

# QIS Checklist

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## TASK 1: OFFSITE PREPARATION

### Survey Team

#### Import Survey Shell

1. Obtain the survey shell from ACO, according to your State's procedures.

**Note:** Refer to [Export Survey Shell in the QIS Checklist Addendum](#) for further instructions.

Import the survey shell into ASPEN Survey Explorer (ASE) on all laptops.

**Note:** Refer to [Import Survey Shell in the QIS Checklist Addendum](#) for further instructions.

**WARNING:** MDS data is the basis for the sampling pools in QIS and is therefore critical to the QIS process. It is imperative to arrive in a facility with complete MDS data. Prior to going onsite, ensure the Census and Admission samples include the expected number of residents. To do this, select Reports on the top menu bar, select Census Sample by Resident Name and Admission Sample for Facility.

If it appears that MDS data is missing or incomplete, surveyors should contact their state agency's MDS coordinator who can assist with determining if the facility has been transmitting MDS data. If it is determined that there are problems with a facility's transmission of MDS data, the state agency's MDS coordinator should contact the facility.

A QIS survey should not be conducted without complete MDS data.

Expand the QIS Event ID (  icon) and expand Team.

Confirm the Team Roster includes the correct surveyors. All laptops must have the same list of surveyors.

**Note:** If the team roster needs revision, refer to [Team Roster on the QIS Checklist Addendum](#).

2. Access the ASE-Q application through the right-click menu on the Event ID, then click QIS Tool at the bottom of the menu, or click Citation Manager at the top of the menu and select the QIS Tool button on the Citation Manager window.

### Team Coordinator – on Primary Laptop

#### Review Materials

3. Obtain and review facility information for the Offsite Preparation Worksheet (CMS-20044) and document it in ASE-Q on the Review Materials screen. All documentation fields must be completed.

**Note:** Refer to [Word Processing Functions in the QIS Checklist Addendum](#).

#### Entrance Documents

4. Print or obtain the Entrance Documents as directed in ASE-Q to use upon entrance.

## Mandatory Facility Task Assignments

5. Make surveyor assignments for all mandatory facility tasks in ASE-Q.

**Note:** If the team roster changes after these assignments are made, refer to [Reassigning Facility Tasks in the QIS Checklist Addendum](#).

**Note:** For further instructions, refer to [Surveyor Assignments in the QIS Checklist Addendum](#).

## Survey Team

### Supplies and Set-Up

6. Each team member is responsible for bringing his/her laptop and peripherals (carrying case, power cord, extra battery packs, and flash drive)

The team coordinator gathers and brings the following supplies:

- Laptop and peripherals, including power strip(s) with surge suppressor (do not use an extension cord since that is in violation of LSC).
- Printer, extra ink cartridges, printer paper (about half a ream)
- Access to all survey worksheets (according to state procedures)
- Facility folder or notebook to hold all forms provided to and by the facility and reports created in/printed from ASE-Q

### Team Roster

7. Change the synchronization method to a wired network for team members who are not using the default method of USB (flash) drive.

**Note:** Skip this screen if everyone on the team is using the USB method.

**Note:** For instructions on synchronizing using the wired method, refer to [Synchronization Methods in the QIS Checklist Addendum](#). Instructions for obtaining survey data when conducting FOQIS or compliance assessment activities are also listed there.

### Synchronize Offsite Prep Info and Assignments

8. Synchronize following the procedures described on the ASE-Q screen to push Offsite Prep Info and Assignments from the primary laptop to the secondary laptops. Each team member should initiate the Infection Control task and the Dining Observation task if they were not assigned the lead role by the Team Coordinator (the surveyor with the lead role, assigned by the Team Coordinator, will receive the assignment during the synchronization; other team members assisting with Infection Control and Dining must surveyor initiate these tasks in ASE-Q).

Dependency: Steps 1-5 and 7 must be completed before this step can be completed.

**Note:** Multiple surveyors may be checked if they are using the same synchronization type.

**Note:** For diagram instructions, refer to [QIS IT and Surveyor Guide](#), To Synchronize from Team Leader to Secondary Surveyors.

## TASK 2: ONSITE PREPARATION

### Team Coordinator

#### Upon Entrance to the Facility

9. Immediately upon entrance to the facility:

- Request that the person in charge be notified of the team's entrance. Introduce the team.

**Note:** If the survey is starting at an off-hour, refer to [Off-Hour Survey Start](#) in the QIS Checklist Addendum.

- Provide the Entrance Conference Worksheet (Facility Copy) (CMS-20045).
- Request and explain the first five items under Information Needed Immediately Upon Entrance.

**Note:** Ask for the facility census number and ask that the alphabetical resident census list and the completed New Admission Information form be given as soon as possible to the surveyor assigned to reconcile the sample in the designated work area. Resident Reconciliation cannot start without them.

### Team Coordinator

#### Entrance Conference

10. After arrangements have been secured to obtain the facility census number and the facility's alphabetical resident census list and New Admission Information form, conduct the Entrance Conference with the administrator or person in charge. Use the Entrance Conference Worksheet (QIS Team Copy) (CMS-20046) to guide the discussion.

**Note:** Record the date/time of the Entrance Conference and applicable notes in ASE-Q when the primary laptop is available.

**Note:** To see the full worksheet, right-click in the pane and select Pop Up Display.

**Note:** If the survey is starting at an off-hour, refer to [Off-Hour Survey Start](#) in the QIS Checklist Addendum.

### Assigned Surveyor - on Primary Laptop

#### Returned Resident Lists

11. The team coordinator assists the assigned surveyor set up the laptop designated as the primary laptop in the designated workspace, and:

- Enters the dates in ASE-Q on the Returned Resident Lists for Reconciliation screen as soon as the facility provides the alphabetical resident census list and the New Admission Information Form, then
- Completes the Resident Reconciliation screens in ASE-Q (See step 13)

**Dependency:** The Returned Resident Lists for Reconciliation screen should be completed before beginning the Resident Reconciliation.

**Note:** If the survey is starting at an off-hour, refer to [Off-Hour Survey Start](#) in the QIS Checklist Addendum.

## Assigned Surveyors – on Secondary Laptops

### Initial Tour

12. Conduct an initial brief tour of the facility as soon as possible after entry and document tour information in ASE-Q. Introduce yourself to residents, family, and staff.

**Note:** Refer to [Word Processing Functions](#) in the QIS Checklist Addendum. To document random notes, refer to [Surveyor Notes](#) in the QIS Checklist Addendum.

**Note:** If the survey is starting at an off-hour, refer to [Off-Hour Survey Start](#) in the QIS Checklist Addendum.

## Assigned Surveyors – on Primary Laptops

### Resident Reconciliation

13. Expand and follow the instructions on the Resident Reconciliation screen in ASE-Q to update the size of the Census Sample using the facility census number, residency status for all residents in the Resident Pool using the facility's alphabetical resident census list, replace discharged Census Sample residents, and enter unit/room numbers for sampled residents who are In Facility.

**Note:** If the Census Sample is at the required number, do not add a resident on the alphabetical resident census to the Resident Pool unless directed to.

**Note:** Cross-off or make a mark next to the residents on the New Admission Information form who are entered as replacements.

**Note:** If the facility does not provide designations for the units, or the facility uses names for neighborhoods or households, create a simple or abbreviated designation (e.g., N for North) using the facility floor plan requested upon entrance to the facility.

**Note:** Click on the Add/Update Residents button to correct any errors made to any of the information for a resident who is added to the Resident Pool. If a room number was entered incorrectly, correct the information on the Resident Reconciliation screen – Location Only option.

**Note:** If the survey is starting at an off-hour, refer to [Off-Hour Survey Start](#) in the QIS Checklist Addendum.

## Assigned Surveyor and Team Coordinator – on Primary Laptop

### Stage 1 Assignments

14. The team coordinator assists the surveyor with assigning Census Sample residents in ASE-Q.

**Note:** The Stage 1 Assignment screen can be sorted by Resident, Unit, or Room to facilitate equitable distribution of residents by location. The default sort order is by unit and then by room. Auto assign is numerically by room numbers when units are not entered. For further instructions, refer to [Surveyor Assignments](#) in the QIS Checklist Addendum.

**Note:** If the survey is starting at an off-hour, refer to [Off-Hour Survey Start](#) in the QIS Checklist Addendum.

## Survey Team

### Synchronize Stage 1 Samples and Workload

15. Synchronize following the procedures described on the ASE-Q screen to push the Stage 1 Samples and Workload from the primary laptop to the secondary laptops.

**Note:** If the survey is starting at an off-hour, refer to [Off-Hour Survey Start](#) in the QIS Checklist Addendum.

**Note:** For diagram instructions, refer to [QIS IT and Surveyor Guide](#), To Synchronize from Team Leader to Secondary Surveyors.

## Team Coordinator – on Primary Laptop

### Stage 1 Reports

16. Print both the facility copy and the team copy of the Admission Sample report.

**Dependency:** Step 14 must be completed before this step can be completed.

**Note:** For instructions on saving the reports, refer to [Saving ASE-Q Reports Electronically](#) in the QIS Checklist Addendum.

- Provide the Admission Sample Report – Facility to the person in charge. Request that the closed records related to the admission date listed on the form for each resident be delivered to the designated workspace within one hour.

**Note:** All the residents listed on the facility report were reconciled as discharged.

- On Admission Sample Report – Team, assign the residents who are still in the facility to surveyors based on location of Census Sample assignments, write in the assigned surveyor's name, and convey the information to the surveyors during the Initial Team

Meeting. Leave this copy near the closed records once the facility provides them so that survey team members can initial/mark completed Admission Sample reviews.

17. The team coordinator may print copies of the Census Sample report or save the report electronically to a file designated for the facility/survey.

**Dependency:** Step 14 must be completed before this step can be completed.

**Note:** Surveyors at secondary laptops can view the Census Sample report onscreen in ASE-Q or save it electronically for viewing outside of the ASE-Q application.

**Note:** For instructions on saving the report, refer to [Saving ASE-Q Reports Electronically](#) in the QIS Checklist Addendum.

## Survey Team

### Initial Team Meeting

18. Hold the initial team meeting after completing the Initial Tour, the Entrance Conference, and synchronizing the Stage 1 Samples and Workload. The team coordinator documents meeting notes in ASE-Q as the team discusses the following information:

**Dependency:** Step 16 must be completed before this step can be completed.

**Note:** Use the Save button in the top right corner of the ASE-Q screen to ensure notes are not lost. Refer to [Word Processing Functions](#) in the QIS Checklist Addendum.

- Observed situations of concern during the Initial Tour;

**Note:** Anytime a surveyor suspects Immediate Jeopardy, he/she should alert the team. Follow the instructions on determining Immediate Jeopardy in Appendix Q of the SOM. Refer to [Initiating Care Areas/F Tags/Facility Tasks](#) in the QIS Checklist Addendum.

- Availability of staff and staffing characteristics/patterns, and posting of the nurse staffing information;

**Note:** Staffing patterns include the type of shift the aides and nurses work and whether there are any specific staffing patterns the facility uses (12-hour shifts, etc.). Staffing characteristics include the use of any unique staff, such as paid feeding assistants, nurses from an outside agency, etc.

- Comparison of the staffing schedule provided by the facility to the names of licensed and registered nursing staff observed during the Initial Tour, and Entrance Conference information about nurse staffing waivers and the DON hours;

**Note:** If discrepancies exist between the schedule and the staff observed during the Initial Tour, ask the person in charge to explain the discrepancies.

