

# Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

Stage 1	
Item Definition	Uses
<b>1. NUMBER OF RESIDENTS WITH INCOMPLETE STAGE 1 DATA</b>	
<ul style="list-style-type: none"> <li>This is the count of residents with incomplete Stage 1 data for Admission and Census Sample residents, averaged across the set of surveys reviewed for the quarter.</li> <li>The average count in each column is based on the applicable set of surveys for that organizational level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier Rule</b>  <u>High outlier only</u>            Greater than or equal to double the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably higher average count of incomplete Stage 1 data over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably higher average count of incomplete Stage 1 data over time.</li> <li>If a statewide concern is identified, determine whether a district office has incomplete Stage 1 data over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>When this DAR item is a concern, determine whether the Census Sample or the Admission Sample, or both samples remain incomplete. Determine whether the SA has identified the cause of the incomplete Stage 1 work. Known causes of missing data and the correct process to follow to avoid missing data are given below.               <ul style="list-style-type: none"> <li>If the Admission Sample is incomplete, ensure that during the initial team meeting, the team coordinator determines assignments for the Admission Sample residents who are in the facility, but not in the Census Sample. Also ensure that the team crosses off the Admission Sample residents as the record is completed on the team copy of the report.</li> <li>Surveyors don't finish their Stage 1 work. During the Stage 1 team meeting, each surveyor should discuss his/her progress by verifying that his/her census sample residents are complete. The team should also determine the remaining workload for Stage 1. This information should be documented during the team meetings in Stage 1.</li> <li>If a Census Sample Resident Interview was incomplete because the interview was terminated prior to the completion of the interview, ensure that the surveyors make additional attempts to complete the interview. If the interview cannot be completed, the team coordinator should document the reason the interview was not completed in the verification of Stage 1 data field.</li> <li>Surveyors incorrectly synchronizing Stage 1 data (the correct process is from secondary to primary laptop).</li> <li>The team coordinator failed to ensure Stage 1 data collection was complete. The team coordinator must resolve incomplete resident information on the Stage 1 survey screen on either the primary laptop or the applicable secondary laptop (Step 27 in the QIS Checklist).</li> </ul> </li> </ul>

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<b>Stage 1</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>2. This item has been moved and combined with item 19</b>	
<b>3. COUNT OF QCLIs THAT EXCEEDED THE THRESHOLD</b>	
<ul style="list-style-type: none"> <li>Count of all QCLIs that exceeded the threshold per survey, averaged across the set of surveys being reviewed for the quarter.</li> <li>Count of non-MDS-based QCLIs that exceeded the threshold per survey, averaged across the set of surveys being reviewed for the quarter. The average count in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office)</li> </ul> <p><b>Outlier rules</b></p> <p><u>Low outlier</u> 5 or more points less than the national average</p> <p><u>High outlier</u> 10 or more points higher than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of considerably lower/higher average count of QCLIs that exceed the threshold over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of considerably lower/higher average count of QCLIs that exceed the threshold over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of considerably lower/higher average count of QCLIs that exceed the threshold over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA has identified the cause of the low/high outlier. The SA should ensure the outlier is not caused by concerns with surveyors conducting adequate and/or appropriate preliminary investigation.</li> <li>If this DAR item is a concern, ensure that the QIS process steps that are associated with QCLIs are followed: Do surveyors:             <ul style="list-style-type: none"> <li>Understand the intent of the question(s),</li> <li>Ask the question(s) accurately,</li> <li>Do not ask leading questions,</li> <li>Do not repeat the question to elicit a positive response,</li> <li>Ask all of the questions,</li> <li>Answer the question(s) correctly,</li> <li>Conduct appropriate observations, and</li> <li>Enter responses and relevant findings as interviews and observations are conducted?</li> </ul> </li> </ul>

