrupt the normal pattern of things when they're surveying. Just take your time.

What Kinds of Questions Might A Surveyor Ask?



- “If you saw someone hurt a resident, what would you do?”
- “Have you ever attended training on abuse or neglect?”
- “If a fire started in the dining room, what would you do?”
- “Does this resident use any special assistive equipment?”
- “I noticed you were helping Mary. Can you tell me what you do for her?”

Questions?



Last call for questions...

Contact Information



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