- Characteristics of the population;

**Note:** Characteristics of the population could include specialized units (dementia unit or psych population and whether the unit is locked or unlocked, and rehabilitation or Medicare units), younger population, higher incidence of individuals with an intellectual disability, higher incidence of residents with increased needs/dependence (ventilators, respirators, comatose).

- Entrance Conference information (medication pass times, room variances, etc.);
- Assignments for Dining Observations based on the number and location of dining areas and for any residents who eat in their rooms.

**Note:** If the facility has only one dining room with one seating per meal, it is not necessary that every surveyor conduct the task. If the facility has more than one dining area or residents are eating in their rooms, observations should occur in all of these areas. When there are more dining rooms and room trays than team members, surveyors should watch the start of the meal in the dining areas for residents who require the most assistance. The surveyors may have an opportunity to observe at least part of the other dining locations during the first full meal observation.

The team coordinator should also discuss with the team any concerns documented on the Offsite Preparation Review Materials screen (i.e., uninvestigated complaints, Ombudsman concerns) to decide what follow-up is necessary during Stage 1.

**19.** The team coordinator communicates:

- Assignments for Admission Sample residents who are not in the Census Sample and are not Discharged, and
- A target day and time for completion of Stage 1 Survey.

Discuss a plan for completing the required three family interviews during Stage 1.

## **TASK 3: STAGE 1 SURVEY**

### **Survey Team**

#### **Admission Sample**

**20.** Conduct a preliminary investigation of the structured questions in the Record Review data source to collect resident-specific information for each resident according to the prescribed protocols:

- Use the structured questions and Additional Guidance in ASE-Q to gather consistent information for each care area in each data source.
- Document the applicable response for each question directly into ASE-Q as the information is gathered to increase accuracy.
- Answer the questions in the sequence in which they appear.

**Warning:** Documentation entered for a question answered out of sequence may be deleted if a question is subsequently answered that causes a skip for the question answered out of sequence.

- Document a Relevant Finding when the information suggests a negative response. Findings should include the date, time, the source of the information, and any details.
- Complete throughout Stage 1 when residents, family, staff are unavailable, and to the extent possible, on the unit in a location that affords confidentiality and continued observations.

## Census Sample

**21.** Conduct a preliminary investigation of the structured questions to collect resident-specific information for each data source according to the following prescribed protocols:

- Use the structured questions and Additional Guidance in ASE-Q to gather consistent information for each care area in each data source.
- Document the applicable response for each question directly into ASE-Q as the information is gathered to increase accuracy.

**Note:** Document responses as given, even if there is a discrepancy between multiple data sources.

- Answer the questions in the sequence in which they appear.

**Warning:** Documentation entered for a question answered out of sequence may be deleted if a question is subsequently answered that causes a skip for the question answered out of sequence.

- Document a Relevant Finding when the information suggests a negative response. Findings should include the date, time, the source of the information, and any details.
- Be alert to the provision of care, staff-resident interactions, and quality of life for all residents.

**Note:** To document random notes, refer to [Surveyor Notes](#) in the QIS Checklist Addendum.

### Resident Observations of each resident:

- Meet residents as soon as possible to screen and answer the Cognitive Status question.

**Note:** If the resident's interview status is different from the Census Sample report, enter a relevant finding to explain the reason for this difference.

- Make multiple observations at various times of the day until all questions are answered; consider the situation and time of day.

**Note:** Use [Surveyor Notes](#) to document interim observations, as needed, before answering the Stage 1 questions. Refer to the QIS Checklist Addendum.

**Note:** If a sampled resident has left the facility and is not expected to return before the end of Stage 1 (e.g., discharged to the hospital), report to the team so a replacement resident can be assigned. (See Replace a Resident in step 22, Stage 1 Team Meetings).

### **Resident Interview or Family Interview (for three non-interviewable residents):**

- Obtain permission from resident/family; schedule a time and location that assures privacy.

**Note:** Ask the Family Interview screening questions to determine whether the person being interviewed knows the resident well enough. Document the name of the person being interviewed and his/her relationship to the resident on the screening question.

- Ask questions exactly as written, use Additional Guidance to explain the intent of question, or adjust lengthy or multiple part questions while maintaining the intent.

**Note:** Adjust the Family Interview questions as necessary to make them applicable to the resident and the person being interviewed

- Ask questions in sequence; may skip ahead if subject comes up out of sequence.
- Ask probing open-ended questions if information provided is incomplete or unclear, to clarify or confirm your understanding, or to obtain more details about negative response.

### **Staff Interview for each resident:**

- Schedule as convenient for the nurse in a private location with access to the records.
- Verify documentation of neurogenic bladder and monitoring of nutritional supplement.

### **Record Review for each resident:**

Complete throughout Stage 1 on the unit in a location that affords confidentiality and continued observations when residents, family, staff are unavailable

### **Stage 1 Team Meetings**

**22.** At the end of the first day and more often as necessary, the team coordinator documents meeting notes in ASE-Q as the team discusses the following:

**Note:** Use the Save button in the top right corner of the ASE-Q screen to ensure notes are not lost. Refer to [Word Processing Functions](#) in the QIS Checklist Addendum.

- Pertinent findings for both resident and facility tasks. Include a discussion of Offsite Preparation concerns if follow-up was conducted during Stage 1.

**Note:** At a minimum, report Stage 1 care areas with concerns. It is not necessary to report every resident or describe the details of every negative response. Reference the Relevant Findings report as desired under Reports in ASE-Q.

- Whether any concerns suggest possible Immediate Jeopardy.

**Note:** If so, follow the procedures in Appendix Q of the SOM. Refer to [Initiating Care Areas/F Tags/Facility Tasks](#) in the QIS Checklist Addendum.

- Whether any concerns suggest a high likelihood of rising to the level of harm.

**Note:** Make note of the care areas related to the regulatory groupings of Resident Behavior and Facility Practices, Quality of Life, and Quality of Care.

- Team progress and the workload remaining in Stage 1.
- Whether any Census Sample resident needs to be replaced.

**Note:** Replace a resident:

- A. On the Navigator menu, expand Onsite Preparation, select Resident Reconciliation
  - B. Change the residency status of the resident to Discharged on the screen
  - C. Follow step 8 in the instructions on the Resident Reconciliation screen
  - D. Assign the resident on the Stage 1 Assignments screen
  - E. Repeat step 15, Sync Stage 1 Samples and Workload, with only the secondary laptop(s) affected by the discharged and replaced resident
- How many family interviews have been completed and who might be available for interview, if three interviews have not yet been completed.

**Note:** Family interviews must be completed prior to the end of Stage 1.

### **Stage 1 Daily Backup (Required)**

**23.** At the end of each day in Stage 1, each surveyor must backup his/her Stage 1 and mandatory facility task survey data.

- On the Sync Stage 1 Survey Data screen, the secondary laptops click on the Daily Backup button and follow the steps to backup his/her data to the team coordinator's flash drive.
- If the secondary laptop has entered information for a mandatory facility task, on the Sync Stage 2 and Facility Task Data screen, the secondary must also follow the steps to backup the mandatory facility task data to the team coordinator's flash drive.

**Note:** The team coordinator should NOT complete the steps on that screen to synchronize the secondary laptops to the primary laptop.

- The team coordinator makes a backup of their Stage 1 and mandatory facility task data (i.e., which is an export of the entire survey) by following the steps on the Survey Export screen.

### **Synchronize Stage 1 Survey Data**

**24.** When all of the Stage 1 Survey Data is complete, synchronize following the procedures described on the ASE-Q screen to pull Stage 1 Survey Data from the secondary laptops to the primary laptop.

**Note:** For diagram instructions, refer to [QIS IT and Surveyor Guide](#), To Synchronize from Secondary Surveyors to the Team Leader.

**Note:** If two surveyors complete the same Admission Sample record review, the TC will receive a warning message at the time the duplicate answers are synchronized to the primary laptop. . The warning message will ask if you want to overwrite the information. Before answering the warning message, the TC will need to determine which set of responses should remain. . The TC will then need to read the warning message carefully and determine how to respond.

## TASK 4: FACILITY TASKS

### Survey Team

#### Mandatory Facility Tasks

##### 25. Mandatory Facility Tasks

A. Reference the facility task pathway to guide an in-depth investigation of the mandatory facility tasks throughout the survey.

**Note:** To see the full pathway, right-click in the pathway pane and select Pop Up Display.

**Dependency:** The secondary laptops will not have access to the Mandatory Facility Tasks until steps 5 and 8 are completed.

**Note:** For more information on initiating, reassigning, or removing tasks, refer to the QIS Checklist Addendum for instructions regarding [Initiating Facility Tasks](#), [Reassigning Facility Tasks](#), or [Removing a Facility Task](#).

B. Document negative findings in the Investigative Documentation field related to the applicable Critical Elements (CEs) but do NOT answer the CEs until the in-depth investigation is complete.

**Note:** Documentation should include relevant facts to make decisions regarding the CEs, Potential Citations, and severity/scope; and will serve as the foundation for the Statement of Deficiencies (CMS-2567). Use the Regs and IG buttons to reference the regulation and surveyor guidance.

**Note:** Refer to the QIS Checklist Addendum for information on [Word Processing Functions](#) (shortcut to enter date and resident ID, spell-check, copy/paste, etc.), and how to include a Resident ID in Facility Task documentation (Select Stage 2 Resident).

C. Complete step 38 to document a compliance decision for each CE.

**Note:** The assigned surveyor must answer all CEs. Surveyors who initiate a task answer only the CEs that were not met. Negative responses will override any positive responses when synchronized.

- Dining Observation: The assigned surveyor should coordinate an investigation for the CE6 Resident Sample with the surveyors assigned to the Food Quality Care Area if it triggers.

**Note:** Surveyors assigned to dining locations during the Initial Team Meeting must initiate this task.

**Warning:** The CE6 Resident Sample field is specific to Food Quality. Do not select Add Resident until Stage 2. Replace residents populated in this field only with team consensus.

- Infection Control & Immunizations: CE10 Resident Sample is specific to the review for immunizations and is required Additional Information on the Verification of Stage 2 Data screen.

**Note:** All surveyors must initiate this task to document concerns throughout the survey.

- Kitchen/Food Service Observation: Conduct an Initial Brief Tour of the Kitchen during Onsite Preparation.
- Liability Notices & Beneficiary Appeal Rights Review: CE1 Resident Sample (if CE1 is marked as yes) and CE4 Resident Sample are required Additional Information on the Verification of Stage 2 Data screen and are specific to those CEs. Remove this task when the facility is not certified as a SNF.

**Note:** Ask for a list of Medicare beneficiaries discharged from the SNF in the past 6 months if the issuance of a liability and appeal notice was not applicable to one or more of the sampled residents.

- Medication Administration Observation: Only a nurse or pharmacist may complete this task. A minimum of 25 opportunities is required in the Additional Information section on the Verification of Stage 2 Data screen.

**Note:** If the resident is not listed in the drop down list, temporarily record the observation in the Surveyor Notes screen, and then follow the procedures for [Adding a Resident to the Pool](#) in the QIS Checklist Addendum under Select Stage 2 Resident.

**Note:** Surveyors completing this task should communicate to ensure observations are conducted with several staff over different shifts/units, include multiple routes, and achieve the minimum count.

- Medication Storage: This task may be assigned to anyone on the team.
- Quality Assessment and Assurance Review: A Yes or No response to CEs 3 and 4 is required if there are potential citations at Severity Levels 2, 3 or 4.
- Resident Council President/Representative Interview: Remove this task when there is no Resident Council in the facility. Evaluate whether residents are allowed to organize a group.

**Note:** If the president/representative provides a negative response or does not know the answer to a question, record the response in the Investigative Documentation field, but do NOT answer the CE until the follow-up investigation is completed.

