CMS Manual System

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Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 106 **Date: April 4, 2014**

SUBJECT: State Operations Manual (SOM) Appendix P revisions for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

I. SUMMARY OF CHANGES: Revisions have been made to Appendix P-Survey Protocol for Long Term Care Facilities to reflect the current ICF/IID nomenclature.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 4, 2014
IMPLEMENTATION DATE: April 4, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix P/I. Introduction
R	Appendix P/II. The Survey Process/II.B.-The Traditional Survey/II.B.1-Traditional Standard Survey Tasks/Task1-Offsite Survey Preparation
R	Appendix P/II. The Survey Process/II.B.-The Traditional Survey/II.B.1-Traditional Standard Survey Tasks/Task 4-Sample Selection

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Introduction

(Rev.106, Issued: 04-04-14, Effective: 04-04-14, Implementation: 04-04-14)

Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance with the requirements at 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs. To certify a SNF or NF, complete at least a:

- Life Safety Code (LSC) survey; and
- Standard Survey. There are two types of Standard Surveys, the Traditional Survey and the Quality Indicator Survey (QIS). CMS deems both as surveys of record to evaluate compliance of nursing homes with the requirements at 42 CFR 483.5-483.75:
    - The Traditional Survey, which uses Forms CMS-670, CMS-671, CMS-672, CMS-677, and CMS-801 through CMS-807 (see Exhibits 85, 86, and 88 thru 95); and
    - The QIS, which uses the QIS procedures and forms as contained in the QIS Surveyor Training Manual. CMS maintains the authority to identify those States that are permitted to use the QIS. Only CMS-approved training entities and training materials may be used by States to train their surveyors in the QIS. The QIS is used by a State Survey Agency only upon approval by CMS.

NOTE: CMS is in the process of a staged implementation of the QIS as a replacement for the current (Traditional) survey process. The QIS is a two-staged, computer-assisted survey process with Stage 1 consisting of both computer analysis of offsite data as well as data collected by surveyors onsite from observations, interviews, and record reviews of large computer-selected resident samples. Stage 2 consists of systematic surveyor investigations of triggered issues and residents using the Guidance to Surveyors as well as a set of investigative tools known as critical elements protocols. In addition to the Stage 1 and Stage 2 sample-based investigations, the QIS also contains several facility-level tasks that are unstaged and are completed either on every survey or when triggered as areas of concern.

reviews of large computer-selected resident samples. The information collected throughout Stage 1 is analyzed by computer to derive a set of approximately 160 Quality of Care Indicators (QCIs) that are used to compare the facility being surveyed to national norms. QCIs that score beyond a statistical threshold are computer-selected for Stage 2 review, and the

relevant residents are also computer selected. Stage 2 consists of systematic surveyor investigations of triggered issues and residents using a set of detailed investigative tools known as critical elements protocols. In addition to the Stage 1 and Stage 2 sample-based investigations, the QIS also contains several facility-level tasks that are unstaged and are completed either on every survey or when triggered as areas of concern.

During this period, as CMS conducts pilot implementation, CMS deems both the QIS and Traditional Survey as surveys-of-record to evaluate compliance of nursing homes with the requirements at 42 CFR 483.5-483.75.

Do not announce SNF/NF surveys to the facility. Conduct standard surveys and complete them on consecutive workdays, whenever possible. They may be conducted at any time including weekends, 24 hours a day. When standard surveys begin at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or begin on a Saturday or Sunday, the entrance conference and initial tour should be modified in recognition of the residents' activity (e.g., sleep, religious services) and types and numbers of staff available upon entry.

Use the standard survey procedure discussed in this section for all standard surveys of SNFs and NFs, whether freestanding, distinct parts, or dually participating. For surveys of facilities predominantly serving short stay residents, modifications of offsite survey preparation and sampling procedures will be necessary.

NOTE: Do not use this process for surveys of intermediate care facilities for *individuals with intellectual disabilities* (ICFs/*IID*), swing-bed hospitals, or skilled nursing sections of hospitals that are not separately certified as SNF distinct parts. Survey Protocols and Interpretive Guidelines for these surveys are found in Appendix J (ICFs/*IID*) and Appendix T (swing-bed hospitals and hospitals with non-distinct part SNFs).

When the survey team suspects substandard quality of care (SQC), expand the standard (or abbreviated) survey sample as necessary to determine scope. If the existence of SQC is verified, then inform the Administrator that the facility has SQC and an extended (or partial extended) survey will be conducted.

Surveys

If a possible noncompliant situation related to any requirement is identified while conducting the information gathering tasks of the survey, investigate the situation to determine whether the facility is in compliance with the requirements.

Standard Survey

The QIS Standard Survey is composed of Tasks 1 – 9 and the Traditional Standard Survey is composed of Tasks 1 – 7. Both versions of the survey process are resident-centered, outcome-oriented inspections that rely on a case-mix stratified sample of residents to gather information about the facility's compliance with participation requirements. Outcomes include both actual and potential negative outcomes, as well as failure of a facility to help residents achieve their highest practicable level of well-being. Based on the specific procedures detailed in this Appendix, a standard survey assesses:

- Compliance with residents' rights and quality of life requirements;
- The accuracy of residents' comprehensive assessments and the adequacy of care plans based on these assessments;
- The quality of care and services furnished, as measured by indicators of medical, nursing, rehabilitative care and drug therapy, dietary and nutrition services, activities and social participation, sanitation and infection control; and
- The effectiveness of the physical environment to empower residents, accommodate resident needs, and maintain resident safety, including whether requested room variances meet health, safety, and quality of life needs for the affected residents.

