

Instructions for the Interim LTCSP Initial Survey and Certification Process Effective July 31, 2025

Policy:

Adapted from Chapter 2 of the State Operations Manual (SOM) 2005A2 – Approval or Denial of Certification Based on Survey Findings: All references below to SA surveys also apply to surveys conducted by the SOG team. The SA completes the initial survey for applicants that are subject to an on-site certification survey after they receive the recommendation of approval from the Medicare Administrative Contractor (MAC), unless the applicant has the option of participation via deemed status (see Sections 2003C and 2005A4 in Chapter 2 of the State Operations Manual). Additionally, the applicant must be operational and providing care to residents in order for a certification survey to be conducted. (See Section 2008A.) <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c02.pdf>

All surveys are unannounced.

New providers, including providers whose previous Medicare agreement was terminated and are now seeking initial certification, must be in full operation and providing services to residents when surveyed. This means that at the time of survey, the facility must have opened its doors to admissions, be furnishing all services necessary, and demonstrate the operational capability of all facets of its operations. To be considered “fully operational,” initial survey applicants must be serving a sufficient number of residents so that compliance with all requirements can be determined.

A survey evaluates the manner and degree to which the provider or supplier satisfies the various requirements of participation. Surveyors must directly observe the provision of care and services to residents, and the effects of that care, in addition to interviewing staff and residents, and reviewing medical records to assess whether the care provided meets the needs of individual residents and is in compliance with all requirements. Surveyors also review selected policy and procedure documents to support or clarify observations suggesting deficiencies. When the provider notifies the SA of full operation, the SA documents the file with the date of notification. The SA conducts the survey in a timeframe consistent with CMS policy regarding budget and workload priorities.

All initial surveys must verify substantial compliance with the regulatory requirements contained in 42 CFR 483.5 through 42 CFR 483.95. If distinct part status is an issue, determine whether the facility meets the criteria for certification as a distinct part (refer to Chapter 2 of the SOM for additional guidance). The State determines whether a prospective provider is in substantial compliance with the nursing home participation requirements. If the facility is in substantial compliance, the State certifies and recommends that the CMS location and/or State Medicaid Agency enter into an agreement with the facility. If the State determines that a facility is not in substantial compliance, using the guidance described below, the State recommends that the CMS

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location and/or State Medicaid Agency deny participation. The CMS location and/or State Medicaid Agency sends the letter notifying the facility of its denial of participation in the Medicare and/or Medicaid programs and includes the appeal rights available under 42 CFR 431.153 and 42 CFR 498.3(b).

Introduction:

The Interim LTCSP Initial Survey and Certification Process utilizes the Standard LTCSP survey software, where possible, while ensuring surveyors determine compliance with every nursing home participation requirement. This document describes the procedural and software steps necessary for completing the interim initial certification process. In the future, there will be software specifically tailored for an initial certification survey. The survey steps are organized into six parts: 1) offsite preparation; 2) facility entrance; 3) initial pool process; 4) sample selection and assignments; 5) investigation; and 6) determining compliance.

Refer only to these instructions unless otherwise noted.

LTCSP APPLICATION HELP

- *Contact the iQIES Security Official (SO) if you require assistance to access iQIES.*
- *Contact the QIES/iQIES Service Center (1-888-447-7876: Select Option 1) for technical support. Inform the Help Desk responder that the contact is about a LTCSP survey and immediate assistance is required because the team cannot continue with the survey until the issue is resolved. Email: iQIES@cms.hhs.gov*
- *If an “unhandled exception” error message occurs click on the “Copy Error code” and paste the information in a Word document.*
- *To make a print screen of the message, press the Function [Fn] key and the Print Screen [Prnt Scrn] key. Paste the print screen [Ctrl+V] in a Word document. Describe in the Word document the actions being completed just before the error message. Send the document to the iQIES Service Center.*

I. OFFSITE PREP

Step 1: Create Survey in **iQIES**

- Create a survey in **iQIES** according to your state practice and **iQIES** roles.
- Check the initial certification box under Survey **Categories**.
- Add team members and designate the team coordinator (TC). *For additional instructions, refer to iQIES Manage a Survey: Long Term Care Facilities User Manual.*

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Step 2: Access the **LTCSP** survey

- *Go to My Tasks screen, click on the Surveys tab and click on the applicable Survey ID.*

Step 3: Offsite Prep

- Skip the offsite preparation screen, **unless there is relevant information regarding the facility (e.g., *active intakes* or waivers) or if you need to make surveyor assignments if there is more than one surveyor on the team.** To access the offsite prep screen, click on Survey Prep | Offsite Prep in the navigation menu.
 - *If there aren't any residents included in the survey, you will receive an email indicating that there is no available MDS assessment data, which is expected for an initial certification survey. It is acceptable to continue with the initial certification survey without any MDS data since you will complete an investigation for any resident who is residing in the facility. You will add the residents into the survey software once you are onsite.*
 - Note: If the facility has a large number of residents residing in the facility (e.g., previously terminated facility or previously licensed facility), follow the LTCSP Procedure Guide (i.e., Standard survey steps) instead of these instructions to determine whether the facility should be certified keeping in mind that they must verify substantial compliance with the regulatory requirements.
- **Review the facility's policy and procedures (P&P)** in advance of the onsite visit to ensure the facility has developed an adequate P&P to address all pertinent requirements of participation. Reviewing the P&P's offsite prior to the survey will save substantial time onsite. If the facility is requesting certification of a distinct part, the facility should send a floor plan with the distinct part clearly marked to indicate which part and the number of beds that they are requesting be certified. Once this review is completed, the P&P's do not have to be reviewed onsite. If your SA does not review P&Ps offsite, plan for extra time to complete the review onsite.