## Non-Mandatory Facility Tasks

### 26. Non-Mandatory Facility Tasks

- A. Reference the facility task pathway to guide an in-depth investigation of the non-mandatory facility tasks in Stage 2 if triggered by Stage 1 interviews, observations, or record reviews. Initiate any of the following tasks to investigate offsite or onsite concerns that do not trigger.

**Note:** To see the full pathway, right-click in the pathway pane and select Pop Up Display.

**Note:** Before starting the investigation, select the View Stage 1 Info button at the bottom of the Non-Mandatory Facility Task screen to review the resident information that triggered the task.

**Note:** For more information on initiating, reassigning, or removing tasks, refer to the QIS Checklist Addendum for instructions regarding [Initiating Facility Tasks](#), [Reassigning Facility Tasks](#), or [Removing a Facility Task](#).

- B. Document negative findings in the Investigative Documentation field related to the applicable Critical Elements (CEs) but do NOT answer the CEs until the in-depth investigation is complete.

**Note:** Documentation should include enough relevant facts to make decisions regarding the CEs, Potential Citations, and severity/scope; and will serve as the foundation for the Statement of Deficiencies (CMS-2567). Use the Regs and IG buttons as needed to reference the regulation and surveyor guidance.

**Note:** Refer to the QIS Checklist Addendum for information on [Word Processing Functions](#) (shortcut to enter date and resident ID, spell-check, copy/paste, etc.), and how to include a Resident ID in Facility Task documentation (Select Stage 2 Resident).

- C. Complete step 38 to document a compliance decision for each CE.

**Note:** The assigned surveyor must answer all CEs. Surveyors who initiate a task answer only the CEs that were not met. Negative responses will override any positive responses when synchronized.

- Abuse Prohibition Review: Staff Interview, Supervisor Interview, and New Employees samples are required Additional Information on the Verification of Stage 2 Data screen.

**Note:** Initiate Abuse Prohibition Review for Facility if Abuse is initiated for a resident.

- Admission, Transfer, and Discharge Review
- Environmental Observations

**Note:** All team members should observe for environmental concerns throughout the survey, document in Surveyor Notes, and report them during team meetings. Initiate the task based on team consensus and paste documentation from Surveyor Notes to the applicable CE.

For more information on initiating the task for isolated concerns, refer to the QIS Checklist Addendum for instructions regarding [Isolated Environmental Concern & Initiation of Environmental Observation Task](#).

- Personal Funds Review

**Note:** If CE1 or CE5 caused the task to trigger and the resident does not have a personal funds account, you still have to investigate these two CEs. Answer CE2 as N/A (CE3, CE4, and CE6-9 will automatically be marked as N/A). Answer CE1 and CE5. If only one of the CEs is applicable, mark the other CE as N/A.

- Sufficient Nursing Staff Review

**Note:** If this task does not trigger, but concerns with nurse staffing requirements are identified during the Initial Team Meeting or Entrance Conference, initiate the task for the Facility.

## **TASK 5: TRANSITION Stage 1 to Stage 2 (S1-> S2)**

### **Team Coordinator – on Primary Laptop**

#### **Verification of Stage 1 Data**

**27.** Follow the instructions on the ASE-Q screen to complete or explain the Stage 1 Incomplete Admission/Census Data items displayed in the grid.

**Dependency:** Step 24 must be completed before this step can be completed. If there is missing data, make the corrections on the primary laptop or the applicable secondary laptop. If corrections are completed on the secondary laptop, that laptop should again complete step 24.

**Note:** If data are not available to complete the item, the primary laptop must document an explanation. For example, “The resident interview was interrupted and could not be resumed.”

#### **QCLI Results**

**28.** Click on the Calculate QCLI Results button on the QCLI Results screen.

**Dependency:** Step 27 must be completed before this step can be completed.

### **Survey Team**

#### **Synchronize Stage 1 and QCLI Data**

**29.** Synchronize following the procedures described on the ASE-Q screen to push the Stage 1 and QCLI Data from the primary laptop to the secondary laptops.

**Dependency:** Step 28 must be completed before this step can be completed.

**Note:** For diagram instructions, refer to [QIS IT and Surveyor Guide](#), To Synchronize from Team Leader to Secondary Surveyors.

## Transition Meeting

**30.** The primary objective of this meeting is to discuss the concerns associated with each triggered Care Area. Each surveyor views the QCLI Results screen on his/her own laptop to discuss each Care Area.

**Dependency:** Step 29 must be completed to make this possible.

The Team Coordinator navigates between the QCLI Results screen and the Transition Meeting screen to document the following critical issues throughout the team discussion:

**Note:** A completion criteria message will appear when moving from the Transition Meeting screen to the QCLI Results screen if all documentation fields are not completed.

**Note:** Use the Save button in the top right corner of the ASE-Q screen to ensure notes are not lost. Refer to [Word Processing Functions](#) in the QIS Checklist Addendum.

- Concerns that suggest possible Immediate Jeopardy

**Note:** Follow the instructions on determining Immediate Jeopardy in Appendix Q of the SOM.

- Concerns with a high likelihood of rising to the level of harm that may need sample supplementation to investigate for substandard quality of care in the regulatory groups of Resident Behavior and Facility Practices, Quality of Life, and Quality of Care
- Concerns related to residents and Care Areas that do not trigger and that may need to be initiated into the Stage 2 sample (e.g., offsite complaints; concerns outside of the Stage 1 samples; concerns discussed during the Initial or Stage 1 team meetings; or Care Areas that are not associated with a QCLI)

**Note:** The following Care Areas do not have QCLIs: Bowel Incontinence, Colostomy, Communication and Sensory Problems, Community Discharge, Fecal Impaction, Foot Care, Ileostomy, Parenteral Fluids, Prosthesis, Respiratory Care, Tracheal Suctioning, Tracheostomy, and Ureterostomy.

- Stage 1 data entry errors, including the surveyor, resident, data source, and the question to be corrected

## Team Coordinator – on Primary Laptop

### Correct Data Errors

- A. Click on the drop-down arrow to the right of Current Surveyor in the top toolbar and select All Surveyors.

- B. Expand the Navigator menu for Stage 1 Survey to the applicable residents and data source questions. Change the data entry according to the necessary corrections.

**Note:** If there are numerous data entry errors documented on the Transition Meeting screen, the documentation field could be printed so the team coordinator does not need to navigate between the Transition Meeting screen and the Stage 1 Survey screens. Right click in the documentation field, select Full Screen Display, and select the Print icon.

Note: If the team changes Stage 1 data during the transition meeting, the primary should click on the Verification of Stage 1 Data screen to ensure a previously skipped question does not need to be answered. If an incomplete question appears in the grid, this means that when the team corrected the data entry error, a previously skipped question needs answering.

- C. Change the drop down arrow back to Current Surveyor.
- D. [Repeat step 28](#). Review just the affected Care Areas to confirm the corrections were achieved.

## Team Coordinator – on Primary Laptop

### Transition Reports

31. The team coordinator may print a copy of the Stage 1 Relevant Findings report and the QCLI Results Report or save the reports electronically to a file designated for the facility/survey.

**Dependency:** Step 29 must be completed before this step can be completed.

**Note:** For instructions on saving the reports, refer to [Saving ASE-Q Reports Electronically](#) in the QIS Checklist Addendum.

### Stage 2 Sample Review/Finalization

32. On the Stage 2 Assignment screen, select the Care Area view, and expand each Care Area to discuss which residents were sampled by ASE-Q for each Care Area and to identify whether to initiate additional residents.

**Dependency:** Step 30 must be completed before this step can be completed.

33. Initiate the additional residents and Care Areas or F tags as applicable for the following:

**Note:** Refer to [Initiating Care Areas/F Tags/Facility Tasks](#) in the QIS Checklist Addendum.

- Any Stage 1 resident who met the QCLI criteria for a triggered Care Area and has a potentially egregious concern but was not selected by ASE-Q for the Stage 2 Sample.
- Any resident and Care Area for concerns identified during the Transition Meeting according to step 30.

**Note:** If there were numerous concerns documented on the Transition Meeting screen, the documentation field could be printed so the team coordinator does not need to navigate

between the Transition Meeting screen and the Stage 1 Survey screens. Right click in the documentation field, select Full Screen Display, and select the Print icon.

- One resident, as available, for the Care Areas listed on pages 3 and 4 of the Entrance Conference Worksheet (Facility Copy); Preadmission Screening and Resident Review (PASRR), Ventilator, Dialysis, and Certified Medicare Hospice and/or End of Life Services.

**Note:** A resident could be listed on the form and initiated for more than one Care Area.

**Note:** The Nutrition Care Area must be initiated when Dialysis is initiated (unless the Nutrition Care Area triggers and the resident is sampled).

- The applicable Resident Room Care Area for the residents residing in rooms affected by the variances identified during the Entrance Conference.
- F356 if nurse staffing information is not posted.
- Sufficient Nursing Staff Review, as applicable, if discrepancies exist between the schedule and staff observed during the Initial Tour or information obtained during the Entrance Conference about nurse staffing waivers and DON hours (only answer the CE of concern).
- Tag F155 for any residents involved in experimental research occurring in the facility identified during the Entrance Conference.
- Residents and Care Areas as applicable related to the concerns documented on the Offsite Preparation Review Materials screen.

**34.** Sort the Unassigned Stage 2 Residents list by resident to identify any Stage 2 residents with missing units and room numbers. Go back to the Resident Reconciliation screen and enter the units and room numbers that are missing.

## **Stage 2 Assignments**

**35.** Assign a surveyor to every Stage 2 resident, Care Area, and Non-mandatory Facility Task using the following guidelines to achieve an equitable workload (number and location):

**Dependency:** This step should not be completed until Steps 32-34 have been completed.

- Reassign initiated residents and Care Areas as needed. The ASE-Q automatically assigns them to the surveyor who initiated the Care Area.
- Assign Stage 1 residents to their Stage 1 assigned surveyor. Consider adjusting the assignment of specific Care Areas based on surveyor expertise and to balance the number of Care Areas and residents assigned to each surveyor.

**Note:** Consider surveyors' clinical knowledge and skills. Only a surveyor who is a licensed nurse, physician's assistant, or physician may observe a resident's genitals, rectal area, or female breast area.

- Adjust facility task assignments as necessary based on which surveyors have concerns and to balance the workload for each surveyor.

**Note:** Do not adjust Mandatory Facility Tasks Assignments by reassigning them on the Stage 2 Assignment screen. Refer to [Reassigning Facility Tasks](#) in the QIS Checklist Addendum.

**Note:** The Auto Assign button may be used to distribute the assignments to achieve an equal distribution of workload; however, the Auto Assign functionality does not consider surveyor expertise or the complexity of assignments.

**Note:** For further instructions, refer to [Surveyor Assignments](#) in the QIS Checklist Addendum.

## Survey Team

### Synchronize Stage 2 Sample and Assignments (and QCLI Results, if data entry errors were corrected)

36. If data entry errors were corrected, repeat Step 29.

Synchronize following the procedures described on the ASE-Q screen to push the Stage 2 Sample and Assignments from the primary laptop to the secondary laptops.

**Dependency:** Step 35 must be completed before this step can be completed.

**Note:** For diagram instructions, refer to [QIS IT and Surveyor Guide](#), To Synchronize from Team Leader to Secondary Surveyors.

## TASK 6: STAGE 2 SURVEY

### Survey Team

#### Stage 2 Care Area Investigations

37. Conduct an in-depth, directed investigation of the triggered and initiated Care Areas using investigative protocols.

**Dependency:** Step 36 must be completed before this step can be completed.

**Note:** Finalize Task 4, Facility Tasks, by completing the Mandatory Facility Tasks and the triggered or initiated Non-Mandatory Facility Tasks (see steps 25 and 26).