Extended Survey

The extended survey is conducted after substandard quality of care is determined during a standard survey. If, based on performing the resident-centered tasks of the standard survey it is determined that the facility has provided substandard quality of care in 42 CFR 483.13, Resident Behavior and Facility Practices; 42 CFR 483.15, Quality of Life; and/or 42 CFR 483.25, Quality of Care, conduct an extended survey within 14 days after completion of the standard survey. (See S*e*ction II.A.2. for further information about the QIS extended survey and Section III for further information about the Traditional Extended Survey.

Abbreviated Standard Survey

This survey focuses on particular tasks that relate, for example, to complaints received or a change of ownership, management or director of nursing. The abbreviated standard survey does not cover all aspects covered in the standard survey, but rather concentrates on a particular area of concern(s). For example, an abbreviated standard survey may be conducted to substantiate a complaint. The survey team can expand the abbreviated standard survey to cover additional areas, or to a Traditional Standard Survey if, during the Abbreviated Standard Survey, evidence is found that warrants a more extensive review. (See also Chapter 5 of this manual for additional administrative procedures related to complaints.) At this time, the QIS is not used to conduct an abbreviated standard survey. See §II.A.4. below for investigation of complaints during the QIS standard survey.

Partial Extended Survey

A partial extended survey is always conducted after substandard quality of care is found during an abbreviated standard survey or during a revisit, when substandard quality of care was not previously identified. If, based on performing the abbreviated standard survey or revisit it is determined that the facility has provided substandard quality of care in 42 CFR 483.13, Resident Behavior and Facility Practices; 42 CFR 483.15, Quality of Life; and/or 42 CFR 483.25, Quality of Care, conduct a partial extended survey. (See Section III for further information about the partial extended survey. At this time, the QIS is not used for partial extended surveys.)

Post-Survey Revisit (Follow-Up)

The post-survey revisit is an onsite visit intended to verify correction of deficiencies cited in a prior survey. See §2732 and Appendix P, Part I, Section VI, "Writing the Statement of Deficiencies." (See Section II.A.3. for further information about the QIS revisit and Section VI. for further information about the Traditional revisit.) If substandard quality of care is determined during a revisit, complete a partial extended survey, if a partial extended or extended survey had not been conducted as the result of the prior standard or abbreviated standard survey.

Initial Certification Survey

In a survey for initial certification of SNFs or NFs, perform the tasks of both the Traditional Standard and Extended Surveys. During the initial survey, focus both on residents and the structural requirements that relate to qualification standards and resident rights notification, whether or not problems are identified during the information gathering tasks. Gather additional information to verify compliance with every tag number. For example, during an initial survey, verify the qualifications of the social worker, dietitian, and activities professional. Also, review the rights notification statements on admissions contracts. Complete the "Statement of Deficiencies and Plan of Correction" (Form CMS-2567) in Exhibit 7.

Specialty Surveyors

All members of a survey team need not be onsite for the entire survey. Specialty surveyors participating in surveys (e.g., a pharmacist, physician, or registered dietitian) must be onsite during that portion of the survey dealing with their area of expertise. However, they must conduct that portion while the rest of the team is present. All members of the survey team should enter the facility at the same time, if possible. Before leaving the facility, at the completion of his/her portion of the survey, the specialty surveyor must meet with the team or team coordinator to discuss his/her findings and to provide supporting documentation. The specialty surveyor should also share any information he/she obtained that may be useful to other team members. If he/she is not present at the information analysis for deficiency determination, the specialty surveyor should be available by telephone at that time and during the exit conference.

Team Communication

Throughout the survey process, the team (including specialty surveyors onsite at the time) should discuss among themselves, on a daily basis, observations made and information obtained in order to focus on the concerns of each team member, to facilitate information gathering and to facilitate decision making at the completion of the standard survey.

I. The Survey Process

II.B. - The Traditional Survey

II.B.1 - Traditional Standard Survey Tasks

Task 1 - Offsite Survey Preparation

(Rev.106, Issued: 04-04-14, Effective: 04-04-14, Implementation: 04-04-14)

A. General Objectives

The objectives of offsite survey preparation are to analyze various sources of information available about the facility in order to:

- Identify and pre-select concerns for Phase 1 of the survey, based on the Facility Quality Measure/Indicator Report (see description below at B.3.a.). This pre-selection is subject to amendment based on the results of the tour;

- Pre-select potential residents for Phase I of the survey based on the Resident Level Quality Measure/Indicator Reports (see description below at B.3.a.) This pre-selection is subject to amendment based on the results gathered during the tour, entrance conference, and facility Roster/Sample Matrix;

- Note concerns based on other sources of information listed below and note other potential residents who could be selected for the sample; and

- Determine if the areas of potential concerns or special features of the facility require the addition to the team of any specialty surveyors.