Step 4: TC makes mandatory facility task assignments

- **Assign mandatory facility tasks** by selecting Investigation | Facility Tasks from the navigation menu. If there is one surveyor conducting the initial survey, you should still assign all facility tasks listed below. You will add the triggered tasks later.
 - Beneficiary Notification Review
 - Dining Observation (assign all surveyors to a dining area or room trays, select the Primary surveyor, and communicate who has primary responsibility)
 - Infection Control (assign all surveyors, select the Primary surveyor, and communicate who has primary responsibility)
 - Kitchen

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- Medication Administration Medication Storage and Labeling
- QAPI/QAA Review
- Resident Council Interview
- Sufficient and Competent Nurse Staffing (assign all surveyors, select the Primary surveyor, and communicate who has primary responsibility)

Step 5: TC *prepares* documents

- **Print the following documents** (*select Resources in the navigation menu to ensure the most current forms are used*)
 - Facility Matrix with instructions (1 copy of instructions, multiple copies of the blank matrix)
 - Entrance Conference worksheet (1 copy)
- *Download the Initial Survey file from the Nursing Home webpage <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes> and review the following documents:*
 - LTCSP Initial Certification Tag Review Tool
 - Initial Survey and Certification Instructions (i.e., ensure each surveyor refers to these instructions throughout the survey).

Step 6: Team reviews offsite information

- **Team members independently review the Offsite Prep information, if applicable** (there may be none for the initial certification), prior to the survey. There is no required offsite prep team meeting.
- **Survey Resources:** *Accessed on the Survey Resources tab in the navigation menu.*
- **Supplies**
 - The team should bring a power strip with surge protector for use as needed (do not use an extension cord).

Step 7: Make survey available offline

- *All surveyors make the survey available offline in case there's no Wi-Fi at the facility. On the 'My Task' page, click "Enable Offline" under the Survey ID. It may take a while for all linked information to download. Once every status is changed to Complete, click Close. The survey is now available offline. To access the offline survey, if needed, refer to the iQIES Offline User Manual.*

II. FACILITY ENTRANCE

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Step 8: Enter the facility and go to your assigned area

- TC: Conduct an **Entrance Conference** (under Survey Prep | Entrance Conference in the navigation menu). Ask the facility about any policies for entering/exiting special units, if applicable.
 - The first time you click on the Entrance Conference screen, the date and time will populate at the top of the screen. To *change* the **date and time**, click on the *Edit* button.
 - Cover all items on the Entrance Conference screen, excluding the list of residents discharged for Beneficiary Notices review. You will request the policy and procedure for the Beneficiary Notification Review.
 - Request the facility's P&P's if not reviewed offsite.
 - Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Invite the Medical Director to provide feedback to the survey team during the survey period if needed.
 - If the full matrix can be completed by the facility quickly (e.g., there is a limited number of residents in the facility), request the full matrix; otherwise, just request the matrix for the new admissions immediately, followed by the full matrix within four hours.
 - The facility should exclude bed holds from the facility census number.
 - Ask if the facility has any discharged residents in the last 90 days to consider for the unexpected death, hospitalization, and unplanned or planned discharge (to a location other than the hospital) closed record reviews. If so, you will complete the closed record review.
 - Document any notes regarding the Entrance Conference under the Notes field at the *top right* of the screen and place a check mark next to items once they are received, if desired.
 - Since this is an Initial Certification survey you will review the Facility assessment even if you do not identify any systemic concerns.
 - Request and review the binding arbitration policy and agreement if the facility plans to ask residents to enter into a binding arbitration agreement. Indicate whether the facility has asked a resident or his/her representative to enter into a **binding arbitration agreement** (*scroll to the bottom of the screen under the Additional Question section*). If the response is Yes, the arbitration task will be triggered. **Add three residents** (preferably two residents who signed a binding arbitration agreement and one resident who resolved a dispute) who will be reviewed for the task, if appropriate. Residents can be added via the facility task screen.
- Either the TC (if alone) or another surveyor (if with a team) should conduct an initial brief visit to the **kitchen**. To access the kitchen task pathway:
 - Go to Investigation | Facility Tasks under the navigation menu.
 - *Verify you are assigned to the task.*

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- Click on Kitchen to open.
- Review the guidance for each CE on the screen (applicable probe section is listed *after* the CE) or by using the Pathway *PDF* button.
- Document any concerns under the *Kitchen* Notes. *The Notes icon is located at the top right of the screen. Pin the Kitchen Notes to the bottom of the screen to enter notes while navigating the probes.*
- **Go to the area with resident rooms.**
- *Ask for* a **resident roster from the unit nurse** This step is critical for organization especially if the facility has a high number of residents.