- Push the Append Text button on the Resident Summary tab to copy the QCLI Results and Relevant Findings into the applicable investigative documentation pane. Review the information to focus the investigation and build on the Stage 1 information that caused the Care Area to trigger.

**Note:** If you initiate a care area that has a Stage 1 relevant finding, you can push the Append Text button again to copy the QCLI Results and Relevant Findings into the newly

initiated care area's investigative documentation pane. Prior investigative documentation text will not be duplicated or deleted.

- Develop a strategy for proceeding through the assigned Care Area investigations to organize and manage the workload and not miss critical observations and interviews.

**Note:** To review the MDS in the QIS Tool, go to Options in the menu bar and select MDS Viewer 3.0.

**Note:** Begin observations and interviews as soon as possible, and conduct across several shifts as applicable for the assigned care areas. Uphold interview confidentiality. Limit record review to obtain specific information and validate observations and interviews.

**Note:** If an assigned Care Area needs to be removed or a sampled resident replaced (e.g., Stage 1 information is inaccurate), report it to the team so a replacement resident can be assigned.

- Use the investigative protocol as directed by ASE-Q to guide the investigation (i.e., Critical Element (CE) Pathway or F tag Guidance to Surveyors).

**Note:** Use the buttons for Regulations and Interpretive Guidelines throughout the investigation to ensure a complete investigation.

- Document detailed information in the Investigative Documentation field at the applicable location in ASE-Q. Do NOT answer the CEs until the in-depth investigation is complete.

**Note:** Documentation should include enough relevant facts to make decisions regarding the CEs, Potential Citations, and severity/scope; and will serve as the foundation for the Statement of Deficiencies (CMS-2567). Use the Regs and IG buttons as needed to reference the regulation and surveyor guidance.

**Note:** Refer to the QIS Checklist Addendum for information on [Word Processing Functions](#) (shortcut to enter date and resident ID, spell-check, copy/paste, etc.).

- Complete step 38 to document a compliance decision for each CE.
- If concerns are identified with an Independent but Associated Structure, Process, and/or Outcome Requirement initiate the applicable care area, if available, or F tag. Investigate further to make a supportable compliance decision.

**Note:** Always initiate the related Care Area rather than an F tag.

**Note:** If a concern is identified with a specific medication (e.g., Coumadin) for a resident who wasn't sampled for the Unnecessary Medication review, the surveyor is required to review the medication of concern for the appropriate assessment, care planning, and provision of care. In addition, the surveyor is required to investigate and determine if the facility has a process in place to identify / monitor for drug-drug interactions, specific to the medication of concern. Surveyors can attempt to determine this by interviewing the prescriber, pharmacist

or nursing staff in an effort to determine how the facility is monitoring the residents for these and other adverse drug events.

- Be alert to the provision of care, staff-resident interactions, and quality of life for all residents.

**Note:** If concerns are identified for randomly observed residents, document those concerns in Surveyor Notes (under Options on the menu bar) and report to the team. As needed, paste documentation from Surveyor Notes to an initiated Care Area or F tag.

**Note:** Refer to [Initiating Care Areas/F Tags/Facility Tasks](#) in the QIS Checklist Addendum.

### Critical Element (CE) Compliance Decisions

**38.** Document a compliance decision using the CE radio buttons for each CE for all assigned Care Areas, F tags, and Facility Tasks.

- Use the applicable CE Pathway and/or F tag Guidance to Surveyors to guide the compliance decisions. Select the Regulations and Interpretive Guidelines buttons as needed.
- Answer the applicable CE radio button to document a CE compliance decision. A CE marked as “No” suggests noncompliance with the applicable requirement. The Investigative Documentation will pull forward into the Potential Citations Documentation field.

**Warning:** When a CE compliance decision is changed to Yes, the F tag in the Potential Citations pane, the documentation in the Potential Citations Documentation field, and the severity decision will be removed. If more information is obtained after answering the CE, document that information in the Investigative Documentation field. To move that documentation forward into the Potential Citations Documentation field, copy and paste it or change the CE response from No to Yes and back to No.

- Revise the Potential Citations Documentation as needed according to the Principles of Documentation, ensuring that “The facts and findings relevant to the deficient practice, answer the questions: who, what, where, when, and how.”(Principle #3C)

**Note:** For Stage 2 Care Area Investigations, all of the investigative documentation will pull forward to the Potential Citations Documentation field for each CE marked as noncompliant for the same care area. Revise the documentation so each potential citation includes only that which is relevant to the applicable F tag.

- Select a Severity that is supported by the Potential Citations Documentation.

**Note:** Refer to the severity guidance and Psychosocial Outcome Severity Guide in Appendix P and the DEFICIENCY CATEGORIZATION section of the Investigative Protocol for select F tags in Appendix PP (F248, F249, F309, F314, F315, F323, F325, F329, F334, F371, F373, F425, F428, F431, F441, F501, and F520).

## Stage 2 Team Meetings

39. At least daily and more often as necessary, the team coordinator documents meeting notes in the ASE-Q as the team discusses the following:

**Note:** Use the Save button in the top right corner of the ASE-Q screen to ensure notes are not lost. Refer to [Word Processing Functions](#) in the QIS Checklist Addendum.

- Findings related to potential noncompliance for both Care Area and Facility Task assignments.
- Whether any findings suggest possible Immediate Jeopardy (IJ) or have a high likelihood of rising to the level of harm

**Note:** If IJ is suggested, follow the instructions on determining Immediate Jeopardy in Appendix Q of the SOM. Refer to [Initiating Care Areas/F Tags/Facility Tasks](#) in the QIS Checklist Addendum.

**Note:** If all three sampled residents for the care areas related to the regulatory groupings of Resident Behavior and Facility Practices, Quality of Life, and Quality of Care demonstrate potential for noncompliance, supplementing the Stage 2 Sample for the related Care Areas.

### Supplement a Care Area:

- A. On the Navigator menu, expand Transition S1->S2, and select QCLI Results.
  - B. Expand the Care Area, the QCLIs Exceeded Threshold, and the QCLI Criteria Met.
  - C. Select one or more resident(s) in the list who is not sampled for the Care Area.
  - D. Initiate the Care Area for the replacement resident: Refer to [Initiating Care Areas/F Tags/Facility Tasks](#) in the QIS Checklist Addendum.
  - E. Assign the supplemental resident(s) on the Stage 2 Assignment screen.
  - F. Note: Refer to the Stage 2 Report by Care Area to determine whether the supplemental resident(s) is already assigned to another surveyor in Stage 2.
  - G. Repeat step 36 with the affected secondary laptops.
- Whether an investigation for a care area is complete and the potential for noncompliance at a particular tag exists to request additional information from the facility before the team makes the final compliance decision.

**Note:** Refer to CMS Admin Info 08-32 for more information.

- If there are potential quality concerns that require the need to conduct Part 2 of the Quality Assessment and Assurance Review. Additionally, discuss the progress of other facility tasks (e.g., the count of errors and opportunities for Medication Administration Observations) and whether concerns need further investigation (e.g., dining concerns or infection control observations).

- If there is a need to remove a care area for a resident in the Stage 2 sample and substitute with another resident who meets the criteria for the applicable QCLI for that Care Area.

**Note:** Refer to [Removing a Care Area](#) in the QIS Checklist Addendum.

- Team progress, workload remaining in Stage 2, and the need to adjust assignments.

**Note:** If there is a need to make assignment adjustments, refer to Addendum section [Making Stage 2 Workload Adjustments](#).

### **Stage 2 Daily Backup (Required)**

**40.** At the end of each Stage 2 day, each surveyor must backup his/her Stage 2 survey data.

- On the Sync Stage 2 and Facility Task Data screen, the secondary laptops click on the Daily Backup button and follow the steps to backup his/her data to the team coordinator's flash drive.

**Note:** The team coordinator should NOT complete the steps on that screen to synchronize the secondary laptops to the primary laptop.

- The team coordinator makes a backup of their Stage 2 data (which is an export of the entire survey) by using the Backup Survey screen at the end of the Navigator menu in the QIS tool.

### **Synchronize Stage 2 and Facility Task Data**

**41.** Synchronize following the procedures described on the ASE-Q screen to pull the Stage 2 and Facility Task Data from the secondary laptops to the primary laptop.

**Note:** For diagram instructions, refer to [QIS IT and Surveyor Guide](#), To Synchronize from Secondary Surveyors to the Team Leader.

**42.** Once the Stage 2 data is synchronized, the software will check whether Part 2 (CE3 and CE4) of QA&A was completed based on the citation of F-tags.

If there is any deficiency at Severity Level 2, 3 or 4 and Part 2 of QA&A was not completed (i.e., CE3 and CE4 do not equal Yes or No), the team coordinator will receive a warning message that indicates, "Part 2 of QA&A (CE3 and CE4) must be completed (i.e., there must be a CE response of Yes or No for CE3 and CE4) since quality deficiencies were identified."

## TASK 7: STAGE 2 ANALYSIS

### Team Coordinator – on Primary Laptop

#### Verification of Stage 2 Data

**43.** Follow the instructions on the ASE-Q screen to complete the incomplete items displayed in the grids for Mandatory Facility Tasks and/or Stage 2 residents or non-mandatory facility tasks, and to complete or explain the incomplete count for Additional Information.

**Dependency:** Step 41 must be completed before this step can be completed. If the incomplete data includes all of the assignments from a secondary laptop, that laptop should complete step 41 again.

**Warning:** Do not complete partial data on secondary laptops and re-synchronize. Complete partial data on the primary laptop.

**Note:** If data cannot be obtained for Additional Information Incomplete Data, the primary laptop must document an explanation.

**Note:** If the error rate is less than 5% but the team said “No” to CE1 (F332), the decision of whether the rate has exceeded 5% may be deferred until the Analysis and Decision Making meeting. The team can simply choose not to cite F332 with an error rate of less than 5% using “Medication error rate less than 5%” as the reason.

If the error rate is greater than 5% but the team said “Yes” to CE1 (F332), the decision to cite F332 may be deferred until the Analysis and Decision Making meeting. The team can simply add F332 after citations have been loaded in ASE.

### Survey Team – on Primary Laptop

#### Stage 2 Analysis and Decision Making Meeting

**44.** The primary objective of this meeting is to discuss the Potential Citations and accompanying documentation resulting from Facility Task and Stage 2 investigations to determine whether noncompliance exists.

**Note:** This step is completed concurrently with step 45.

The Team Coordinator navigates between the Potential Citation screen and the Stage 2 Analysis and Decision Making screen to document the following critical issues identified during the team discussion:

**Note:** A completion criteria message will appear when moving from the Stage 2 Analysis and Decision Making meeting screen to the Potential Citations screen if not all documentation fields are completed.

**Note:** Use the Save button in the top right corner of the ASE-Q screen to ensure notes are not lost. Refer to Word Processing Functions in the QIS Checklist Addendum.

- Concerns that suggest possible Immediate Jeopardy.
- Concerns related to residents and Care Areas in the regulatory groups of Resident Behavior and Facility Practices, Quality of Life, and Quality of Care.
- The need for sample supplementation to investigate for substandard quality of care.
- The need to initiate the Extended Survey care area.

**Note:** If the team cites a tag at SQC, the team coordinator will receive a message indicating the Extended Survey must be initiated. Refer to [Initiating Care Areas/F Tags/Facility Tasks](#) in the QIS Checklist Addendum. Once the Extended Survey is initiated, the team has two options:

1. Complete the Extended Survey prior to the exit.
2. Exit the facility and complete the Extended Survey within two weeks. In this case, the team should NOT mark the survey as complete, load cites, or import the survey back into ACO. Once the Extended is complete, the team coordinator should complete Steps 41-50. (Refer to Appendix P).