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Stage 1	
Item Definition	Uses
<b>4. DISTRIBUTION OF QCLIs THAT EXCEEDED THE THRESHOLD BY DATA SOURCE</b>	
<ul style="list-style-type: none"> <li>If only two QCLIs exceeded the threshold, one from MDS and one from Resident Observation, the rates for MDS and Resident Observation would each be 50% and the rates for all other data sources would be 0%. The rates for a single survey should sum to 100%. The seven data sources include the MDS, resident observation (RO), resident interview (RI), family interview (FI), staff interview (SI), census clinical record review (CR) and admission clinical record review (AR).</li> <li>Region, state and district average calculations: Average rate of QCLIs that exceeded the threshold by data source across the set of surveys being reviewed.</li> </ul> <p><b>Rates (one for each data source) =</b>  <b>Numerator:</b> Number of QCLIs that exceeded the threshold by data source per survey.  <b>Denominator:</b> Total number of QCLIs that exceeded the threshold per survey.</p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b>  <u>Low outlier</u>  5 more points less than the national average  <u>High outlier</u>  10 or more points greater than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of considerably lower/higher average rate of QCLIs that exceed the threshold for a particular data source(s) over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of considerably lower/higher average rate of QCLIs that exceed the threshold for a particular data source(s) over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of considerably lower/higher average rate of QCLIs that exceed the threshold for a data source(s) over time.</li> <li>Regional offices should be concerned with low average rates from Resident Interview and Observations.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outlier. The SA should ensure the outlier is not caused by concerns with surveyors conducting adequate and/or appropriate preliminary investigation.</li> <li>If this DAR item is a concern, pay increased attention to the QIS process steps that are associated with QCLIs. Do surveyors: <ul style="list-style-type: none"> <li>Understand the intent of the question(s),</li> <li>Ask the question(s) accurately,</li> <li>Do not ask leading questions,</li> <li>Do not repeat the question to elicit a positive response,</li> <li>Ask all of the questions,</li> <li>Answer the question(s) correctly,</li> <li>Conduct appropriate observations, and</li> <li>Enter responses and relevant findings as interviews and observations are conducted?</li> </ul> </li> <li>For example if a team continues to have a low average rate of QCLIs that exceed the threshold for resident observations, observe to determine if surveyors are performing multiple quality observations during Stage 1.</li> </ul>

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Stage 1	
Item Definition	Uses
<b>5. “NEGATIVE” RESPONSES BY DATA SOURCE</b>	
<ul style="list-style-type: none"> <li>A “negative” response is a response that would include a resident in the “QCLI Criteria Met” category of the QCLI calculation results, or would be part of a set of questions that would include a resident in the “QCLI Criteria Met” category. A “negative” response is one that indicates a potential concern. <ul style="list-style-type: none"> <li>An example of a “Yes” response that would indicate a potential concern and contribute to a QCLI criteria being met is in the admission record review. If there is a “Yes” response to the question “Did the resident develop a pressure ulcer in the first 30 days of admission?,” that response is included in the numerator when calculating the rate for QP109 (Pressure Ulcer Incidence or Worsening [Adm. Record]).</li> <li>An example of a “No” response contributing to a QCLI criteria being met is in the Family Interview related to the Participation in Care Planning care area. QP242 asks “Are you invited to participate in [resident's name]'s care planning conferences?” If the family answers “No”, that response becomes part of the numerator in calculating the QCLI rate.</li> </ul> </li> <li>Rate of Stage 1 “negative” responses by data source, averaged across the set of surveys being reviewed for the quarter.</li> <li>Negative responses by data source for Resident Interview and Observations for each region, state, and/or district office will be compared nationally.</li> </ul> <p><b>Rate (one for each data source) =</b>  <b>Numerator:</b> Number of “negative” responses by data source per survey.  <b>Denominator:</b> Number of responses by data source per survey.</p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b>  <u>Low outlier</u>  Half or less than the national average for RI, RO, SI, AR</p>	<p><b>Prep for QI Call and FOQIS</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of lower/higher average rate of “negative” responses for each data source over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably lower/higher average rate of “negative” responses for each data source over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of a considerably lower/higher average rate of “negative” responses for each data source over time.</li> <li>Determine whether there is a surveyor(s) trend of a considerably lower/higher rate of “negative” responses for each data source over time using the Surveyor-Level Report.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outlier for any data source. The SA should ensure the outlier is not caused by concerns with surveyors conducting adequate and/or appropriate preliminary investigation.</li> </ul> <p><b>Onsite FOQIS</b>  <b>Remember to document this concern on Measure 2 of your FOQIS scoring sheet for the team and survey.</b></p> <ul style="list-style-type: none"> <li>If this data item for the resident interview or observation has a low rate of negative responses, the RO evaluator should observe the surveyor in preliminary investigations related to the resident interview or observation to ensure the surveyor is conducting an adequate and appropriate preliminary investigation for these two data sources.</li> </ul>