III. INITIAL POOL PROCESS

Step 9: Add initial pool residents to the system *and complete the initial pool process*

Each SA will decide whether to: a) include all residents in the facility in the initial pool; or b) briefly screen all residents to determine which should be in the initial pool and which should be excluded from the initial pool. Refer to Attachment A for recommendations on initial pool size based on facility census.

- These instructions were developed with the expectation that only **a few residents would be residing in the facility** at the time of the initial certification survey. If this is the case, then **add all residents** in the software and include all in the initial pool.
- **If there are more than a few residents, briefly screen all residents** (i.e., conduct a brief visual observation and ask brief, high level questions to identify any potential concerns) and review the facility matrix to identify residents who should be a part of the initial pool. While the number of residents included in the initial pool will depend on the concerns identified during the screening and review of the matrix (e.g., to adequately cover areas of potential concern such as pressure ulcers, weight loss or dementia), include enough residents in the initial pool to identify any potential issues in the facility. At least one resident who **Smokes**, one resident who is receiving **Dialysis**, one resident on **Hospice**, one resident on a **Ventilator**, and three residents who are on **Transmission-Based Precautions** should be included in the initial pool for the team if available. For example, if there are 15 residents in the facility, briefly screen all 15 residents and **only add the residents to the system** who will be in the initial pool.
- While rare, there have been instances where the facility has a **large number of residents residing in the facility** (e.g., previously licensed facility). If that is the case, **follow the LTCSP Procedure Guide (i.e., Standard survey steps) initial pool instructions** instead of these instructions. Be aware that you may not have any MDS

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submissions, which is appropriate for an initial, so the team will identify and add residents onsite (e.g., for the initial pool, closed records). In this situation, you will still ensure the facility is in compliance with all requirements of participation.

- To **add residents** into the software:
 - Click on the **Add New Resident** *option at the right top of the screen only if you decide to include the resident in the initial pool.*
 - Enter the resident name, room number, admission date, *and select Yes that the resident will be included in the initial pool. Click Save.*
 - *The system automatically assigns New Admissions badge which is listed under the resident's name.*
- It may be helpful to document any **screening notes in Surveyor Notes** to help keep you organized.
- **Complete the initial pool process** (interview, observation and limited record review) for every resident residing in the facility (if there are only a limited number of residents) or for those selected for the initial pool (when the facility has more than a limited number of residents). [In the description below, we use “initial pool residents” to mean either of the above – all residents if only a limited number are in the facility, or those chosen for the initial pool when more than a limited number are in the facility.]
- Complete a full resident interview (**RI**) if the initial pool resident is interviewable.
- For any non-interviewable initial pool resident, determine if the resident representative/family is involved or aware of the resident's care. If so, complete a full representative/family interview (**RRI**). The goal is to complete **at least three resident representative interviews, if available (RRIs)/family interviews across the team on the first day** to be better informed of concerns. 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. You may be unable to conduct at least three RRIs due to various circumstances. If that is the case, document the rationale for not completing the three RRIs on the team meeting screen.
- Conduct multiple resident observations (**RO**) of the initial pool residents, including observations of care to adequately identify concerns.
- Complete the limited record review (**RR**) for each initial pool resident.
- Once the matrix is received, **review the matrix** information to identify any concern that should be followed up on.
- Mark an area for further investigation (**FI**) only if there is potential deficient practice. Ensure you probe a potential concern to determine if the facility has or is currently appropriately addressing the issue (and no further investigation is needed) or if further investigation is needed.
- If you **entered information under the wrong initial pool resident**, you *have to move the responses and cut and paste any initial pool notes to the correct resident.*

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- If you need more detailed instructions on completing screening, interviews, observations, and limited record review, refer to the Initial Pool Process in the LTCSP Procedure Guide (Step 9).
- **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** (*in the header*) to ensure the resident is included in the sample. At any time during the survey, if IJ is identified, the team should meet immediately to confer.
- You *should* use the *online* “Immediate Jeopardy Template.” Review [Appendix O](#) for detailed instructions.
- **General Observation of the Facility:** During the initial pool process, all surveyors should make general observations of the facility to determine whether there are concerns in the common areas. During the team meeting, discuss any of these concerns.

IV. SAMPLE SELECTION

Step 10: TC Confirms Initial Pool Data is Completed

- *Select Survey Prep | Team Meeting from the navigation menu and the Initial Pool option.*
- *Ensure all initial pool work has been completed under the system populated section titled: How much work does each surveyor have left to complete? The surveyor should complete any initial pool work, if needed.*

Step 11: Select the Closed Records, Finalize the Sample, and Make Investigation Assignments

Select Closed Records *Sample:*

- **Finalize the selection of resident for the three closed record reviews** (*expired, hospitalized and discharge*) on the *Initial Pool* | Closed Record Sample screen in the navigation menu. You are required to finalize the closed record selection before you can start the sample selection.
- If the facility has discharged residents, complete the closed record review. Ask the facility for a list of residents discharged in the last 90 days. If available, pick a resident that had an **unplanned discharged** unless there are none then select a planned discharge to a location other than the hospital, another resident who was sent to the **hospital**, and a resident who **died in the facility**. To add a resident in the software, go to the Resident Manager screen, click on the Add New Resident *option*, and add the resident’s name. Remove your name under Surveyor. Go back to the Closed Record Sample screen and add the discharge location for the applicable residents.