## Potential Citations

**45.** The team coordinator completes the documentation on the Potential Citation screen in ASE-Q in accordance with the team's analysis and decision making as follows:

**Dependency:** Step 43 must be completed before this step can be completed.

**Note:** During this team analysis, one member of the team should make notes of the potential citations and associated residents to assist with completing step 50.

- Expand each tag and the findings under the tag in Potential Citations list on the left pane to analyze the Surveyor Documentation in the right pane and to make a citation decision.

**Note:** Use the Regulations and Interpretive Guidelines buttons to review the surveyor documentation against the language of the regulation and the guidance to surveyors.

- If the team's consensus is to cite the tag:
  1. Check the resident or facility findings to include in the Potential Citation from the list in the left pane.

**Note:** If during this review the team would like to add a resident to a citation, the team coordinator should switch to All Surveyors, expand Stage 2 Survey to the applicable resident, and change the compliance decision.

2. Select the radio button for Cite in the right pane.
3. Press the S/S button and the applicable S/S button on the Severity and Scope window.

**Note:** Refer to the severity and scope guidance in Appendix P, section IV Deficiency Categorization, and to the Deficiency Categorization section of the Investigative Protocol in

Appendix PP for select F tags (F248, F249, F309, F314, F315, F323, F325, F329, F334, F371, F373, F425, F428, F431, F441, F501, and F520)

1. Document the information in the Opening Statement documentation field that is necessary for the Deficient Practice Statement according to the Principles of Documentation (e.g., failed practice, extent and universe)
  - If the team’s consensus is to not cite the tag:
    1. Select the radio button for Don’t Cite in the right pane.
    2. Select a Reason for Not Citing from the drop down list.

**Note:** When Reason 1 is chosen, select the tag from the Other Tag drop down list. If a tag is being moved, add the tag in ASE or ACO since this does not occur automatically. When Reason 6 is chosen, provide more information as to why the Potential Citation was not cited in the “Reason” documentation field.

## Team Coordinator – on Primary Laptop

### Reports

46. Click on Print to open the Potential Citation Report and the Stage 2 Sample Resident List.

**Dependency:** Step 45 must be completed before this step can be completed.

- Review both reports to ensure all intended citations and all sampled residents are listed.
- Print the Potential Citation report for use during the Exit Conference.
- Print a copy of the Stage 2 Sample Resident List to provide to the facility’s administrator or designated person in charge.

**Note:** These reports may be saved electronically to a file designated for the facility/survey. For instructions on saving the reports, refer to [Saving ASE-Q Reports Electronically](#) in the QIS Checklist Addendum.

### Survey Complete

47. Ensure there are no Tags listed in the Incomplete Potential Citation Data section and ensure all navigator menu items have a checkmark. Then check the box that indicates the survey is complete.

### Transfer Citations to ASE

48. Close the ASE-Q application. Right-click on the Event ID in ASE. Select Citation Manager. On the Citation Manager window, click the Load Cites button to upload the citations from the ASE-Q application into ASE.

### Export of the Completed Survey

49. In ASE, the team coordinator exports the completed survey to the flash drive (this will be the backup of the entire ASE-Q documentation for all surveyors). Do not use the Backup Survey screen in the QIS Tool to export the completed QIS survey since F tag decisions will not be

included. To complete the final export of the completed survey, export the survey in ASE to the flash drive.

## Exit Conference

**50.** Conduct the exit conference with facility personnel. Invite the Ombudsman and an officer of the organized residents' group, if one exists, and additional residents who expressed interest in attending the exit conference.

Provide a separate abbreviated exit conference specifically for residents after completion of the normal facility exit conference, if the organized residents' group and/or additional residents expressed interest in attending the exit conference.

**Dependency:** Step 46 must be completed before this step can be completed.

**Note:** Refer to Appendix P for additional information regarding the Conduct of the Exit Conference.

## POST-SURVEY DOCUMENTATION

### Completion of the CMS-2567 in ASE on laptops

**Note:** If the final editing is completed in ACO by all team members, skip ahead to step 55 and then complete step 50.

### Team Coordinator – on Primary Laptop

**51.** Import the Event ID exported to the team coordinator's flash drive in step 49.

### Survey Team

**52.** Complete the final editing of the CMS 2567 according to the Principles of Documentation.

### Team Members – on Secondary Laptops

**53.** Export final edited version of the Event ID from ASE to the flash drive.

### Team Coordinator – on Primary Laptop

**54.** Import each surveyor's final edited version of the Event ID in ASE on the primary laptop.

**Note:** On the Compare screen:

- Select Use Source to replace the current text in the primary laptop with the surveyor's edited text.
- Select Use Destination to retain the current text in the primary laptop rather than importing the surveyor's edited text.

**55.** Export a final copy of the Event ID to the team coordinator's flash drive.

**56.** Import the final version of the survey event ID to ACO from the team coordinator's flash drive according to your State's procedures.

**Note:** If team composition has changed, update ACO.

**Note:** For diagram instructions on how to import the survey shell into ACO, refer to [QIS IT and Surveyor Guide](#), Import the Completed QIS into ACO.

57. Copy the facility folder from the team coordinator's flash drive to the designated directory on the State's network according to your State's procedures.

### Survey Team – on all laptops

58. After the survey is exported to ACO according to your State's procedures:

A. Delete the survey from ASE.

- Expand the Survey tree to the Facility and Event ID
- Right-click on the Resident MDS 3.0 option to delete the residents first
- Select Delete Residents
- Right-click on the Event ID
- Select Send To, Recycler
- Select Yes at the message, "Are you sure you want to send this survey (Event ID) to the ASPEN Recycler?"

B. Delete the survey from the ASE Recycler

- Expand the Recycle listing
- Right-click the Event ID
- Select Delete
- Select Yes at the message, "Are you sure you want to permanently remove this facility's recycled surveys?"

# Addendum

## Addendum

### ASE-Q Application HELP

Contact the designated state technical lead according to your state procedures for any hardware or software difficulties.

**Note:** If an “unhandled exception” error message occurs while using the ASE-Q application, first expand the Details button, and then make a print screen of the message. While still on the screen with the message displayed, press the Function [Fn] key and the Print Screen [Prnt Scrn] key. Open a Word document and paste the print screen [Ctrl+V]. Describe in the Word document the actions being completed just before the error message. Send the document to your state technical lead.

Do NOT select Continue on the error message. Close the ASE-Q application to clear the message before proceeding. (It is not necessary to close ASE).

If the designated state technical lead is not available and the technical difficulty stops the survey process, contact the QTSO Help Desk (1/888/477-7876).

**Note:** Inform the Help Desk responder that the contact is about a Quality Indicator Survey and immediate assistance is required.

For questions about the QIS process, refer to the SOM Appendix P and the QIS Checklist for answers. As necessary, contact your state CMS certified QIS trainer for additional support.

### Export Survey Shell

**Note:** For diagram instructions, refer to the [QIS IT and Surveyor Guide](#), Export the Survey from ACO.

1. If you are using a USB drive to export the survey shell, insert the USB drive into your laptop.
2. In the ACO tree, locate and expand the certification kit containing the survey.
3. Click on the QIS Event ID ( icon).and drag it to the Export button on the toolbar (or right-click the survey and select Send to, then Export).
4. In the Export window, specify your transfer location, and then click OK.

**Note:** Select ASPEN Transfer Location if exporting to Drive (C:); Use Other Location to navigate to a different drive.

**Note:** ASPENTx.zip is the default export transfer file name. Enter another name per State procedures.

5. Select the desired QIS Event ID on the Survey Export window.

**Note:** Single surveys are pre-selected for transfer.

# Addendum

6. Click Continue with Export to initiate the transfer.

**Note:** ACO transfers the survey shell then begins calculating the QIS data. This may take several minutes. You cannot cancel the export during the calculations.

**Note:** A QIS Calculations message will appear if the event ID has been exported previously. If the Exit date was changed, select Yes; otherwise select No.

7. Click Apply on the Finalize Transfer window to complete the transfer to the zip file.

## Import Survey Shell

**Note:** For diagram instructions, refer to the [QIS IT and Surveyor Guide](#), Import the Survey into ASE-Q.

1. Insert the USB drive containing the ASPEN transfer file (i.e., survey shell) into your laptop.
2. Open ASE-Q by double clicking the desktop icon ( ) and login.

**Note:** Select OK if you receive the message, "ASPEN cannot verify that a required disk encryption system is installed on this computer. Please contact your system administrator."

3. Select Import button on the ASE-Q toolbar.
4. On the Import window, navigate to the ASPEN transfer file on the USB drive, and then click OK.

**Note:** If you select ASPEN Transfer Location for the USB drive, the file must be called ASPENTx.zip and must be in the root of the USB drive. If the file has been renamed or is in a folder, select Other Zip File Location and click on binoculars to navigate to the file.

5. On the Survey Import window, mark the checkbox next to the Event ID you want to transfer, and then select Continue with Import.

**Note:** If the survey has been exported before, you will see a Merge Fields window. Decide if you want to use the source or destination information, and then select Continue with Transfer.

**Note:** If the QIS data already exists on the destination, you will receive the message: "QIS data already exists on destination; do you wish to overwrite with new data?" Answer No to keep the QIS data on the destination or answer Yes to replace QIS data on destination with data from source. You may receive a second message if you have QIS response data in your database. The second message is intended to make sure you do not accidentally overwrite complete QIS survey data.

6. In the Finalize Transfer window, select Apply to complete the import.

# Addendum

## **Initiating Care Areas/F Tags/ Facility Tasks**

Initiating Care Areas/F tags: Always initiate the applicable Care Area rather than an F tag. Select Options on the top menu bar, select Initiate Care Area/Tag, select the applicable Care Area from the QCLI Based Care Areas list or an F tag from the F Tag Direct Cite list in the left pane, select the applicable resident in the right pane, and click Include.

**Note:** A warning message will alert when an F tag has an associated Care Area.

**Note:** If IJ is identified in Stage 1, you do not have to wait until Stage 2 to initiate the Care Area.

Initiating Facility Tasks: Additional surveyors can share the workload for any task with the assigned surveyor. Select Options on the top menu bar, select Initiate Care Area/Tag, select the facility task from the QCLI Based Care Areas list on the left pane, select Facility on the right pane, and click Include.

**Note:** A warning message will alert when there is an attempt to initiate a facility task for a resident or initiate a resident Care Area for Facility.

**Note:** More than one Care Area, Facility Task, or F tag can be selected and moved at one time. Hold down the Control [Ctrl] keyboard button while selecting all applicable items in the left pane. Select the applicable item in the right pane. Click the Include button to move all selected items to the item in the right pane, or Drag-and-Drop them using the left-click and mouse pad.

## **Isolated Environmental Concern & Initiation of Environmental Observation Task**

If the Environmental Facility task did not trigger from Stage 1 observations and/or interviews, but an isolated environmental concern is identified, initiate the Environment Facility task and only answer the applicable CE of concern.

If you initiate a non-mandatory task (that wasn't triggered) to address just part of the task, then the Verification grid will display incomplete CEs. Since these CEs were never intended to be answered, a valid explanation should be provided in the Team Coordinator Notes box. The TC will not get a completion check for the verification screen so the TC should make sure the non-mandatory task is the only incomplete area displayed in the grid.

## **Making Stage 2 Workload Adjustments**

To make Stage 2 workload adjustments, the team should not make re-assignments via the Stage 2 Assignment screen.