B. Information Sources for Offsite Survey Preparation

The following sources of information (1-8) are used during the offsite team meeting to focus the survey.

1. Quality Measure/Indicator Reports

QM/QIs are to be used as indicators of potential problems or concerns that warrant further investigation. They are not determinations of facility compliance with the

long term care requirements. There are three QM/QI reports which should be downloaded from the State database:

- Facility Characteristics Report (Exhibit 268)

  This report provides demographic information about the resident population (in percentages) for a selected facility compared to all the facilities in the State. It includes information in the following domains: Gender, age, payment source, diagnostic characteristics, type of assessment, stability of conditions, and discharge potential.

- Facility Quality Measure/Indicator Report (Exhibit 269)

  This report provides facility status for each of the MDS-based QM/QIs (quality measures and quality indicators) as compared to State and national averages. Listed are the individual QM/QIs (grouped by domains). This report begins with a set of 12 domains and a total of 31 QM/QIs for the chronic (long stay) resident population, followed by three additional QM/QIs for the post-acute care (PAC) resident population. For each QM/QI, (reading across a row from left to right) are:

  - The numerator - the number of residents in the facility who have the condition;
  - The denominator - the number of residents in the facility who could have the condition;
  - The facility observed percentage of residents who have the condition;
  - The facility adjusted percentage of residents who have the condition;
  - The State average percentage of residents who have the condition;
  - The national average percentage of residents who have the condition; and
  - The State percentile ranking of the facility on the QM/QI - a descriptor of how the facility compares (ranks) with other facilities in the state. The higher the percentile rank, the greater potential there is for a care concern in the facility.
  - An asterisk is present in any row in which the facility flagged on a QM/QI, which means that the facility is at or above the 90^{th} percentile; and any of the three sentinel event rows if any resident has the condition (see D. below for more information on sentinel events).

- Resident Level Quality Measure/Indicator Reports (Exhibit 270)

  The resident level reports are divided into Chronic Care and PAC samples, to correspond to the division of residents in the Facility Quality Measure/Indicator Report described above. Both reports provide resident-specific information generated using current records from the CMS Minimum Data Set (MDS) data base. An X appears in a QM/QI column for a resident who has that condition. If a QM/QI is risk adjusted, this X is in either the high or low risk subcolumn, indicating whether this resident was at high or low risk to develop the condition. The Chronic Care version contains the following columns for each long-stay resident, reading from left to right:

  - Resident identification number;
  - Resident name in alphabetical order;
  - MDS type of assessment (1 = admission, 2 = annual, 3 = significant change, 4 = significant correction, and 5 = quarterly);
  - Columns for each QM/QI for the chronic care resident in the same order and under the same domains as on the Facility Quality Measure/Indicator Report; and
  - A column that counts how many QM/QIs the resident triggered.

  The PAC version contains the following columns for each PAC resident, reading from left to right:

  - Resident identification number;
  - Resident name in alphabetical order;
  - Columns for the three PAC QM/QIs; and
  - A column that counts how many QM/QIs the resident triggered.

NOTE: Resident-specific information in the Resident Level reports must be kept confidential in accordance with the Privacy Act. These reports are only for the use of the State agency, CMS representatives, and the facility.

2. Statements of Deficiencies (CMS-2567) and Statements of Isolated Deficiencies Which Cause No Actual Harm With Only Potential For Minimal Harm (Form A)

   Statements of deficiencies from the previous survey should be reviewed, along with the sample resident identifiers list. Review the specific information under each deficiency and note any special areas of concern. For example, a deficiency

was cited for comprehensive care planning last year. Share with the team the specific care planning problems that were listed as the reasons for this deficiency. For resident-centered requirements, determine if any residents identified in the deficiency might be good candidates for the sample. For example, a deficiency was cited for abuse partly based on surveyor observation of a staff member striking a resident who was combative. Identify this resident by name and add the name to the Offsite Preparation Worksheet. During the Initial Tour, evaluate this resident for inclusion in the sample.

3. OSCAR Report 3, History Facility Profile, and OSCAR Report 4, Full Facility Profile from CMS' OSCAR Computer System

   (Refer to Exhibit 96 for sample copies of Reports 3 and 4.) Report 3 contains the compliance history of the facility over the past 4 surveys. Use it to determine if the facility has patterns of repeat deficiencies in particular tags or related tags. This report also lists the dates of any complaint investigations and Federal monitoring surveys during the 4-year time period.

   Report 4 contains information provided by the facility during the previous survey on the Resident Census (Form CMS-672). This report compares facility population characteristics with State, CMS region, and national averages.

4. Results of Complaint Investigations

   Review information from both complaints investigated since the previous standard survey and complaints filed with the survey agency, but not yet investigated. Note resident and staff names related to the complaints and note patterns of problems relating to specific wings or shifts.

5. Information about Waivers or Variances

   If the facility has, or has requested any staffing waiver or room variances, note these for onsite review. The team will determine onsite if these should be granted, continued, or revoked due to a negative effect on resident care or quality of life.