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- Click on the **Finalize Closed Record Sample** box *after confirming the appropriate residents have been selected.*
- *If a **change is needed**, deselect the Finalize Closed Record Sample box, make the change, and then check the box again.*

Finalize Sample Selection:

- Select *Initial Pool* | **Finalize Sample** in the navigation menu.
- **Enter the facility census number.** *The sample may be less than the recommended number.* For example, there are nine residents residing in the facility and seven residents are included in the initial pool; the sample will be fewer than the recommended number of eight residents.
- *Check the **Start Sample Finalization** box.*
- **Unnecessary Medication Review:** The system will select five residents, if available, for a full medication review.
- **Include all initial pool residents** who had concerns (i.e., one or more areas were marked further investigate) in the sample by placing a checkmark next to the resident's name. Do not follow the LTCSP Procedure Guide sample size grid since **you will include all residents who had concerns in the sample.**
- Refer to the **Care Area Menu** which will list all the care areas that have an FI.
- You will use the **LTCSP Initial Certification Tag Review Tool** document to identify 1) the care areas you'll investigate for your sampled residents, and 2) the remaining unique tags that require additional investigation to decide if the facility is in substantial compliance with the area covered by that tag. To do this:
 - *Cross off* the care areas on the tool that will be investigated for your sampled residents (i.e., Further Investigates and sample column = at least 1). Note: The infections (not UTI, pressure ulcer, or respiratory) and TBP care areas are excluded from the Tool since both areas are covered under the Infection Control task. Participation in Care Planning is also excluded from the tool because it is to be addressed for all sampled residents.
 - For the remaining care areas/tags, review column E to determine what investigation(s) must occur to determine whether the facility is in substantial compliance with the tag. For example, if dialysis wasn't marked for further investigation, you will still be required to review information before determining the facility is in compliance with F698 (e.g., review the dialysis policy and procedure, contracts, staff qualifications, equipment).
 - For additional instructions on sample selection refer to step 12 in the LTCSP procedure guide.

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- Once the sample is finalized, select the **Finalize Sample** button.
- Ensure all **triggered facility tasks** (Arbitration, Environment, Personal Funds, Resident Assessment) are displayed on the Facility Tasks screen. If they are not displayed, initiate the applicable task. Make assignments for the triggered facility tasks.

Make Investigation Assignments:

- Click on the *Investigation | Assignments* screen in the navigation menu.
- **Ensure a surveyor is assigned** to all areas listed *as Assign Surveyor*.
 - Select a surveyor from the drop down *under the Assigned To column* while considering each surveyor's workload listed in the *header*.
 - *If multiple areas will be assigned, check the box next to all applicable areas, select the surveyor in the Assigned To field in the header, click Confirm and Yes.*
- Once the TC is finished making assignments, ensure *there are "0 Total Records Unassigned" in the header* to confirm all assignments have been made.

V. INVESTIGATIONS

Step 12: Conduct investigations for sampled residents

- Go to Investigations in the navigation menu.
- Complete an investigation for each care area for your sampled residents.
- When investigating these care areas, ensure you complete a full investigation even if non-compliance isn't identified (e.g., review policies and procedures and staff qualifications).
- The facility should complete MDS assessments, despite not being able to submit assessments until they are certified. Ensure you review the accuracy of MDS assessments and care plans for your sampled residents.
- There are **two ways to view your investigations**:
 - **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 *in the drop-down on the left side below each tab*. This option is useful when making observations, interviewing the resident, resident representative/family, or reviewing the record.
 - **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 care area listed in the *drop-down in the Critical Elements and Residents tabs*. This option is useful when interviewing staff.
- Access the **full Critical Element (CE) Pathway**, if one is available, by clicking on the *View Pathway PDF link* in the header. You can scroll through the pathway to use

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the observation, interview and record review probes as a guide. You can copy and paste probes into your notes section, as desired.

- *If a care area does not have a pathway or you initiate an FTag directly, the system will not display the View Pathway PDF link and just list the applicable tags. In such cases, refer to Appendix PP to guide your investigation. To access the **regulation (reg)** or **Interpretive Guidance (IG)**, click on the tag that is underlined in blue next to the CE question.*
- *You can **attach documents to the survey**. Click Attachments in the navigation menu. Click Select File and locate the file you want to attach, then click Save. You may add a description of the document in the File Description notes field, if desired.*
- Investigate the concerns thoroughly so you can make a compliance decision.
 - To help guide your observations and interviews, complete a review of the physician's orders and care plan.
 - 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 *Drawing Tool tab* in the *header* to access a **body map** to draw your observations of the wound.
 - 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 as part of your investigation.
 - For nutrition investigations, use the **Weight Calculator** in the *header* to calculate % weight loss/gain. If you identify a weight loss/gain concern, add the dates *and weights* in the Weight Calculator, then click *Save*. To insert the weight information in your Investigation notes (not Resident Notes), click in the Nutrition notes *icon in the upper right corner* where the information should be inserted and then click the *Insert Weight Data* icon. The system will identify the loss or gain when inserted.
 - You may need to return to the record to corroborate information from the observations and interviews.
 - If you did not complete P&P review offsite, review every policy and procedure even if you determine there are no concerns for a certain care area.
- **Investigation Notes:** *Use this field to document any information specific to the care area being investigated (e.g., observations, interviews, specific record review such as relevant MDS information, care plan, physician orders, and other pertinent*