To make Stage 2 workload adjustments, the surveyor who is no longer responsible for the assignment should NOT remove the resident / care area. Since it is not removed, they will not receive a check mark for their Stage 2 tasks. The surveyor assuming responsibility of the assignment should initiate the resident / care area and complete the investigation. When the

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Stage 2 data is synchronized to the primary, the task will remain un-checked if the new surveyor forgets to cover the assignment.

## **Off-Hour Survey Start**

- Complete the Upon Entrance requests (step 9) with the designated person in charge.
- Conduct the Entrance Conference (step 10) with the designated person in charge. Conduct a follow-up Entrance Conference with the administrator as needed upon his/her arrival at the facility.
- Modify the Initial Tour (step 12) as necessary to accommodate the residents' activities occurring at the time of entry. Conduct the initial brief Kitchen/Food Service observation as able and begin other facility tasks as appropriate.
- If the staff can provide the current census number, a current alphabetical resident census and complete the New Admission Information Form (step 11), complete Resident Reconciliation (step 13).
- Make assignments of the Census Sample residents (step 14), so Stage 1 can begin.
- Synchronize the Stage 1 Samples and Workload (step 15) to enable the secondary laptops to begin completing the Stage 1 data sources, as able, for the partially assigned residents.

## **Reassigning Facility Tasks**

- If the surveyor assigned to a Mandatory Facility Task during Offsite Preparation is taken off the survey team prior to Onsite Preparation, refer to the Note in Team Roster below.
- To make reassignments of facility tasks during the survey, the reassigned surveyor should initiate the task. The original surveyor will leave the task as incomplete. Do not remove the facility task.

## **Removing a Care Area/Facility Task**

Removing a Care Area: Discuss removal of Care Areas at the Stage 2 Team Meetings. If a Care Area is removed, a replacement resident must be selected.

**Note:** Removing a Care Area should be rare. It may be necessary when a Care Area is identified as not relevant for the resident or adequate investigation is not possible due to a resident's hospitalization or discharge.

Removing Facility Tasks: A facility task must ONLY be removed when it is being removed from the survey (i.e., not applicable in that facility). The task must be removed from each laptop in which it appears as an assignment.

## **To remove a Care Area or Facility Task:**

1. Select Options, Initiate Care Area/Tag.
2. Select the Care Area/Task under the applicable resident/Facility on the right pane.

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**Note:** If the TC is removing the Care Area/Task for a secondary surveyor, the TC must first select All Surveyors.

3. Click the Remove button to move the Care Area/Task to the left pane.
4. If any documentation was entered, a warning message will appear. Click the desired response.

**Note:** The CE compliance decisions, all F tags in the Potential Citations pane, all of the documentation in the Potential Citations Documentation field, and all severity decisions will be removed. The Investigative Documentation will be retained.

5. Select an option on the Reason for Removal window.

## **To replace the removed Care Area with another resident:**

1. On the Navigator menu, expand Transition S1->S2, select QCLI Results.
2. Expand the Care Area, the QCLIs Exceeded Threshold, and the QCLI Criteria Met.
3. Select a resident who is already in the Stage 2 Sample, if possible. If no current residents are available, select a new resident.
4. Initiate the Care Area for the replacement resident: Refer to Initiating Care Areas/F Tags/Facility Tasks in the QIS Checklist Addendum above.
5. Assign the replacement resident on the Stage 2 Assignment screen.

**Note:** Refer to the Stage 2 Report by Care Area to determine whether the replacement resident is already assigned to another surveyor in Stage 2.

- Repeat step 36 with the affected secondary laptops.

## **Saving ASE-Q Reports Electronically**

The team coordinator or a surveyor may choose to save the ASE-Q reports to a file outside of ASE-Q. To save reports electronically:

1. Open the desired report from the list under Reports
2. On the report window, click on the Export Report icon on the top tool bar
3. Use the Save in drop list to navigate to a facility folder on the flash drive or desktop.
4. Enter a File name according to your state's procedures.

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5. Change the Save as type drop list to the preferred type (i.e. \*.doc, \*.pdf, or \*.rtf).
6. Select Save.

Close using the Red X in the top right corner of the report window.

## **Select Stage 2 Resident**

**Care Areas or F Tags:** To include a resident for care areas or F Tags that did not trigger, follow the instructions at Initiating Care Area/F Tags.

**Facility Tasks:** To include a resident ID for potential citation documentation for a facility task CE:

1. Click on Select Stage 2 Residents under Options on the menu bar.
2. Click on the 'Last Name' column to alphabetize the names in the Resident Pool.
3. Find the applicable resident and ID in the drop-down menu.
4. Click on the checkbox in the On Report? column (if not already checked) to include the resident in the Stage 2 reports. Click OK.
5. Type the Resident ID into the facility task CE documentation.

Adding a Resident to the Pool: If a resident that needs to be included in the Stage 2 Sample is not in the Resident Pool, complete the following steps on the primary laptop:

1. On the Navigator menu, expand Onsite Preparation and Resident Reconciliation.
2. Select Add/Update Residents button.
3. Enter the information for the applicable resident from the New Admission Information form and select Close. If the resident was admitted since the New Admission Information form was completed, obtain the information from the facility.
4. Complete step 15, Synch Stage 1 Samples and Workload, for the secondary laptops that need the added resident.

## **Surveyor Assignments**

Assign: Select an item in the left pane; select an item in the right pane. Click on the Assign button.

**Note:** The Assign button is enabled when items are selected in both the left and right panes.

Unassign: Select an item in the right pane; select an item in the left pane. Click on the Unassign button.

**Note:** The Unassign button is enabled when an item is selected in the right pane.

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**Note:** More than one item in the left or right panes can be selected and moved at one time. Hold down the Control [Ctrl] keyboard button while selecting all of the desired items. Click the Assign or Unassign button to move the selected items, or Drag-and-Drop them using the left-click and mouse pad.

## **Surveyor Notes**

Use Surveyor Notes (under Options on the top menu bar) to document random temporary notes.

If random concerns are identified for sampled or non-sampled residents, document those concerns in Surveyor Notes and report them to the team. As needed, paste documentation from Surveyor Notes to a documentation field for a Care Area, tag, or facility task.

Once all Stage 2 data is synchronized, the surveyor notes from the secondary surveyors will display on the primary laptop. However, all information entered in Surveyor Notes should be moved to the applicable documentation field for a Care Area, tag, or facility task.

**Note:** Refer to [Initiating Care Areas/F Tags/Facility Tasks](#) above as needed.

## **Synchronization Method**

- A. When a CMS Regional Office (RO) surveyor is participating as a QIS team member, synchronization must be done using a wired network cable to connect the Team Coordinator and RO surveyors' laptops.

**Note:** For diagram instructions on how to synchronize using a wired network cable, refer to [QIS IT and Surveyor Guide](#), RO Surveyors (Embedded or Observer), Arriving Onsite through Synchronize Mobile Computers (Wired).

- B. When a CMS Regional Office (RO) surveyor is observing a survey while conducting a Federal Oversight for QIS (FOQIS), survey data is transferred through an ASE to ASE file transfer over a wired network cable, instead of completing the ASE-Q synchronization steps.
- C. When a certified QIS trainer is observing a survey while conducting a compliance assessment, survey data is transferred through an ASE to ASE file transfer using either a USB or a wired network cable, instead of completing the ASE-Q synchronization steps.

## **Team Composition Changes**

A secondary leaves the survey during Stage 1: If a secondary has completed some portions of his/her Stage 1 assignments, follow these instructions.

1. The incoming surveyor imports the survey shell.
2. The entire team must update the team roster in ASE to add the incoming surveyor's name to the team. Do not delete the departing surveyor from the team roster.
3. The following steps apply to the Primary laptop:

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- a. The primary should have a back-up of the departing surveyor's data. The primary should have both Stage 1 and mandatory facility task data for the departing surveyor.
  - b. Go to the Synch Stage 1 Survey Data Screen (Stage 1), click on the departing surveyor's name and then select Restore from Backup.
  - c. If the surveyor completed any information for a mandatory facility task, go to Stage 2 and Fac Task Data (Stage 2) and click on Restore from Backup.
  - d. Click on the Stage 1 Assignment (Onsite Preparation) screen.
  - e. Reassign all of the departing surveyor's residents to the incoming surveyor.
  - f. Synchronize the following two data points to the incoming surveyor only: Synch Stage 1 Samples and Workload (Stage 1) and Synch Stage 1 & QCLI Data (Transition).
  - g. The primary should NOT reassign any of the departing surveyor's mandatory facility task assignments. The incoming surveyor will initiate and complete the remaining portions of the mandatory tasks.
4. The incoming surveyor synchronizes the same two data points: Synch Stage 1 Samples and Workload (Stage 1) and Synch Stage 1 & QCLI Data (Transition). The incoming surveyor now has the departing surveyor's assignment and any completed Stage 1 information.

**A secondary leaves the survey during Stage 2:** If a secondary leaves the survey during Stage 2, follow these instructions:

1. The incoming surveyor imports the survey shell.
2. The entire team must update the team roster in ASE to add the incoming surveyor's name to the team. Do not delete the departing surveyor from the team roster.
3. The primary should have a back-up of the departing surveyor's Stage 2 data.
4. The primary should synchronize the departing surveyor's Stage 2 and Fac Task Data (Stage 2).
5. The primary should NOT make reassignments via the Stage 2 assignment screen nor remove the departing surveyor's Stage 2 data.
6. The incoming surveyor should initiate the resident/care area and/or facility task and complete the investigation. The incoming surveyor will not be able to synchronize the departing surveyor's investigation information.
7. When the Stage 2 data is synchronized to the primary, the incoming surveyor's investigatory documentation will append to the departing surveyor's documentation. If both surveyors answer the same CE, the system will ensure a CE response of "No" overrides a CE response of "Yes." The care area or task will remain un-checked if the incoming surveyor does not complete s/he assignment.

The primary leaves the survey: Call the QTSO Help Desk (1-888-477-7876) for instructions.

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## Team Roster

If the Team Roster is created in ACO, it will be distributed to all laptops when the survey shell is imported into ASE. If changes to the survey team occur in the field, changes to the Team Roster must be completed on all laptops.

- It is best to update the survey team using the Team Roster in ASE.
- To update the Team Roster in ASE, right-click on Event ID in the tree and select Team Roster. Click on the Update button on the Team Roster window. On the Select Surveyors window, uncheck the surveyor(s) who is not on the team and check the replacement surveyor(s).

**Note:** If the team roster changes before Onsite Preparation but after the Mandatory Facility Task Assignments are made during Offsite Preparation, do NOT uncheck a surveyor on the Select Surveyors window. Reassign the task on the Mandatory Facility Task Assignments screen to a replacement surveyor first, and then remove the surveyor from the Team Roster. Complete step 8, Synch Offsite Prep Info and Assignments, with the replacement surveyor.

**Note:** If a surveyor needs to leave the survey before it is completed, the surveyor must backup all data to the team coordinator's flash drive according to step 23 or step 40 depending on the timing of the surveyor's departure.

If the replacement surveyor is not listed on the Select Surveyors window, contact the State ASPEN coordinator to obtain the surveyor's information. Once that information is obtained, select the New button and enter it in the fields on the Enter New Staff Information window. Select OK.

If the team coordinator is not designated with a blue icon on the Team Roster, highlight the surveyor who is designated as the team coordinator and select the Leader button.

## Word Processing Functions

All of the documentation fields throughout the ASE-Q screens have basic word processing functions (e.g., spell check, copy, paste). Right-click in the documentation field to:

- Select the desired functions from the right-click menu, or
- Select Full Screen Display at the bottom of the right-click menu. The documentation field appears in a larger separate window with toolbar buttons at the top.