6. Information from the State Ombudsman Office

   Note any potential areas of concern reported by the ombudsman office and note resident names reported as potential sample residents, residents for closed record review, or family members for family interviews and the reasons for their recommendation by the ombudsman.

7. Preadmission Screening and Resident Review Reports (PASRR)

   Some States may have formal mechanisms to share with the survey agency the results of PASRR screens for residents with mental illness or *intellectual disabilities*. If this information is available, evaluate if there are any potential concerns and note names of residents for possible inclusion in the sample.

8. Other Pertinent Information

   At times, the survey agency may be aware of special potential areas of concern that were reported in the news media or through other sources. Evaluate this information to determine if there are potential areas of concern that should be investigated onsite.

C. Team Coordinator Responsibilities

The team coordinator and/or designee is responsible for completing the following tasks:

1. Contact the ombudsman office in accordance with the policy developed between the State survey agency and State ombudsman agency. The purposes of this contact are to notify the ombudsman of the proposed day of entrance into the facility and to obtain any information the ombudsman wishes to share with the survey team. Ascertain whether the ombudsman will be available if residents participating in the group or individual interviews wish her/him to be present.

2. Obtain all information sources listed in B. above for presentation at the offsite team meeting. (See Section B. for descriptive information about these reports.) They are as follows:

   - Specified QI/QM Reports:
     - Facility Characteristics Report;
     - Facility Quality Measure/Indicator Report; and
     - The two resident level reports:
       - Resident Level Quality Measure/Indicator Report: Chronic Care Sample; and
       - Resident Level Quality Measure/Indicator Report: Post Acute Care Sample

   NOTE: It is important that the QM/QI reports be generated as close to the date of survey as possible, preferably no more than a few days prior to the survey.

- Form CMS-2567 and Statement of Isolated Deficiencies Which Cause No Actual Harm With Only Potential For Minimal Harm;
- Standard OSCAR Report 3 and 4;
- Results of complaint investigations;
- Information about waivers or variances;
- Information from the State Ombudsman office;
- Preadmission Screening and Resident Review Reports; and
- Other pertinent information.

3. Complete the following additional duties:

   - Copy and distribute to the team the facility's floor plan if the team is unfamiliar with the facility's layout;
   - Make extra copies of the OSCAR Reports 3 and 4, and the QM/QI reports to be given to the facility's administrator;
   - Obtain an extra copy of the group interview worksheet (see Form CMS-806B, Exhibit 94) to give to the council president.

D. Offsite Survey Preparation Team Meeting

Present copies of the information obtained to the survey team members for review at a team meeting offsite. The team must prepare for the survey offsite, so that they are ready to begin the Entrance Conference and Initial Tour immediately after they enter the facility. The team should:

1. Review the Facility Characteristics Report to note the facility's demographics. This report can be used to identify whether the facility's population is unusual, e.g., high prevalence of young or male residents, high prevalence of residents with psychiatric diagnosis, high percentage of significant change assessments, etc.;

2. Use a copy of the Roster/Sample Matrix (Form CMS-802, Exhibit 90) to highlight concerns the team identifies for Phase 1 of the survey, and to list residents pre-selected and the QM/QI conditions for which each was selected. Mark the offsite block on this form to distinguish it from the Phase 1 version that will be completed in Task 4, "Sample Selection;"

   The Facility Quality Measure/Indicator Report divides the QM/QIs into a set for the chronic care residents, followed by three post acute measures, which are based

on MDS information for short-stay residents. The three PAC QM/QI items include two that are the same topics as the chronic care residents (13.2, Short-stay residents who had moderate to severe pain, and 13.3, Short-stay residents with pressure ulcers) and one unique item (13.1, Short-stay residents with delirium). Use this report to select concerns based on the following:

- Any sentinel health event QM/QI that is flagged. For the chronic care sample, a "sentinel health event" is a QM/QI that represents a significant occurrence that should be selected as a concern, even if it applies to only one or a few residents. The sentinel event QM/QIs are 5.4, Prevalence of fecal impaction, 7.3, Prevalence of dehydration, and 12.2, Low-risk residents with pressure ulcers. This means that even if one resident has any of these conditions, this QM/QI will flag and the care area must be selected as a concern and the resident with the problem must be selected for the sample. If there are multiple residents who flag on a sentinel event QM/QI, it is not necessary to select all of them;

- Any other QM/QI that is flagged at the 90th percentile; and

- Any unflagged QM/QI in which the facility is at the 75th percentile or greater.

For the items that are duplicated between the chronic care and PAC residents (pain and pressure ulcers), note whether the area of concern was selected based on only chronic or PAC samples, or both. The survey team may also wish to select as concerns any other QM/QIs that are of interest to them because they are related to QM/QIs that have been selected.