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information). Any notes entered during the initial pool will be displayed in the investigation notes.

- **Resident Notes:** Use this field to document 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).
- 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** *link*, select a resident, select all applicable care areas, click Save.
 - To initiate an Ftag directly, click on the **Add New Investigation** *link*, select a resident, select FTag Direct Cite for the investigation, click Save. On the Investigation screen, click FTag *Initiation button*, *check the applicable tags to be investigated, and* click Save.
 - If you do not see the care area or Ftag in the list, that means the area already exists on the Investigation screen and cannot be initiated again.
- 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), click on the *garbage can in the far right 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 any investigations.
- To **share a resident** during investigations (e.g., a nurse conducts the wound observation or for workload adjustments).
 - The surveyor helping out should assign themselves to the resident (multiple surveyors can be assigned to the same resident/care area).
 - *If you need to view another surveyor's documentation, at the top of the screen, place a checkmark in the **View All Surveyors** box or click View All Surveyors Notes in the Notes. All notes and CEs marked by other surveyors display in read-only format. The system ensures a No for In Compliance overwrites any Yes marked for the same CE.*
 - 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.
- 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 (*i.e., question mark*). Be aware that some Ftags may not be applicable during an initial certification (e.g., MDS-related tags) in which case you will mark the CE as NA.
- You must **answer every Critical Element (CE)** as either Yes, No, or NA.

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- You can **attach documents to the survey**. Click the Attachments in the navigation menu; Click Select File, locate the file you want to attach, click Save. You may add a description of the document in the note field, if desired.
- 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 during the survey, if **immediate jeopardy is identified**, 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.
 - At any time during the survey, if one or more team members identifies possible IJ (refer to [Appendix Q](#)), the team should meet immediately to confer. If the team concurs that IJ exists, the team coordinator must consult immediately with his/her supervisor. If the supervisor concurs that the situation constitutes IJ, the team coordinator immediately informs the facility Administrator or designee of the presence of IJ. The team coordinator should explain the nature of the IJ to the Administrator or designee. The administrator/designee should immediately begin to take actions to remove the IJ. If the IJ is not removed prior to the end of the survey, a revisit must be conducted for determination of removal of the IJ. The SA and/or CMS location will invoke appropriate termination procedures when appropriate.
 - You should use the online e "**Immediate Jeopardy Template**" at the right upper concern .
- The Investigation screen is defaulted to *show completed investigations*. *If you prefer to hide your investigations, check the box next to "Hide Completed Investigations."* The system will retain your setting until manually changed.
- If you are not hiding your completed investigations, you will receive a **green checkmark** next to the investigative area once you answer all CEs and enter a severity for any CE marked as No.
- If a **complaint is called into the state and added to the survey during the investigative process**, the TC should link the new complaints on the Offsite Prep screen and add the applicable Direct Investigation, Closed Record area, and/or Facility Task.
- For additional instructions refer to the LTCSP procedure guide (*Step 13*).

VI. ONGOING AND OTHER SURVEY ACTIVITIES

Step 13: 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.*

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Step 14: Complete Facility Tasks, *Non-Sampled Tags, and Facility Assessment*

- Investigate the facility tasks as you would during a Standard survey.
- Go to Facility Tasks in the navigation menu.
- To access the **reg** or **IG**, click on the tag.
- Complete a thorough investigation for facility tasks referring to the Facility Task pathway for guidance (on-screen pathway probes are listed *after* the CE).
- For additional guidance refer to the LTCSP procedure guide (*Step 15*).

MANDATORY FACILITY TASKS

- **Dining**
 - *All* surveyors *complete dining observations for the first full meal* using the **Dining facility task pathway as guidance. 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).**
 - If concerns are identified, a second meal observation may occur after the sample is selected.
 - 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).
 - 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, indicate the appropriate severity, and click Save.
- **Infection Control**
 - *All surveyors* observe for breaks in infection control throughout the survey, as specified on the pathways and investigative protocols.
 - The *primary* surveyor should **coordinate a review** of the infection prevention and control program, review of relative infection prevention and control policies and procedures, interview of qualified designated infection preventionist, testing of staff and residents for communicable diseases (e.g., COVID-19) in accordance with national standards, antibiotic stewardship program, and the influenza, pneumococcal and COVID-19 immunizations for residents.
 - The system will display any initial pool resident who had an FI marked for **Infections (not UTI, Pressure Ulcers, or Respiratory)** and three residents, if available, for **Transmission-Based Precautions** that will require an investigation. Clicking on the *Notes icon in the Notes column* will show the initial pool notes. Under the 'Originating Initial Pool Area' column *on the Residents tab*, the initial pool response (FI or No Issue) will be displayed for TBP.