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<b>Stage 1</b>	
<b>Item Definition</b>	<b>Uses</b>
<p>FI and CR if equal to 0%</p> <p><u>High outlier</u> Double or more than the national average Exception is for staff interview where outlier is defined as greater than 20%.</p>	
<b>6. CENSUS SAMPLE INTERVIEW RATE</b>	
<p><b>Rate =</b>  <b>Numerator:</b> Count of resident interviews conducted on the survey.  <b>Denominator:</b> Count of predicted interviews on the Census Sample report per the BIMS scores for the survey.  <b>Exclusion: Any resident without a BIMS score (any newly admitted resident added to the census sample during resident reconciliation)</b></p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b>  <u>Low outlier</u>  Less than or equal to 77%</p> <p><u>High outlier-</u>  Greater than or equal to 121%</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably lower/higher average rate of interviews conducted over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably lower/higher average rate of interviews conducted over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of a considerably lower/higher average rate of interviews conducted over time.</li> <li>Determine whether surveyors have a considerably lower/higher rate of interviews conducted over time using the Surveyor-Level Report.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outlier. The SA should ensure the outlier is not caused by concerns with the surveyors: <ul style="list-style-type: none"> <li>Appropriately screening residents.</li> <li>Effectively managing their time during Stage 1 to complete the resident interviews. Ensure surveyors understand how to build rapport with the residents.</li> </ul> </li> </ul>

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<b>Stage 1</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>7.1 CENSUS SAMPLE INTERVIEW REFUSAL RATE</b>	
<p><b>Rate =</b>  <b>Numerator:</b> Count of resident refused responses for the survey.  <b>Denominator:</b> Count of interviewable residents as determined by all surveyors for the survey.</p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rule</b>  <u>High outlier only</u>                      5 or more points greater than the national average.</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably higher average refusal rate over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably higher average refusal rate over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of a considerably higher average refusal rate over time.</li> <li>Determine whether surveyors have a considerably higher refusal rate over time using the Surveyor-Level Report. The report is the rate of refusal for residents, averaged across the set of surveys by surveyor being reviewed for the quarter.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the high outlier. The SA should ensure the outlier is not caused by concerns with the surveyors interacting with the residents in an appropriate and effective manner.</li> <li>Ensure surveyors develop rapport with the resident.</li> </ul>

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<b>Stage 1</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>7.2 CENSUS SAMPLE INTERVIEW UNAVAILABLE RATE</b>	
<p><b>Rate =</b>  <b>Numerator:</b> Count of unavailable residents for the survey.  <b>Denominator:</b> Count of interviewable residents as determined by all surveyors for the survey.</p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organizational level (i.e., national, state, and district office).</li> </ul> <p><b>Outlier rule</b>  <u>High Outlier Only</u>  5 or more points greater than the national average.</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably higher average unavailable rate over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of considerably higher average unavailable rate over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of considerably higher average unavailable rate over time.</li> <li>Determine whether surveyors have a considerably higher unavailable rate over time using the Surveyor-Level Report for this item.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the high outlier. The SA should ensure the outlier is not caused by concerns with the surveyors: <ul style="list-style-type: none"> <li>Effectively managing their time during Stage 1 to complete the resident interviews.</li> <li>Making sufficient attempts to conduct resident interviews prior to marking the resident as unavailable.</li> <li>Prioritizing resident interviews and resident observations prior to conducting clinical record reviews.</li> </ul> </li> </ul>

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<b>Stage 1</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>8. RELEVANT FINDINGS FOR “NEGATIVE” RESPONSES</b>	
<ul style="list-style-type: none"> <li>A “negative” response is a response that would include a resident in the “QCLI Criteria Met” category of the QCLI calculation results, or would be part of a set of questions that would include a resident in the “QCLI Criteria Met” category and for which a documented relevant finding is appropriate.</li> <li>The rate of documented relevant findings for the survey.</li> </ul> <p><b>Rate =</b></p> <p><b>Numerator:</b> Count of documented relevant findings for “negative” responses for the survey.</p> <p><b>Denominator:</b> Count of “negative” responses for the survey.</p> <ul style="list-style-type: none"> <li>The goal is 100% documented relevant findings for negative responses.</li> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rule</b>  <u>Low Outlier Only</u>  Any rate less than the national average</p> <p>Remember the goal is 100% documented relevant findings for negative responses.</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably lower average rate of documented relevant findings for “negative” responses over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably lower average rate of documented relevant findings for “negative” responses over time.</li> <li>If a statewide concern is identified, determine whether there is a particular district office trend of a considerably lower average rate of documented relevant findings for “negative” responses over time.</li> <li>Determine whether surveyors have a considerably lower rate of documented relevant findings for “negative” responses over time using the Surveyor-Level Report for this item.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause for the low outlier. The SA should ensure the outlier is not caused by concerns with the surveyors: <ul style="list-style-type: none"> <li>Probing appropriately for the specifics behind a “negative” response during interviews.</li> <li>Documenting relevant findings for “negative” responses for all data sources (i.e., the RO, RI, SI, FI, CR, and AR).</li> </ul> </li> </ul>



## Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

<b>Facility Tasks</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>9. STATUS OF MANDATORY FACILITY TASKS--This item was removed from the DAR-SA and DAR-RO.</b>	
<b>10. STATUS OF NON-MANDATORY FACILITY TASKS--This item was removed from the DAR-SA and DAR-RO.</b>	
<b>11. COUNT OF INVESTIGATED NON-MANDATORY FACILITY TASKS</b>	
<p>Count of investigated non-mandatory facility tasks on the survey, averaged across surveys.</p> <ul style="list-style-type: none"> <li>The average in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p>There are six non-mandatory facility tasks (Abuse Prohibition, Admission, Transfer and Discharge Review, Environmental Observations, Personal Funds Review, Sufficient Nursing Staff Review, and Extended Survey).</p> <p><b>Outlier rules</b></p> <p><u>Low outlier</u> Half or less than the national average</p> <p><u>High outlier</u> Double or more than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of considerably lower/higher average count of investigated non-mandatory facility-level tasks compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend considerably lower/higher average count of investigated non-mandatory facility-level tasks.</li> <li>If a statewide concern is identified, determine whether a district office has a considerably lower/higher average count of investigated non-mandatory facility-level tasks over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outlier. The SA should ensure the outlier is not caused by concerns with surveyors' preliminary investigation for the Sage 1 questions that trigger the non-mandatory facility task(s).</li> </ul>

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<b>Facility Tasks</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>12. CITATIONS FOR FACILITY TASKS</b>	
<ul style="list-style-type: none"> <li>Citations for all facility tasks.</li> </ul> <p><b>Rate (one for each facility task) =</b></p> <p><b>Numerator:</b> Number of surveys with a citation for the specific facility task.</p> <p><b>Denominator for mandatory facility tasks:</b> Number of surveys.</p> <p><b>Denominator for non-mandatory facility tasks:</b> Number of surveys on which the task was investigated.</p> <p><i>By definition, mandatory tasks should be investigated on every survey. Non-mandatory tasks are investigated on surveys if triggered or surveyor-initiated.</i></p> <ul style="list-style-type: none"> <li>The rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rule</b></p> <p><u>Low outlier only</u></p> <p>If the national average is less than 26, then half or less than the national average.</p> <p>If the national average is greater than 26 and less than 61, then 15 or more points less than the national average.</p> <p>If the national average is between 61 and 100, then 20 or more points less than the national average.</p>	<p><b>Prep for QI Call and FOQIS</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably lower/higher rate of citations for each facility task over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably lower/higher rate of citations for each facility task over time.</li> <li>If a statewide concern is identified, determine whether a district office trend of having a considerably lower/higher rate of citations for the facility task(s) of concern over time.</li> <li>If the concern is for a mandatory task ensure that teams are aware they can start their investigation in Stage 1.</li> </ul> <p><b>QI Call</b></p> <p><b>Onsite FOQIS Use:</b></p> <p><b>Remember to document any concerns with facility task citation rates on the FOQIS Scoring Sheet under Measure 4, in the additional notes section.</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, observe the identified facility task(s) with a low citation rate to ensure surveyors:             <ul style="list-style-type: none"> <li>Conduct a comprehensive and thorough investigation. If necessary surveyors begin mandatory tasks in Stage 1.</li> <li>Follow the guidance on the facility task pathway during investigations.</li> <li>Discuss pertinent findings for facility task assignments during team meetings.</li> <li>Make accurate compliance decisions.</li> <li>If the facility task(s) has a low citation rate, is it reasonable that the task(s) is rarely cited?</li> </ul> </li> </ul>
<b>13. NUMBER OF RESIDENTS SURVEYOR-INITIATED FOR MEDICATION ADMINISTRATION--This item was removed from the DAR-SA and DAR-RO.</b>	

## Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

<b>Stage 2 Investigation</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>14. NUMBER OF RESIDENTS WITH INCOMPLETE STAGE 2 DATA--This item was removed from the DAR-SA and DAR-RO.</b>	
<b>15. NUMBER OF TRIGGERED CARE AREAS/TASKS</b>	
<ul style="list-style-type: none"> <li>Count of triggered care areas and non-mandatory tasks on the survey, averaged across surveys.</li> <li>The average count in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b></p> <p><u>Low outlier</u> 5 or more points less than the national average</p> <p><u>High outlier</u> 5 or more points greater than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine if there is a regional trend of triggering considerably lower/higher average count of care areas or non-mandatory tasks over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of considerably lower/higher average count of care areas or non-mandatory tasks over time.</li> <li>If a statewide concern is identified, determine whether a district office triggers a considerably lower/higher average count of care areas or non-mandatory tasks over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outlier. The SA should ensure the outlier is not caused by concerns with the surveyors conducting adequate and appropriate Stage 1 preliminary investigations.</li> <li>Is the State Agency evaluating the QIS process steps that are associated with triggering care areas and tasks?</li> </ul>

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<b>Stage 2 Investigation</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>16. NUMBER OF NEW CARE AREAS/TASKS THAT WERE SURVEYOR-INITIATED</b>	
<ul style="list-style-type: none"> <li>Count of care area and non-mandatory facility task initiations for the survey, excluding initiations of care areas/tasks that were already triggered, and the four mandatory care areas (hospice, PASRR, ventilator, and dialysis). Counts are then averaged across surveys.</li> <li>The average count in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b></p> <p><u>High outlier only</u> Double or more than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of surveyors initiating a considerably higher average count of new care areas or non-mandatory tasks over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of surveyors initiating a considerably higher average count of new care areas or non-mandatory tasks over time.</li> <li>If a statewide concern is identified, determine whether a district office initiates a considerably higher average count of new care areas or non-mandatory tasks over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the reason for the high outlier. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:             <ul style="list-style-type: none"> <li>Initiate areas appropriately (e.g., confirming that all Stage 1 information is answered correctly, the concern is discussed with the team, and the concern warrants initiation).</li> </ul> </li> <li>Ask the SA whether they have a high rate of initiated areas that are not cited or if they identify patterns or trends for an initiated but not cited care area or task. If there is a high rate of initiated but not cited cares areas, the SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:             <ul style="list-style-type: none"> <li>Follow the guidance on the facility task and CE pathway during investigations.</li> <li>Document information to support initiation, citing the initiation, and/or not citing the initiated care area or task (including complaints)</li> <li>Conduct a comprehensive and thorough investigation.</li> <li>Discuss pertinent findings with the team to assess the potential for noncompliance and determine the need for additional investigation.</li> <li>Make accurate compliance decisions.</li> </ul> </li> </ul>

# Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

<b>Stage 2 Investigation</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>17. STATUS OF SURVEYOR-INITIATED TAGS</b>	
<p>17.1. Count of unique surveyor-initiated F-tags for the survey, averaged across surveys. (Regardless of the number of times an F-tag is initiated, it is only counted once).</p> <p>17.2. Count of initiated F-tags that were not cited on the survey, averaged across surveys.</p> <p>17.3. List of all instances of surveyor-initiated F-tags (including those not cited) that are associated with a care area or facility task. Counts are then averaged across surveys. (F-tags associated with a care area appear in red font on the DAR-SA).</p> <ul style="list-style-type: none"> <li>The average count in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>17.1 Outlier rule</b>  <u>High outlier only</u>  Double or more than the national average</p> <p><b>17.2 outlier rule</b>  <u>High outlier only</u>  Double or more than the national average</p> <p><b>17.3 outlier rule</b>  <u>High outlier only</u> Double or more than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of initiating a considerably higher average count of unique F-tags (17.1), F-tags not cited (17.2), and F-tags associated with a care area/task (17.3) over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of surveyors initiating a considerably higher average count of unique F-tags, F-tags not cited, and F-tags associated with a care area/task over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of surveyor initiating a considerably higher average count of unique F-tags, F-tags not cited, and F-tags associated with a care area/task over time.</li> <li>Determine whether surveyors initiate a considerably higher average count of F-tags associated with a care area/task (17.3) over time using the Surveyor-Level Report.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the high outlier. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors: <ul style="list-style-type: none"> <li>Pay attention to the warning message in ASE-Q when initiating an F-tag that is associated with a care area or facility task. The warning message identifies all care areas and facility tasks mapped to the selected F-tag that should be considered for initiation prior to initiating the F-tag. Surveyors should think care first and then F-tag.</li> <li>Initiate an F-tag only when a care area is not mapped to the F-tag. CMS guidance to surveyors is to initiate the care area or facility task to ensure a complete investigation occurs.</li> <li>Answer Stage 1 questions appropriately (i.e., should the care area have been triggered by the Stage 1 preliminary investigation).</li> </ul> </li> </ul> <p>Example: The team directly initiated F323 for observed large gaps between the side rail and mattress but did not indicate there were concerns in Stage 1, which would have been included in the QCLI Results Report under Accidents (QP218). The trainer should ensure that surveyors answer Stage 1 questions appropriately,</p>