3. Begin selection of potential residents for the Phase 1 survey sample with the chronic care sample residents to represent the concerns that have been selected, including selecting residents who have sentinel event QM/QI conditions; if multiple residents have a sentinel event QM/QI condition, it is not necessary to select all of them. Use Table 1 in this section and the number of the total resident census to determine the sample size for the Phase 1 sample. Pre-select a few more residents (3-5) than the actual number that will be required for Phase 1 sample since some selected residents may no longer be available. Most if not all residents from the PAC sample are likely to have been discharged. The survey team may use this sample of residents from which to select potential closed records for review. (If some PAC residents that triggered a selected QM/QI are still at the facility, the team may select some of these residents in order to investigate issues of concern).

    - In any facility in which the team has noted concerns with weight loss, dehydration, and/or pressure sores, select approximately one-half of the pre-selected sample as residents who have one or more of these conditions.

For the condition of hydration, select a resident who has flagged for the sentinel event QM/QI 7.3 (Prevalence of dehydration) and residents may be selected who have any of the following related QM/QI conditions: 5.4 – Prevalence of fecal impaction; 6.1, - Residents with a urinary tract infection; 7.1 – Residents who lose too much weight; 7.2 – Prevalence of tube feeding; and 9.1 – Residents whose need for help with daily activities has increased. The best residents to select will be those who also have multiple care areas that have been selected as concerns. For any facility in which these concerns were not identified, the team should still select some residents who have these QM/QI conditions, if any, on the Resident Level Quality Measure/Indicator Reports, but this need not be 50% of the Phase 1 sample size.

- For the remaining half of the Phase 1 preliminary sample, select residents to represent the remaining areas of concern.

NOTE: If there are no other QM/QIs that have been selected as concerns, the team may select residents based on other sources of information, e.g., complaints or a report from the ombudsman, or may wait to select the remaining Phase 1 residents based on Initial Tour findings.

If the average length of stay for the facility's population is less than 14 days, there may be little information available. Pre-selection of QM/QI-based concerns and/or the full sample may not be possible. Selection of some or all concerns and residents may need to be totally conducted onsite.

- The survey team should be alert to inconsistencies on the Facility Quality Measure/Indicator Report that may indicate facility error in completing and/or transmitting its Minimum Data Set (MDS) records, or a problem with State's software or CMS' database. The following are some possible indicators of data quality problems:

    - The denominator for QM/QIs that use "all residents" substantially exceeds or is substantially smaller than the facility bed size;

    - The number of residents with a QM/QI condition, i.e., the numerator, exceeds the resident population; or,

    - The numerator for a particular QM/QI is zero although other information sources indicate otherwise. For example, the QM/QI report shows zero residents in restraints, but the ombudsman notified the team that she/he verified complaints about restraints. The most common reason for this type of inconsistency is incorrect MDS coding by the facility.

  If these or other potential accuracy concerns are noted, the team should add resident assessment accuracy as a concern for the survey.

NOTE: This review need not be done for "short-stay" facilities, which will often have unusual values in the numerator and denominator due to rapid turnover of residents.

The Facility Quality Measure/Indicator Report is generated using the current MDS records in the State database at the time the report was generated. However, it excludes residents who have only an initial MDS record in the system. This was done so that the report reflects the care residents have received while residing in the facility, as opposed to the conditions of residents at the time of admission to the facility. The Resident Level reports are calculated using the most recently transmitted MDS record, e.g., annual, significant change, quarterly, or initial MDS record. Differences could be seen between the Facility Quality Measure/Indicator Report and the Resident Level reports since the former does not use the admission MDS data. For example, a Resident Level report may indicate a resident had a catheter but the Facility Quality Measure/Indicator Report might show a "0." This is not an accuracy problem, it only reflects the use of different data to generate each report.

4. Review the OSCAR reports after the review of the QM/QI reports to add corroborative information to the QM/QI information, e.g., a pattern of repeat deficiencies in a requirement related to a flagged QM/QI, and/or to point out areas of large discrepancies between the QM/QI numerators and the OSCAR Reports, e.g., the OSCAR 4 report lists the facility as having triple the average number of residents in restraints, but the QM/QI for restraints shows the facility has less restraints than most facilities). The team coordinator may wish to discuss such discrepancies with the administrator on entrance to determine the reason for them.

   Relate information between Reports 3 and 4 such as a pattern of repeat deficiencies in range of motion and a lower than average percentage of residents receiving rehabilitative services. Also, note any special resident characteristics not contained in the QM/QI reports.

   NOTE: Both the OSCAR reports and the QM/QI reports can alert surveyors to the acuity and characteristics of the facility's residents at the time the information for these reports was determined. This information may not represent the current condition of residents in the facility at the time of the survey. Keep in mind that the OSCAR information is approximately 1 year old, and the QM/QI information may be from 2-6 months old. Resident characteristics that were reported by the facility during the last survey may have changed significantly and may be the source of some discrepancies between OSCAR and QM/QI information.

5. Review all other sources of information and record additional information on the Offsite Preparation Worksheet (Form CMS-801, Exhibit 89), for example, residents' names for possible inclusion in the Phase 2 sample based on non-

QM/QI sources of information (B. 2 through 8 above), special features of the facility, or special resident populations. Identify any outstanding complaints needing investigation. At this meeting, establish preliminary surveyor assignments and projections of which days team members will enter early and/or stay late to make observations of resident care and quality of life.