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- **Sample one staff** to verify compliance with staff-related requirements and national standards, such as offering and educating on immunization and testing.
- **Sample three residents** for purposes of determining compliance with infection prevention and control national standards such as TBP, as well as resident care, screening, testing, and reporting.
- **Sample five residents** for influenza, pneumococcal and COVID-19 immunizations.
 - The **residents reviewed for influenza, pneumococcal and COVID-19 vaccinations**, should be **added to the Residents *tab*** on the infection control screen. *To add a resident to the box, click on the Add Residents For Task icon in the upper right corner, place a checkmark next to the resident you want to add and click Add. Include the immunization reason the resident is being added by using the drop-down in the Reason column.* You do not have to add a reason for initial pool residents with an FI for an infection.
- If there is a concern about a water management program in the facility, ask the facility to identify if any residents have been diagnosed with Legionnaires' disease.
- For Antibiotic Stewardship Program, surveyors should complete an investigation for at least one resident on an antibiotic and utilize the Unnecessary Medication Review CE Pathway to assess whether the resident(s) are being prescribed antibiotic(s) unnecessarily. If concerns are identified, expand the sample as needed to determine scope and severity of findings.
 - Determine if at least one resident who is receiving an antibiotic is already included in the sample from the initial pool or was selected for the Unnecessary Medication Review.
 - If there aren't any sampled residents, select a high-risk resident receiving an antibiotic from the infection log (e.g., UTI without a culture, long-term use, repeated use, no active infection noted) to add to the sample.
- **SNF Beneficiary Notification Review**
 - Review any applicable policy and procedures.
- **Kitchen**
 - Make observations throughout the survey to gather all needed information.
- **Med Admin**
 - We highly recommend that nurses and pharmacists conduct this task.
 - Observe meds for every resident residing in the facility.
 - Observe different routes, units and shifts.
 - If there aren't enough residents to complete 25 opportunities, do as many as you can.

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- *To document your med observations, click the Observations tab, and select either **New Medication** (if it's the first med entered) or click the **Add Observation** option in the upper right corner. Enter all necessary information.*
 - *The date and time when the first medication was administered is tracked.*
 - *Click **Add Notes** to document notes specific to that resident's medication administration. Click on the '**Copy to Facility Task Notes**' icon to move these notes to the Med Admin Notes which are the notes that are pulled forward to the Potential Citation screen.*
 - *Select **Add Another Medication** option if the same resident receives multiple medications.*
 - *Click **Add Observation** when a different resident is observed.*
 - *For any error, you may document the original order and reason for the error in the applicable fields.*
 - *Check the **Completed** box once each med has been reconciled. The medication won't count as an opportunity or error until the Completed box is checked.*
- *On the Observations tab, you can review the **team's med error rate** and your error rate.*
- *If the team has a med error rate of five percent or greater, one surveyor should insert the combined med error rate in the Med Admin Investigation notes by clicking the **Insert Total Error Rate** icon.*
- *To view just your medication observations, on the Observations tab filter to My Observations.*
- **Med Storage and Labeling**
 - Any surveyor can complete the med storage task.
 - Review all medication storage rooms and medication carts.
- **Resident Council Review**
 - If the residents in the facility have formed a Resident Council, **complete an interview with the residents.**
 - **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, the TC should go to the Facility Task screen, select the *garbage can* in the Remove column, and select "No Resident Council" as the reason for the removal.
 - Obtain permission from the president to **review council minutes** if the residents have had a meeting.
 - Review all Resident Council 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.

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- When conducting the interview, refer to the questions on the Resident Council screen.
 - For **CE24**, if the response is Yes (i.e., residents have been asked to enter into a binding arbitration agreement), the **arbitration** task will be triggered, if not already triggered during the Entrance Conference. If the response to CE24 is No, CE25 will automatically be marked as NA. Communicate to the surveyor who is assigned the arbitration task the names of the residents who should be reviewed. If you marked Yes for the arbitration question in the Entrance, CE24 will be grayed out. In that situation, mark CE25 as NA.
 - For **CE26**, 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.
- Document the names of the residents in the meeting by selecting the **Add Residents *For Tasks*** icon in the top right corner of the screen *and* selecting all attending residents' names, click *Add*. 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**
 - Any initial pool resident who had further investigate marked for sufficient staffing will be displayed in the Residents *tab*. Clicking on the *Notes icon in the Notes column* will show the initial pool notes.
 - Part I is completed by the TC during offsite prep and on day one of the survey.
 - The facility isn't required to submit Payroll-Based Journal (PBJ) Staffing Data; therefore, skip CE1 (payroll data), CE3 (licensed nurse coverage) and CE4 (RN coverage). Review the facility's projected schedule to determine if they will have adequate staff when they admit residents.
 - DON coverage: TC reviews information provided by facility as needed and requested during entrance conference, and makes a compliance decision related to CE2.
 - Part II is completed by all surveyors. Only the surveyor assigned primary responsibility for 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).
 - Review the availability of licensed nursing staff to provide and monitor the delivery of care.
 - Part III is completed by the TC or primary surveyor and should review and answer CE8-CE15.
- **QAPI/QAA**
 - This facility task should take place at the end of the survey.
 - Review the QAPI and QAA plan.