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<b>Stage 2 Investigation</b>	
<b>Item Definition</b>	<b>Uses</b>
	<p>or are aware that Stage 1 questions address the concern.</p> <ul style="list-style-type: none"> <li>- Cite the appropriate F-tag if the applicable care area is not initiated.</li> <li>- Do not initiate F-tags for care areas or facility tasks that are under investigation in Stage 2. If the resident is included in the Stage 2 Sample and is investigated for the issue, the surveyor should answer the applicable CE as “No” instead of initiating the F-tag directly. <ul style="list-style-type: none"> <li>■ For care areas, ensure surveyors are aware that the compliance decision screen lists the F-tag next to each CE.</li> <li>■ For facility tasks, ensure surveyors are aware that the F-tag is listed next to each CE.</li> </ul> </li> </ul> <p>Example: The surveyor is investigating nutrition for resident #1. The surveyor initiates F282 for a concern with the facility not implementing care plan approaches regarding nutrition concerns for resident #1. The surveyor should answer CE3 under the nutrition care area for resident #1 as “No” and cite F282 under the nutrition care area.</p> <ul style="list-style-type: none"> <li>- Do not initiate F-tags in order to cite a resident for a facility task concern.</li> </ul> <p>Ensure surveyors understand that they should not initiate an F-tag for a resident in order to cite the resident under a facility task. To cite resident-specific findings for a facility task, the surveyor should go to Options, Select Stage 2 Resident, and check the “On Report?” column for the resident. The surveyor should then cite the resident-specific finding under the applicable CE for the facility task.</p> <p>Example: The surveyor initiates F241 for resident #2 for a dignity concern observed during the dining observation. The surveyor should have marked the resident for inclusion under the Select Stage 2 Resident option. Subsequently, on the dining observation screen, the surveyor should include the resident-specific finding, including the resident’s ID, under CE3 related to the observed dignity concern.</p>

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<b>Stage 2 Investigation</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>18. SURVEY CITATION RATE FOR TRIGGERED CARE AREAS AND TASKS</b>	
<ul style="list-style-type: none"> <li>Rate of citation for triggered care areas and non-mandatory facility tasks for the survey, averaged across surveys.</li> </ul> <p><b>Rate =</b></p> <p><b>Numerator:</b> Number of triggered and cited care areas and non-mandatory facility tasks for the survey.</p> <p><b>Denominator:</b> Number of triggered care areas and non-mandatory facility tasks for the survey.</p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b></p> <p><u>Low outlier</u> 5 or more points less than the national average</p> <p><u>High outlier</u> 10 or more points greater than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of considerably lower/higher average survey citation rate over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably lower/higher average survey citation rate over time.</li> <li>If a statewide concern is identified, determine whether a district office has a considerably lower/higher average survey citation rate over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outlier. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:             <ul style="list-style-type: none"> <li>Follow the guidance on the facility task and CE pathway during investigations.</li> <li>Conduct a comprehensive and thorough investigation.</li> <li>Discuss pertinent findings with the team to assess the potential for noncompliance and determine the need for additional investigation.</li> <li>Make accurate compliance decisions.</li> <li>Provide documentation to support the decision to cite or not cite a concern.</li> </ul> </li> </ul>