Task 4 - Sample Selection

(Rev.106, Issued: 04-04-14, Effective: 04-04-14, Implementation: 04-04-14)

A. General Objective

The objective of this task is to select a case-mix stratified sample (see Special Factors to Consider in Sample Selection below for further information) of facility residents based on QM/QIs and other offsite and onsite sources of information in order to assess compliance with the resident-centered long term care requirements.

B. General Procedures

- The Phase 1 sample is pre-selected during Task 1, "Offsite Survey Preparation," based on QM/QIs and other areas of concern. The pre-selected sample is reviewed during the sample selection meeting and residents are retained for the sample unless they are discharged, or the survey team has another reason to substitute, e.g., to select interviewable residents. Each team member is assigned a certain number of residents, completing all facets of review that have been selected including any quality of life assessment protocols selected for these residents.

- The Phase 2 sample is selected onsite, part way through the survey when surveyors have collected enough information to determine the focus of the remainder of the survey. The Phase 2 sample residents are selected to represent new concerns and/or to continue further investigation of Phase 1 concerns when Phase 1 reviews proved inconclusive or when necessary to determine scope of a problem. It is statutorily required that the sample in each facility be case-mix stratified in order to capture both interviewable and non-interviewable residents as well as residents from both heavy and light care categories.

NOTE: If the team is conducting sample selection during meal time, delay or interrupt this task to conduct brief observations of the dining areas. Note if there are any concerns with meal service, quality of life, positioning, sufficient space, etc.

C. Definitions

- Interviewable Resident --This is a resident who has sufficient memory and comprehension to be able to answer coherently the majority of questions contained in the Resident Interview. These residents can make day-to-day decisions in a fairly consistent and organized manner.

- Comprehensive Review -- For Task 5C, "Resident Review," this includes observations, interviews, and record reviews for all care areas for the sampled residents, as applicable.

- Focused Review -- For Task 5C, "Resident Review," this includes the following:

    - For Phase 1: Observations, interviews and record reviews concerning all highlighted areas of concern and all unhighlighted areas pertinent to the resident; and

    - For Phase 2: Observations, interviews and record review for all highlighted areas of concern pertinent to the resident.

- Closed Record Review -- For Task 5C, "Resident Review," this includes a record review of residents' care issues and transfer and discharge.

- Roster/Sample Matrix -- This worksheet, (Exhibit 265, Form CMS-802), is used by the survey team during Offsite Survey Preparation, and at the Phase 1 and Phase 2 Sample Selection meetings to note areas of concern for the survey, and to select residents for the sample. There are separate sets of instructions for the use of this form by the survey team and the facility. (See these instructions at Exhibits 266 and 267.

D. Protocol

1. Phase 1 - Sample Selection

The Phase 1 sample is pre-selected during Task 1, Offsite Survey Preparation, based on the facility's QM/QIs of concern. (See Task 1 for further information.) Final Phase 1 sample selection occurs after the tour is completed and the facility has provided the completed Roster/Sample Matrix (Form CMS-802, Exhibit 265), or provided this information in some other format, e.g., computer-generated list. However, do not delay Phase 1 sample selection if the facility's Roster/Sample Matrix has not arrived. The team will complete the sample selection for Phase 1 by performing the following tasks:

NOTE: For facilities with a population of "short-stay" residents, the team may not have been able to pre-select concerns or potential sampled residents. In that instance, Phase 1 sample selection will occur during this task.

- First determine if any pre-selected concerns should be dropped due to the QM/QI data not representing the conditions of current residents. For example, there was a pre-selected QM/QI concern with residents with tube feedings, but the tour has verified there are no residents in the facility who are receiving tube feedings. Note new concerns and determine if some pre-selected residents can be evaluated for the new concerns as well as those originally selected.

- Review the Roster/Sample Matrix provided by the facility and compare it to the findings from the tour to determine if there is a reason to substitute another resident for any of the residents from the Offsite sample. A pre-selected resident who is no longer in the facility can be considered for the closed record review. The team may substitute other residents for those pre-selected, if necessary. They can select either from the QM/QI reports, the tour, or the facility's Roster/Sample Matrix.

If any resident is substituted for a pre-selected resident, record a short explanation on the Offsite Roster/Sample Matrix next to that person's name, e.g., "discharged."

- Check "Phase 1" on the copy of the Roster/Sample Matrix that will be used to denote the resident sample for Phase 1 of the survey.

    - Highlight the column for each identified concern for Phase 1.

    - Use Table 1 in this section and the number of the total resident census to determine the number of comprehensive and focused reviews, number of closed records, number of resident and family interviews, and the minimum number of residents who have conditions of weight loss, hydration risk and/or pressure sores, i.e., the WHP group. The number in the WHP column represents the minimum total of residents who must be selected for the Phase 1 sample to represent any or all of these conditions. For example, in a facility with 96 residents, out of 12 residents selected for the Phase 1 sample, a minimum of 6 will be those who have any of the conditions mentioned above, if any of these 3 QM/QIs were selected as concerns.

    - Use the unnumbered blocks to the right of Resident Name to fill in the total number of residents in each sub-sample for the entire survey as listed in Table 1. For example, in a facility with a census of 100, the total number of individual interviews is 5. Enter that number in the small block below that title.