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- 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).
- If a surveyor cites F600 (abuse or neglect), the information will be displayed on the QAPI/QAA screen to ensure the TC determines whether the QAA committee also identified the issue and made a “Good Faith Attempt” to correct it.

TRIGGERED FACILITY TASKS

- **Personal Funds**
 - Interview residents regarding this triggered task (e.g., access to funds and quarterly statements).
 - Complete an investigation for every CE, even if there are no resident concerns identified.
- **Environment**
 - Interview residents and conduct environmental observations for this triggered task (e.g., concerns with temperature, sound, lighting, cleanliness).
 - Complete an investigation for every CE, even if there are no concerns identified from residents.
 - Do not complete a review of oxygen storage, the generator, or disaster and emergency preparedness as these areas are reviewed by life safety unless your state requires you to review them.
- **Resident Assessment**
 - The facility should complete MDS assessments, despite not being able to submit them until the facility is certified.
 - Ensure accuracy of MDS assessments and care plans for sampled residents.
 - The facility is not required to submit MDS assessments.
 - Review policy and procedures as appropriate.
- **Binding Arbitration Agreement**
 - **Select three residents**, as available. We recommend selecting up to two residents who signed the binding arbitration agreement and one resident who had a resolved dispute, if available. Attempt to select residents that are already in the finalized sample, when possible.
 - If the task is not triggered then review the facility’s policy, if applicable, on how they would handle arbitration if requested by a resident. Review a copy of the arbitration agreement, if applicable.
- **Extended Survey**
 - Complete a review of the tags listed in the Extended Survey. This ensures all tags are reviewed.

FOR ALL TASKS

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- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified) *with a severity determination*, or NA (if the CE does not apply to your investigation). If you mark a CE as No, you should have investigative documentation.
- *CE response completion is tracked at the top of the screen. You can also filter to just see Unanswered CEs. Once you have answered all CEs, you will receive a **completed green bar** on the Facility Task screen indicating the task is complete.*
- The Facility Task screen will display the tags cited by the surveyor.

NON-SAMPLED TAG INVESTIGATIONS AND FACILITY ASSESSMENT REVIEW

- Complete a **review** for any tag that isn't being investigated for a sampled resident or facility task (refer to the information you documented during the sample meeting).
- The facility must conduct a **facility wide assessment** to determine what resources are needed to competently care for residents each day and during emergencies. Review the facility assessment.
- Document your notes on the Surveyor Notes worksheet in the system.

Step 15: End of the day meeting

- If there is one surveyor conducting the initial certification survey, skip the team meeting screen.
- If there is more than one surveyor, **meet for 15 to 30 minutes at the end of each day** to discuss the areas noted on the Team Meeting screen (Go to *Survey Prep* | Team Meeting in the navigation menu).
- Team members should follow along on the screen while the TC conducts the team meeting.
- The team should discuss whether there are any concerns regarding **unethical, criminal, civil or administrative violations** by the facility. The TC will indicate a response (Yes or No) at the bottom of the team meeting screen. If Yes, the assigned surveyor will initiate F895, Compliance and Ethics, for the Facility on the Investigation screen.

VII. *POTENTIAL CITATIONS*

Step 16: *Confirm Investigation Data is Complete, and Team Deficiency Determination*

- *Each surveyor should review the My Investigations tab to ensure each assigned investigation area is completed with a green check or click Hide Completed Investigations.*

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- *TC reviews the Investigation (All Investigations tab) and Facility Task screens and ensure all **investigation work has been completed** by checking the Hide Completed Investigations checkbox and ensuring the green status bar is complete for every task.*
- If the team cites any tags at a severity level 2 or higher, **the facility will not be certified.**
- For each potential citation *that is labeled as undeclared*, the team makes a **compliance determination**. If noncompliance exists, the team determines the S/S of the deficiency.
- To **cite a tag**, place a checkmark next to each resident who should be included in the citation *from the drop-down list*, and include the final severity and scope.
 - When determining S/S, refer to the severity and scope grid (click *Select next to S/S*), guidance on S/S, and the psychosocial outcome severity guide found in the Survey Resources folder.
 - For any tag cited at a G or J, mark the singular event box, if applicable. Refer to the *information icon* for the singular event definition.
 - For any tag cited at Immediate Jeopardy, identify the IJ start and end dates. Refer to the *info icon* for the IJ start and end date definitions.
 - If the evidence gathered during the survey for a particular requirement includes examples of various S/S levels, surveyors should 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 classified as severity 3, isolated.
 - Document the Deficient Practice Statement, *number of residents sampled and cited*, or notes for the exit conference in the Opening Statement field.
 - If the team cites a tag at **SQC**, you will receive a warning that SQC has been cited and the extended survey has to be completed.
- If you **don't cite a tag**, ensure no residents are checked, mark Don't Cite and include a rationale.
 - *If you want to move the citation to a different tag: Mark Don't Cite.*
 - *Select the reason not to cite as, Move to another tag.*
 - *Click on the Select Tag button.*
 - *Place a check mark next to Select? For the correct tag.*
 - *Click Save.*
 - *To undo this action and return to the original tag, return to the Investigation screen and recite the original tag.*
- *If during decision making you receive additional information from the facility (e.g., an interview, a document relevant to a citation), enter the information in your investigation screen and edited text if appropriate. Any newly added text will pull forward to the potential citation screen.*