Enter the date and time by using Ctrl + D and enter a resident ID by using Ctrl + N. Copy and paste may also be done using Ctrl+C for copy and Ctrl+V for paste.

# **Post Survey Revisit**

## **Post Survey Revisit**

A QIS post-survey revisit is conducted in accordance with §7317 to confirm that the facility is in compliance and has the ability to remain in compliance. The purpose of the revisit is to re-evaluate the specific F-tags (and not the entire pathway or care area) that were cited as noncompliant during the QIS standard and/or extended survey and ascertain the status of corrective actions being taken on all requirements not in substantial compliance. The QIS Revisit requirements will be used only for an onsite revisit. State Agencies should continue to conduct paper reviews as is currently done.

Prior to the revisit, review appropriate documents, including but not limited to the Plan of Correction (PoC) and the CMS-2567, to focus the revisit review. During the onsite revisit survey, the surveyor determines whether the facility has corrected and maintained compliance with each originally cited F-tag. This determination is made by reviewing at least three residents, if available, for each F-tag. For some F-tags, the 'facility' is reviewed rather than specific residents (e.g., for F371, Kitchen/Food Service Observation, the specific aspects of the facility's food service operations that were found to be out of compliance will be reviewed). The revisit sample consists of residents (or the facility) originally cited and additional residents not cited on the standard survey but who have the same conditions for which the facility was cited. The Quality Assessment and Assurance task will always be conducted since one of the elements in the PoC is to identify what continuous quality improvement system(s) a facility has in place to monitor its performance in identifying the deficient practice and assuring that it does not recur. The team is not prohibited from gathering information related to any requirement during a post-survey revisit.

The surveyor(s) uses portions of the QIS process, as applicable, to evaluate the facility's return to compliance for requirements cited as deficiencies. Stage 1 activities will not be conducted during the revisit. The surveyor(s) uses Stage 2 investigative tools as applicable to the cited F-tags from the standard survey. The surveyor(s) inputs findings into the ASE-Q software and proceeds through decision making and scope and severity determinations for any cited deficiencies. If surveyors determine that noncompliance was not corrected, an enforcement action should be initiated, as appropriate. (See §7400 for specific guidance concerning initiation of enforcement action.)

# Post Survey Revisit

## Offsite Preparation for an Onsite Revisit

### 1. Gather the following supplies:

- a) CMS-2567 with the facility PoC.
- b) Tablet PC.

### 2. Obtain the QIS standard survey shell\*

- a) Obtain the QIS revisit from ACO, according to your State's procedures.

**Note:** The revisit survey shell will include: 1) the current MDS data that is used to update each resident's status and identify additional residents meeting QCLI criteria for care areas cited during the standard survey; and 2) the completion date for each F-tag, if entered in ACO.

**Note:** The initial revisit sample is computer-generated and includes up to two residents cited on the Standard survey and at least one resident who met the criteria but was not investigated for each F-tag.

\* We only reference the standard survey throughout this document. However, the revisit can be based on the standard survey or a prior revisit (e.g., if it is a 2nd revisit).

### 3. Import the QIS revisit and standard survey shell

- a) Import the QIS revisit and standard survey from the transfer file into ASE.
  - 1) Insert the USB drive containing the ASPEN transfer file into your tablet.
  - 2) Open ASE.
  - 3) Click the Import button on the ASE toolbar.
  - 4) Navigate to the transfer file on the USB drive, then click Open and then click OK.

**Note:** If you select ASPEN Transfer Location for the USB drive, you will see the file only if it is in the root of the USB drive and named ASPENTx.zip. If your file is in another location or uses another name, select Zip File, then navigate to the file.

- 5) Mark the checkbox next to the surveys you want to transfer (you must check both the standard survey and revisit), then select Continue with Import.
- 6) In the Finalize Transfer window, select Apply two times, once for the revisit and once for the standard survey.

# Post Survey Revisit

## 4. Update the Revisit Team Roster

- a) Confirm the Team Roster includes the surveyors conducting the revisit. Deactivate the prior survey's team members 670 hours. If more than one surveyor is conducting the revisit, all laptops must have the same list of surveyors.
  - 1) To update the Team in ACO:
    - a. Add the surveyor(s) who is conducting the revisit.
    - b. Uncheck "On Team" for the original surveyors who conducted the standard survey.
  - 2) To update the Team in ASE:
    - a. Expand the revisit Event ID and right-click on Team.
    - b. Click on the Update button on the Team window.
    - c. On the Select Surveyors window, check the surveyor(s) who is conducting the revisit. Do not uncheck the surveyors who conducted the standard survey.
    - d. Click OK.
    - e. Select the name of the surveyor who will be the team coordinator and select Leader.
    - f. Click Done.
    - g. To deactivate the team members from the prior survey, right click on Team in ASE.
    - h. Select Input 670 Hours.
    - i. In the On Team (A) column, uncheck each team members from the prior survey if they are not conducting the revisit. Select Yes for each team member at the message confirming the data will be deleted.
    - j. Select Close.
    - k. Select Yes to All at the message indicating pre-survey or off-site hours are required.

## 5. Ensure the standard survey has complete data

- a) Ensure the standard survey has complete data.
  - 1) Expand the provider record, then the QIS survey node in the tree.

**Note:** If you don't know the name of the team leader, right-click the survey and select Team Roster. A blue diamond designates the team leader. Click Done to close this window.
  - 2) Expand the Team node.

## Post Survey Revisit

- 3) Right-click the team coordinator, then select Make Active Surveyor. Say Yes to the confirmation prompt, and OK to the refresh message.
- 4) Expand the provider record again, right-click the survey and select QIS Tool.
- 5) On the QIS toolbar, change the Current Surveyor view to All Surveyors.
- 6) Briefly, ensure Stage 1 and Stage 2 have complete data and the potential citations screen has been completed.
- 7) If the standard survey is empty, the completed QIS survey was not imported back into ACO. You must get the completed standard survey imported back into ACO. Once the completed standard survey is imported back into ACO, repeat Steps 1-4.
- 8) Once you have finished viewing the survey, ensure you are the active surveyor under the revisit Event ID before clicking on the QIS Tool to access the revisit.

### Offsite Preparation in ASE-Q

#### **6. Review Materials - The Review Materials screen will automatically list each F-tag cited at a severity and scope of D or greater from the standard survey.**

- a) The prior survey's exit date will be pre-populated.
- b) Listed at the top of the screen, under the prior survey date, is a box of F-tags for which the system cannot automatically sample residents. Three residents must be initiated for these tags, as available, during the revisit investigation when you get to Step 12 (initiate the F-tag not the Care Area). If the F-tag was cited from a facility task, three residents do not have to be initiated. Instead, initiate the F-tag for the Facility.
- c) For F-tags cited on the prior survey, enter the completion date for every F-tag listed. If a completion date was not entered in ACO, the No Date option will be selected when you first access the Review Materials screen. If a completion date was entered in ACO, the date will be pre-populated.
- d) In the Notes field, for each F-tag, enter pertinent information from the PoC, as applicable. For any State using electronic PoCs, the text will be automatically populated. (Text is optional)

**Note:** The completion date and any PoC notes entered will pre-populate in the Revisit Investigation fields.

#### **7. Offsite Review of Pre-selected Residents**

- a) Go to Onsite Preparation.
- b) Click on Revisit Sample.

Ensure three residents are sampled. If three residents are not available, identify the information that will need to be requested of the facility (e.g., a list of residents with pressure ulcers).

# Post Survey Revisit

8. **Team Roster** - Change the synchronization method to a wired network for team members who are not using the default method of USB (flash) drive.

**Note:** Skip this screen if everyone on the team is using the USB method.

9. **Synch Revisit Offsite Prep Info** - Synchronize following the procedures described on the screen to push the Review Materials information from the primary laptop to the secondary laptops.

- a) If one surveyor is conducting the revisit, this screen will be grayed out and can be skipped.
- b) If more than one surveyor is conducting the revisit, you can check multiple surveyors if using the same synchronization type.
- c) After synchronizing the data, the secondary laptop can view the information entered in the Review Materials screen (this is a read-only format).
- d) Completion Check – if more than one surveyor is conducting the revisit, all team members must synchronize the offsite preparation information.

**Dependency:** Step 6 must be completed before this step can be completed.

**Note:** If changes are made to the Review Materials screen after the team has synchronized the revisit offsite prep information, when the team re-synchronizes the data, select Replace Destination, then Save Final Version for every F-tag to update the information on the Review Materials screen.

## **Onsite Preparation**

### **10. Required Lists Upon Entrance**

- a) Request an alphabetical list of residents upon entrance to the facility.
- b) Request a list of residents, as needed, to help supplement the sample (e.g., a list of residents with pressure ulcers).

### **11. Resident Pool**

- a) This is an information only screen.
- b) To add newly admitted residents, if needed for the Revisit Sample, print the New Admission Information form and present the form to the facility. To add a resident, select Add/Update Resident and enter the new resident information.

**Note:** For residents in the standard survey Resident Pool, the same Resident ID, unit and room number will carry forward to the revisit.

### **12. Revisit Sample**

- a) All F-tags are displayed on this screen. If the F-tag is cited from a facility task (Required = 1), you are not required to add residents to the F-tag.

## Post Survey Revisit

- b) For any F-tag cited from a care area or F-tag direct cite, the TC supplements the sample if there were not three residents who met the criteria when the sample was generated or if pre-sampled residents were discharged.
- 1) Remove the discharged resident by placing a checkmark in the Remove column. Document the reason for the removal.
  - 2) Click on the Add Resident button. The screen will display all eligible residents for the F-tag. Highlight a replacement resident and click OK. If no residents are displayed when you click on the Add Resident button, click on the Resident Pool to find replacement residents.

**Note:** When you click on the Add Resident button, the residents who were cited (Type = Cited) will be listed first in priority order which means the first resident listed had the highest sampling score. Residents who were not investigated but had the issue will be listed after the grouping of cited residents, again in priority scoring order. If you have removed a Cited resident, replace the resident with another Cited resident, if possible. Similarly, if you remove a Not Inv resident, replace with another Not Inv resident, if possible.

**Note:** If three residents are not available, complete the follow-up investigation for the available residents.

### 13. Revisit Assignments

- a) If more than one surveyor is completing the revisit, unassign all initiated residents.

**Note: QA&A, which is required to be investigated during every revisit, will be automatically displayed under the F000-Initial Comments option.**

- b) Once the sample has been supplemented, ensure room numbers are correct for the Revisit Sample residents. If a resident has been moved to a different room since the standard survey, update the resident's unit/room number on the Resident Pool screen.
- c) The team coordinator makes assignments.
- 1) Select an assignment(s) on the left pane and the surveyor on the right pane and click Assign.
  - 2) If one surveyor is conducting the revisit, click on the first item in the list on the left pane, hold down the Shift key, and then click on the last item in the left pane. This highlights all items in the left pane. Select the surveyor's name on the right pane and select Assign.
  - 3) If more than one surveyor is conducting the revisit, more than one item in the left pane can be selected and moved at one time. Hold down the Control key while selecting all of the desired items.
  - 4) Completion Criteria – all assignments have to be made.

# Post Survey Revisit

**Note:** The Stage 1 Assignment screen can be sorted by Resident, F-tag, or Care Area. The default sort order is by resident.

**14. Synch Revisit Sample and Workload** - Synchronize following the procedures described on the screen to push the Revisit Sample and Workload from the primary laptop to the secondary laptops.