    - All residents selected for comprehensive reviews are selected by the team during the Phase 1 sample selection. Residents selected for focused reviews, closed record reviews, individual and family interviews may be selected during Phase 1 or Phase 2 sample selection.

    - Each resident the team selects is entered on the worksheet. Note the following about each resident:

        - Resident number and room number;

- Surveyor assigned to complete the resident review and any quality of life assessment protocols (Resident Interview or Family Interview) that are selected for the resident;

- Check any columns that pertain to this resident, whether or not they are highlighted as concerns for Phase 1. Each resident will be reviewed for each checked area, not just those that are highlighted; and

- If there is anything about this resident that the team decides to investigate that is not one of the numbered columns on the worksheet, use a blank column at the far right to write the item that will be assessed and check that column for that resident. For example, if the team wants to assess ventilator use for a particular resident, write "ventilator" in one of the blank columns and make a check mark in that column for that resident.

2. Phase 2 Sample Selection

Part way through the survey, after the team has obtained enough information to decide what concerns need further investigation, the team meets to determine the areas of concern, if any, for Phase 2 of the survey and to select the remaining sample. It is not necessary to complete all the reviews of all residents in Phase 1 before this meeting. Determine which Phase 1 concerns are ruled out as these do not need to be carried over into Phase 2 sample selection.

- Select concerns for Phase 2 based on the following:

    - Initial concerns noted during Offsite Survey Preparation or the Initial Tour that have not yet been reviewed;

    - Currently un-reviewed concerns that are related to those under investigation, e.g., adding residents who have had falls based on results of the Phase 1 discovery of a problem with use of psychoactive drugs; and

    - Current concerns for which the information gathered is inconclusive.

- Select residents for the Phase 2 sample based on the following:

    - The statute requires selection of a "case mix stratified" sample (but not for each phase of the sample selection, just for the total sample). This stratification is defined by CMS as including residents who are interviewable and non-interviewable, and as including residents who require heavy and light care. It is important that at least one resident in the sample represent each of these categories. The requirements of the sample selection procedures make it necessary for survey teams to select

interviewable and non-interviewable residents in order to complete the Task 5D, Quality of Life Assessment Interviews, so those categories of case-mix stratification will be automatically filled by complying with the sample selection procedures. At the beginning of the Phase 2 sample selection meeting, the team should review the Phase 1 sample to determine if at least one heavy care and one light care resident has been selected to fulfill this portion of the case mix stratification requirement. If not, it is a priority to ensure that if either heavy or light care residents are missing from the Phase 1 sample, that at least one is selected from the missing category in Phase 2.

- Select residents who represent one or more of the areas of concern the team has selected for Phase 2 of the survey.

- If no residents have been selected for the Phase 1 sample for hydration, and if any residents are seen during Phase 1 of the survey who appear to have risk factors for dehydration, e.g., such as residents who are dependent on staff for activities of daily living, are immobile, receive tube feedings, or have dementias in which the resident no longer recognizes thirst, select at least one of these residents at risk and review the care area of dehydration.

- During Phase 2 sample selection, a clean copy of the Sample/Matrix worksheet is used as follows:

  - Check "Phase 2" on the copy of the Roster/Sample Matrix that will be used to denote the resident sample for Phase 2 of the survey;

  - Highlight the column for each identified concern for Phase 2;

  - Each resident the team selects is entered on the worksheet. Note the following about each resident:

    - Resident number and room number;

    - Surveyor assigned to complete the resident review and any quality of life assessment protocols (Resident Interview, or Family Interview) that are selected for the resident;

    - Checkmarks are made only in the highlighted columns and these residents will be reviewed for these concerns, and any other concerns that are discovered during this review;

    - Be sure that residents are selected to complete the required number of resident interviews, family interviews, and closed record reviews.

- If there are no outstanding areas of concern and the team has already selected interviewable, non-interviewable, heavy care and light care residents, then select remaining residents to represent any of the following, in no particular order:

    - An area of concern on the worksheet that has not been highlighted, but which the team has determined should be assessed;

    - Living units that are unrepresented; and

    - Special factors below that have not been reviewed.

NOTE: When selecting the sample in a facility in which there are no outstanding areas of concern, each resident will be reviewed for at least one area on the Roster/Sample Matrix that has not yet been reviewed.

3. Special Factors to Consider in Sample Selection

Residents must be selected for both the Phase 1 and Phase 2 samples as representatives of concerns to be investigated and to fulfill the case mix stratified sample requirement. If during sample selection, many more residents are identified than can be selected to represent the concerns of interest, consider the factors below in determining which residents to select:

- New admissions, especially if admitted during the previous 14 days. Even though the Resident Assessment Instrument (RAI) is not required to be completed for these residents, the facility must plan care from the first day of each resident's admission;

- Residents most at risk of neglect and abuse, i.e., residents who have dementia; no or infrequent visitors, psychosocial, interactive, and/or behavioral dysfunction; or residents who are bedfast and totally dependent on care;

- Residents in rooms in which variances have been granted for room size or number of beds in room;

- Residents receiving hospice services;

- Residents with end-stage renal disease;

- Residents under the age of 55;

- Residents with mental illness or *intellectual disabilities*; and

- Residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.