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Step 17: Exit Conference with Facility

- Conduct an exit conference with the facility administration/leadership to inform the facility of the survey team's *preliminary* findings. *Ask the Administrator to invite the Medical Director.*
 - The facility is in substantial compliance with the regulatory requirements and will be certified, or
 - The team has potential citations and the facility will not be certified.
- 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, if applicable. 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. *If the ombudsman, officer of the resident group, or residents cannot attend in-person, they should be allowed to attend virtually via conference call or video conferencing.*
- 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") unless the facility requests that specific tag numbers be given. Under no circumstances, should you provide the Severity and Scope for a given deficiency, unless it is an immediate jeopardy. If a provider asks if the noncompliance is isolated, pattern, or widespread, you should respond with the facts such as the noncompliance was found to affect "X" number of residents (Ref: S&C: 16-11-ALL).
- Describe the team's preliminary deficiency findings to the facility and let them know they will receive a report of the survey that will contain any deficiencies that have been cited (Form CMS-2567).
- 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 *Add Residents to Sample List* in the header, ensure all residents who should be listed have a checkmark next to their name, select *Download PDF*, 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.

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Step 18: Create Citations

- Click on **Create Citations** on the Potential Citation screen.
- If any **tags are incomplete**, you will receive a warning.
 - The tags listed as incomplete will not move forward the citations of the survey from LTCSP;
 - Click Cancel;
 - Complete the F tags as stated in Step 18; and
 - Click Create Citations again.
- Edit the potential citation documentation following your state practice. 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 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 a language specific enough to use to identify levels of S/S 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 19: Post-Survey Steps

- If the facility is in substantial compliance, the State certifies and recommends that the CMS location and/or State Medicaid Agency enter into an agreement with the facility.
- If the facility is determined not to be in substantial compliance, the State recommends that the CMS location and/or State Medicaid Agency deny participation. The CMS location and/or State Medicaid Agency sends the letter notifying the facility of its denial of participation in the Medicare and/or Medicaid programs, and includes the appeal rights available under 42 CFR 431.153 and 42 CFR 498.3(b). (See also §2005 and §7203 of this manual.)
 - With the exception of an initial survey for reasonable assurance, if the initial survey of the prospective provider finds that the noncompliance is such that the deficiencies fall at levels D, E, or F (without a finding of substandard quality of care) on the scope and severity scale, the State agency may opt to accept

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- evidence of correction to confirm substantial compliance in lieu of an onsite revisit; however, the State agency always has the discretion to conduct an onsite revisit to determine if corrections have been made.
- If the noncompliance falls at level F (with a finding of substandard quality of care), or any level higher than level F, the option to accept evidence of correction in lieu of an onsite revisit does not apply. In this case, an onsite revisit is necessary to determine substantial compliance after the facility submits an acceptable plan of correction. For reasonable assurance, deficiencies at level D or above on the first survey will result in denial for purposes of starting Medicare reasonable assurance. (See §7321.3.1.)
 - The plan of correction does not assure the execution of a provider agreement. The effective date of the provider agreement would be the date the survey agency verifies substantial compliance as determined by the appropriate evidence of correction as discussed above.

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Attachment A: Sample Size, Recommended Team Size, Initial Pool Size, and Complaint/FRI Size

This table shows the following survey expectations based on facility census size: recommended number of surveyors, maximum number of complaint/FRI residents that can be included in the initial pool and sample, expected initial pool size, and sample size. Also see “Note on Survey Team Size” below the table.

Facility Census	Recommended # of Surveyors	Max # Complaint/ FRI Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size #
1-8	2	5	All residents	All residents
9 – 15	2	5	All residents	8
16 -19	2	5	16	8
20 – 48	2	5	16	12
49 – 52	3	6	24	13
53 - 56	3	6	24	14
57 – 61	3	7	24	15
62 – 65	3	7	24	16
66 – 69	3	7	24	17
70 – 90	3	8	24	18
91 – 95	3	8	24	19
96 – 100	4	9	32	20
101 – 105	4	9	32	21
106 – 110	4	9	32	22
111 – 115	4	10	32	23
116 – 123	4	10	32	24
124 – 128	4	10	32	25
129 – 133	4	10	32	26
134 – 138	4	11	32	27
139 – 143	4	11	32	28
144 – 148	4	11	32	29
149 – 153	4	12	32	30

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154 – 158	4	12	32	31
159 – 164	4	13	32	32
165 – 169	4	13	33	33
170 – 174	4	13	34	34
≥175	5	14	40	35