- a) If one surveyor is conducting the revisit, this screen will be grayed out and can be skipped.
- b) If more than one surveyor is conducting the revisit, you can select multiple surveyors if using the same synchronization type.
- c) Completion Check – if more than one surveyor is conducting the revisit, all team members must synchronize the offsite preparation information.

**Dependency:** Step 13 must be completed before this step can be completed.

## Transition from Stage 1 to Stage 2

**15. QCLI Results from Standard** - This is an information only screen. The screen will display the QCLI Results from the standard survey in a read-only format. If the revisit surveyor(s) needs to select additional sample residents, this screen can be beneficial in selecting those sample residents.

**16. QCLI Results for Revisit** - This is an information only screen. The screen will display only the results of the MDS QCLIs as the Stage 1 QCLIs are not applicable.

## Revisit Investigation

**17. Complete the Revisit Investigation for All Previously Cited F-tags**

- a) Facility
  - 1) The QA&A task will be displayed under the Facility placeholder.
  - 2) The task, in its entirety, should be completed. Use the facility pathway in determining correction and compliance, as appropriate.
  - 3) If a resident is being cited for a facility task, make sure to put a checkmark next to the resident's name under Options, Select Stage 2 Resident.
  - 4) Completion Criteria – All CEs must be answered and if a CE = No, there has to be potential citation documentation and a severity for each F-tag listed.

**Note:** The surveyor still has the capability to initiate a facility task if an unrelated concern is identified during the revisit. If a facility task is initiated (mandatory or non-mandatory), the task is displayed under the Facility placeholder.

- b) Tags (re-evaluate the tag, not the entire pathway or care area)
  - 1) All F-tags cited on the prior survey are displayed under the Tags placeholder and are displayed in two options:

# Post Survey Revisit

- a. By Residents
  - i. The residents who are sampled for each tag are displayed in the navigator menu.
  - ii. All the F-tags being investigated for the resident are displayed on the right pane.
  - iii. When the resident is selected, the right pane displays all of the F-tags for that resident.
  - iv. The applicable CE, F-tag with linked care area/tag, regulation, interpretive guidance, CMS-2567, CE pathway (if applicable), and investigative documentation pane are available for each resident.
  - v. If PoC text was entered on the Review Materials screen, that text will be available.
  - vi. If a completion date was entered on the Review Materials screen, that date will be available.
- b. By Tags
  - i. The tags are displayed once in the navigator menu.
  - ii. When the F-tag is selected, the right pane displays all of the sample residents for that F-tag.
  - iii. The applicable CE, F-tag with linked care area/tag, regulation, interpretive guidance, CMS-2567, CE pathway applicable to the cited care area and investigative documentation pane are available for each resident.
  - iv. If PoC text was entered on the Review Materials screen, that text will be available.
  - v. If a completion date was entered on the Review Materials screen, that text will be available.

- 2) Complete the revisit investigation for every F-tag cited on the prior survey.
- 3) Completion Criteria - All CEs must be answered and if a CE = No, there has to be potential citation documentation and a severity for each F-tag listed.

**Note:** Surveyors can utilize both options to complete their investigation. Information entered in one field will automatically populate the applicable field in the other option. For example, as you enter investigative documentation for Resident A for F241 (By Residents), the same text is populated under the F241 for the resident (By Tags). This facilitates your ability to use both options to complete your investigation.

**Note:** If the surveyor identifies a concern for a resident not sampled for an F-tag cited on the prior survey, the surveyor can initiate the F-tag directly (even if the F-tag

## **Post Survey Revisit**

is mapped to a care area). If an F-tag is initiated for a resident in the revisit sample, the F-tag is displayed under the Tags placeholder.

- c) Residents
  - 1) While the revisit focuses on originally cited F-tags, during the course of the revisit, if a concern is identified in a new regulatory area, the concern should first be discussed with the team, and then the applicable care area should be initiated.
  - 2) Any initiated care area will be displayed and function the same as in ASE-Q.

**18. Revisit Team Meetings** - At least daily or more often as required, the team should discuss pertinent findings to assess the potential for noncompliance and determine the need for additional investigations or sample supplementation, and make workload adjustments as necessary. Any currently identified potential concerns/issues should be shared with the team. Make note of the following:

- a) Pertinent findings for each F-tag.
- b) Determine whether the concerns suggest possible IJ. Follow the instructions on determining IJ in Appendix Q of the SOM. If not already included in the revisit sample, the team coordinator should initiate the resident and the F-tag applicable to the IJ situation.
- c) Concerns that have a high likelihood of rising to the level of harm. If all three sampled residents for an F-tag related to the regulatory groupings of Resident Behavior and Facility Practices, Quality of Life, and Quality of Care demonstrate potential for noncompliance, determine whether substandard quality of care exists. If this possibility is likely, determine whether additional residents should be added to the sample so that the relevant investigations can be completed in order to determine severity and frequency.
- d) Completion Criteria – documentation must be recorded in each Notes field.

**19. Synch Revisit and Facility Task Data** - Synchronize following the procedures described on the screen to pull the completed revisit investigation from the secondary laptops to the primary laptop.

- a) If one surveyor is conducting the revisit, this screen will be grayed out and can be skipped.
- b) If more than one surveyor is conducting the revisit, you can select multiple surveyors if using the same synchronization type.
- c) Completion Check – if more than one surveyor is conducting the revisit, all team members must synchronize the offsite preparation information.

**Dependency:** Step 17 must be completed before this step can be completed.

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## Revisit Stage 2 Analysis

### 20. Verification of Revisit Data

- a) Ensure the following sections do not display any incomplete data:
  - 1) Full Facility Task Incomplete Data
  - 2) Full Care Area Incomplete Data
  - 3) Incomplete F-tag Data
- b) If there is incomplete data in any of the above mentioned grids, complete the information on the primary laptop.
- c) If there is an F-tag(s) displayed in the Sample Size grid, the F-tag did not have at least three sampled residents. If residents were available for the investigation, you must initiate the required number of residents and complete the revisit investigation. If three residents were not available, document the reason in the Team Coordinator Notes field.
- d) Completion Criteria – all information must be cleared from the Incomplete Data grids and three residents must be investigated for each F-tag, unless an explanation is provided.

**21. Review Potential Citations and Make Compliance Decisions** - The team reviews merged potential citations and accompanying documentation resulting from revisit investigations to determine whether noncompliance exists based on the gathered evidence for any uncorrected F-tags or newly cited F-tags. The team determines which documentation will be included on the draft CMS 2567, and decides scope and severity for each citation. During this team review, one member of the team should make notes of citations and associated residents for use in the exit conference. Potential citations are displayed in three nodes — Potential, Re-Cite and Corrected:

- a) Potential – displays any citation from a newly identified concern.
  - 1) To Cite an F-tag:
    - a. Place a checkmark in the checkbox next to each resident’s name to include in the associated F-tag and Care Area deficiency documentation loaded to the Citation Manager.

**Dependency:** At least one resident (or the facility, as applicable) must be marked for inclusion in the documentation loaded to the Citation Manager or the F-tag will not be carried forward to the Citation Manager.

Select the first Care Area listed, and select Cite F-Tag.

- b. Assign Scope and Severity; add documentation, as necessary; and Close the Scope/Severity Matrix form.
- c. Be sure the status indicates “Cited” in the left pane.

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- 2) To NOT Cite an F-tag:
  - a. If the team determines that the F-tag should not be cited, select Don't Cite F-Tag.
  - b. Document the reason for not citing the F-tag in the documentation form that appears.
  - c. Be sure the status indicated "Not Cited" when you return to the Potential Citation screen.
- b) Re-Cite – displays F-tags cited on the prior survey that are being recited on the revisit (i.e., CE = No).
  - 1) Make a compliance decision for each F-tag displayed.
  - 2) If the decision is to NOT cite the F-tag, the F-tag will be automatically moved to the Corrected tab.

**Note:** If the team wants to make a correction to the revisit investigation data, the primary should make the correction on his/her laptop (e.g., the team wants to add a resident to the citation).

- c) Corrected – displays F-tags cited on the prior survey that have been corrected on the revisit (i.e., CE = Yes).
  - 1) Enter the correction date for each F-tag.

**Note:** If the facility corrected the F-tags on a date other than what was stated in the PoC, determine the date of compliance for those F tags. (Use the state's current procedures to communicate compliance dates to Supervisor/office personnel.)

**Note:** The Date of Compliance Policy is available to assist in determining correction dates.

## **22. Print Final Reports, Backup Data, and Load Cites, if any, into ASE**

- a) Review the Potential Citation Report on the screen to ensure inclusion of all intended citations, then print the Potential Citation Report.
  - 1) On the toolbar, select Reports, Potential Citation Report.
  - 2) On the Reports screen, review the list of citations.
  - 3) If an intended citation is not listed, close the report by selecting the Close button on the report menu bar to return to the Potential Citation screen.
  - 4) Make sure the intended F-tag was cited and at least one resident was marked for inclusion of his/her documentation in the upload of the citations to the Citation Manager.
  - 5) On the menu bar, select Reports, Potential Citation Report.
    - To print the report: On the Reports screen, select Print, and select OK.

# Post Survey Revisit

- To save the report as a Word document in Rich Text Format (.rtf):
  - a. On the Reports screen, select Export.
  - b. Use the Files of type drop list to change the type to Rich Text Format (\*.rtf).
  - c. Use the Look in drop list to navigate to the facility folder on the flash drive.
  - d. Select Save.
- 6) Select Print, and select OK.
- 7) Close the report by selecting the Close button on the report menu bar.
- b) Print the Revisit Sample Resident List (includes Resident IDs) and provide the list to the facility. The report is located under Reports on the menu bar.
- c) Export the Event ID to the team coordinator's flash drive (this will be the backup of the entire survey).
- d) Load compliance decisions and the correction grid to ASE.
  - 1) On the Citation Manager screen, select the Load Cites button in the bottom right corner.
  - 2) Verify that all cited F-tags and corrected F-tags loaded into the Citation Manager/ASE.
    - If all cited and corrected F-tags are listed, continue to Step 22 E.
    - If not all cited and corrected F-tags loaded:
      - a. Return to the Potential Citation screen, expand the F-tag that did not load into the Citation Manager/ASE, and confirm that at least one resident (or the Facility) checkbox was marked.
      - b. Repeat Step D.
- e) Close the Citation Manager by selecting the Done button.
- f) Conduct the exit conference with facility personnel.

# Post Survey Revisit

## Post-Revisit Activities

- 23. Complete the CMS-2567** - If F-tags were cited, complete the final editing of the CMS-2567 according to the Principles of Documentation.
- a) If the team completes the final editing in ASE, export the final edited version of the Event ID from ASE to the flash drive.
  - b) The team coordinator imports each surveyor's final edited version of the Event ID in ASE on the primary laptop.
    - 1) Select Use Source to replace the current text in the primary laptop with the surveyor's edited text.
    - 2) Select Use Destination to retain the current text in the primary laptop rather than importing the surveyor's edited text.
  - c) Export a final copy of the Event ID to the team coordinator's flash drive.
- 24. Import the Completed Survey to ACO** - Import the final version of the survey event ID to ACO from the team coordinator's flash drive according to your State's procedures.
- a) When the final CMS-2567 is imported to ACO, citation text from any uncorrected F-tag will appear in the revisit event in ACO.
  - b) Any newly cited F-tag will also appear in the revisit in ACO.
  - c) If the F-tag was corrected, there will be no citation text and a checkmark will display in ACO indicating that the F-tag was corrected.
- 25. Delete the Revisit** - After the survey is exported to ACO, delete the survey from ASE.
- a) Delete residents first.
  - b) Click on the Event ID and send both the standard survey and revisit to the Recycle bin.
  - c) Delete the Event ID from the Recycle bin.