4. Other Phase 2 Tasks

- If there are any concerns about residents' funds, check that the amount of the surety bond is at least equal to the amount of residents' funds the facility is managing as of the most recent quarter.

- If concerns have been identified in the area of infection control, review policies and procedures including a focus on what preventative infection control practices the facility has in place. For example, does the facility administer the influenza vaccine yearly to its residents, and administer pneumococcal vaccine to new residents as appropriate (does facility evaluate whether new residents have received the pneumococcal vaccine within the last 5 years)?

- Complete Task 5F Quality Assessment Assurance Review.

- If the group interview has not yet occurred, discuss what special concerns to ask of the group.

- If the facility has or has requested a nurse staffing waiver, review the requirements at 42 CFR 483.30.

- Review the Resident Census and Condition of Residents (Form CMS-672) that the facility has completed. Note any new areas of concern and determine if there appears to be large discrepancies between what is recorded by the facility and what the team has observed. For example, the team has noted 13 residents with pressure sores and the facility has listed 3. If there are large discrepancies, ask the facility to verify their totals. Answer questions F146 - F148 on the Resident Census.

- If the team has identified quality of care problems during Phase 1 of the survey, use the investigative protocol at Task 5C: Nursing Services, Sufficient Staffing to gather information and (at Task 6) to determine compliance with the following requirement: 42 CFR 483.30(a), F353 Nursing services, Sufficient Staff. If problems with staffing have been discovered early in Phase 1, this protocol can begin in Phase 1.

5. Substituting Residents

If the team has found it necessary during the survey to remove a resident from the sample, e.g., a resident refused to complete the interview, replace this resident with another who best fulfills the reasons the first person was selected. For example, the resident who was removed had been selected because he/she was in restraints and had a pressure sore. Attempt to select another resident who meets both of these criteria. In Phase 1, the substituted resident should be selected from the pre-selected list of residents which was determined offsite, if possible, or from other information gained during the survey. Make the substitution as early in the survey as feasible. Note on the

Roster/Sample Matrix that the new resident was substituted for resident #___, and briefly give the reason the first resident was dropped.

6. Supplementary Sample

If sampled residents are found not to provide enough information to make deficiency determinations concerning specific requirements under review, or to determine if there is "substandard quality of care" (see Task 6 for further information), supplement the sample with residents who represent the areas of concern under investigation. Focus review for these residents only on the concern under investigation and any other concerns that are discovered during this review. Add the names of these residents to the Phase 2 Sample Matrix worksheet, checking the relevant categories. Use the Resident Review Worksheet to complete these investigations.

Table 1 - Survey Procedures for Long Term Care Facilities - Resident Sample Selection

Survey Procedures for Long Term Care Facilities
Resident Sample Selection

Resident Census	Phase 1/ Phase 2	Compre-hensive Reviews *	Focused Reviews *	Closed Rec. Reviews *	Res./ Family Interviews	W, H, P Group **
1 - 4	All / 0	2	2	0	1/1	All
5 - 10	3 / 2	2	2	1	1 / 1	2
11 - 20	5 / 3	2	5	1	2 / 2	3
21 - 40	6 / 4	2	7	1	3 / 2	3
41 - 44	7 / 4	2	8	1	3 / 2	4
45 - 48	7 / 5	2	9	1	3 / 2	4
49 - 52	8 / 5	3	9	1	4 / 2	4
53 - 56	8 / 6	3	9	2	4 / 2	4
57 - 75	9 / 6	4	9	2	4 / 2	5
76 / 80	10 / 6	4	9	3	4 / 2	5
81 - 85	10 / 7	4	10	3	4 / 2	5
86 - 90	11 / 7	4	11	3	4 / 2	6
91 - 95	11 / 8	4	12	3	4 / 2	6
96 - 100	12 / 8	5	12	3	5 / 2	6
101 - 105	13 / 8	5	13	3	5 / 2	7
106 - 110	13 / 9	5	14	3	5 / 2	7
111 - 115	14 / 9	5	15	3	5 / 2	7
116 - 160	14 / 10	5	16	3	5 / 2	7
161 - 166	15 / 10	5	17	3	5 / 2	8
167 - 173	16 / 10	5	18	3	5 / 2	8
174 - 180	16 / 11	5	19	3	5 / 2	8
181 - 186	17 / 11	5	20	3	5 / 2	9
187 - 193	17 / 12	5	21	3	5 / 2	9
194 - 299	18 / 12	5	22	3	5 / 2	9
300 - 400	18 / 12	5	22	3	6 / 3	9
401 -	18 / 12	5	22	3	7 / 3	9

* Comprehensive reviews plus focused reviews plus closed record reviews added together equals the total sample size (Phase 1 plus Phase 2).

** For any survey in which there are identified concerns in the areas of (W) unintended weight loss, (H) hydration, and/or (P) pressure sores, this is the minimum total of residents who must be selected for the Phase 1 sample to represent any or all of these conditions.