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<b>Stage 2 Investigation</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>19. CARE AREA/TASK TRIGGERED, TRIGGERING RATE, CITATION, and CITATION RATE FOR TRIGGERED CARE AREAS AND TASKS</b>	
<ul style="list-style-type: none"> <li>Lists all care areas and facility tasks that can be triggered. For each care area and task four indicators are created: 1) the count of surveys where the care area/task has been triggered, 2) the rate of triggering for the care area/task (triggering count divided by number of surveys), 3) the count of surveys on which the care area was cited (when triggered), and 4) the citation rate (count of surveys where the care area was cited divided by the count of surveys where the care area triggered).</li> <li>The count and rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b></p> <p><u>Low outlier</u>          If the national average is less than 26, then ½ or less than the national average.          If the national average is greater than or equal to 26 and less than 61, 15 or more points less than the national average.          If national average greater than 61, 20 or more points less than the national average.</p> <p><u>High outlier</u>          If national average is greater than 11, then 40 points or greater than the national average          If national average less than 11, then quadruple the national average.</p>	<p><b>Prep for QI Call and FOQIS</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of considerably lower/higher triggering and/or citation rates for each triggered care area and facility task over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of considerably lower/higher triggering and/or citation rates for each triggered care area and facility task over time.</li> <li>If a statewide concern is identified, determine whether district office has a considerably lower/higher citation rate for the identified triggered care area and facility task over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA evaluated the cause of the low/high outliers. The SA should ensure the outlier is not caused by concerns with surveyors conducting comprehensive and thorough investigations and making accurate compliance decisions.</li> </ul> <p><b>Onsite FOQIS Use</b>  <b>Remember to document concerns with triggering and/or citation rates on the FOQIS Scoring Sheet under Measure 4, in the additional notes section.</b></p> <ul style="list-style-type: none"> <li>For care areas or facility tasks with a low citation rate, ensure surveyors:             <ul style="list-style-type: none"> <li>Follow the guidance on the facility task and CE pathway when conducting the investigation.</li> <li>Conduct a comprehensive and thorough investigation.</li> <li>Discuss pertinent findings with the team to assess the potential for noncompliance and determine the need for additional investigation.</li> <li>Make accurate compliance decisions.</li> <li>Ensure documentation supports the surveyor’s decision to cite or not cite a concern.</li> </ul> </li> </ul>



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<b>Stage 2 Investigation</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>20. NUMBER OF CARE AREAS/TASKS/TAGS THAT WERE REMOVED</b>	
<ul style="list-style-type: none"> <li>Count of removed care areas, tasks, and F-tags for the survey, averaged across surveys.</li> <li>The average count in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b>  <u>High outlier only</u>            Greater than or equal to double the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably higher average count of removed care areas, tasks, and F-tags compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably higher average count of removed care areas, tasks, and F-tags.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of a considerably higher average count of removed care areas, tasks, and F-tags.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the state identified the cause of the high outlier.</li> <li>Determine whether the SA identifies trends or patterns regarding whether a particular care area, task, or F-tag is removed.</li> <li>The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:               <ul style="list-style-type: none"> <li>Document and provide an appropriate rationale for removal of any care area, task, or F-tag.</li> <li>Remove care areas because of identified Stage 1 errors and substitute another resident who meets the criteria.</li> <li>Do not remove residents to make Stage 2 reassignments. To make workload adjustments in Stage 2, the original owner of the assignment should not remove the care area or task. The surveyor assuming responsibility of the assignment should initiate the care area or task. This process ensures that the reassigned area is completed when the surveyors synchronize Stage 2 data. Ensure the teams are using the QIS Checklist to make workload adjustments. (Making Stage 2 Workload Adjustments under the addendum section).</li> </ul> </li> </ul>

# Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

Stage 2 Investigation	
Item Definition	Uses
<b>21. RATE OF CE RESPONSES OF “NO”</b>	
<ul style="list-style-type: none"> <li>The rate of CE response of “No” for the survey, averaged across surveys. The number of CE “No” responses represents the number of potential noncompliance determinations.</li> </ul> <p><b>Rate =</b>  <b>Numerator:</b> Count of CE responses of “No” for the survey.  <b>Denominator:</b> Count of CE responses for the survey.</p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b>  <u>Low outlier</u>  2/3<sup>rd</sup>s or less of the national average</p> <p><u>High outlier</u>  Double or more than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably lower/higher average rate of CE responses of “No” over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of considerably lower/higher average rate of CE responses of “No” over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of a considerably lower/higher average rate of CE responses of “No” over time.</li> <li>Determine whether a surveyor has a considerably lower/higher rate of CE responses of “No” over time using the Surveyor-Level Report.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outliers. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors: <ul style="list-style-type: none"> <li>- Conduct a comprehensive and thorough Stage 2 investigation.</li> <li>- Make accurate compliance decisions.</li> <li>- Document information to support decisions.</li> </ul> </li> </ul>

## Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

Stage 2 Investigation	
Item Definition	Uses
<b>22. RATE OF CE RESPONSES OF “N/A”</b>	
<ul style="list-style-type: none"> <li>The rate of CE responses with an “N/A” designation for the survey, averaged across surveys.</li> </ul> <p><b>Rate =</b>  <b>Numerator:</b> Count of CE responses of “N/A” for the survey.  <b>Denominator:</b> Count of CE responses with an “N/A” option.</p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><i>Note: Any CE that is automatically marked as “N/A” due to an automatic skip pattern is not counted as an “N/A” for Item 22. This DAR-RO item excludes “N/A” counts for Infection Control, Dining, Medication Administration, Medication Storage, and Environment CEs as multiple responses to the same task are not recorded and these facility tasks are likely to have responses from more than one surveyor.</i></p> <p><b>Outlier rule</b>  <u>High outlier only</u>  5 or more points greater than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably higher average rate of “N/A” CE responses over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of considerably higher average rate of “N/A” CE responses over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of having a considerably higher average rate of “N/A” CE responses over time.</li> <li>Determine whether a surveyor has a considerably higher rate of “N/A” CE responses over time using the Surveyor-Level Report.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the high outlier. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors: <ul style="list-style-type: none"> <li>Mark “N/A” appropriately and following the “N/A” guidance in the Facility and CE Pathways.</li> <li>Do not prematurely determine compliance by marking a CE as “N/A” instead of “No,” thereby preventing the opportunity for the team to determine compliance and adequately analyze the scope of a potential finding.</li> </ul> </li> </ul>

## Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

<b><i>ASE-Q, Data Management, and Efficiency</i></b>	
<b>Item Definition</b>	<b>Uses</b>
23. QCLI DENOMINATORS BY DATA SOURCE—This item is on the DAR-SA but not the DAR-RO.	
24. SURVEY TIME—This item is on the DAR-SA but not the DAR-RO.	

<b><i>Team Effectiveness</i></b>	
<b>Item Definition</b>	<b>Uses</b>
25. STAGE 2 ASSIGNMENTS—This item is on the DAR-SA but not the DAR-RO.	
26. NUMBER AND RATE OF CITATIONS BY SURVEYOR—This item is on the DAR-SA but not the DAR-RO.	

## Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

<b>Team Decision Making</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>27. NUMBER OF QIS POTENTIAL CITATIONS</b>	
<ul style="list-style-type: none"> <li>Count of all QIS potential citations for the survey, averaged across surveys. This is the total number of potential citations marked for inclusion in ASE-Q by the survey team during the analysis and decision-making meeting.</li> <li>The average in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b></p> <p><u>Low outlier</u> 2 or more citations less than the national average</p> <p><u>High outlier</u> 4 or more citations greater than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably lower/higher average count of QIS potential citations over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably lower/higher average count of QIS potential citations over time.</li> <li>If a statewide concern is identified, determine whether a district office has a considerably lower/higher average count of QIS potential citations over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outliers. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:             <ul style="list-style-type: none"> <li>Conduct a comprehensive and thorough Stage 2 investigation.</li> <li>Make accurate compliance decisions.</li> <li>Discuss decisions with team.</li> <li>Provide documentation supports decisions.</li> </ul> </li> </ul>

## Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

<b>Team Decision Making</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>28. NUMBER OF CMS-2567 CITATIONS</b>	
<ul style="list-style-type: none"> <li>Count of CMS-2567 citations for the survey, averaged across surveys.</li> <li>The average in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b></p> <p><u>Low outlier</u> 2 or more citations less than the national average</p> <p><u>High outlier</u> 4 or more citations greater than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of a considerably lower/higher average count of CMS-2567 citations or a considerable change between potential QIS and CMS-2567 citations over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a trend of a considerably lower/higher average count of CMS-2567 citations or a considerable change between potential QIS and actual CMS-2567 citations over time.</li> <li>If a statewide concern is identified, determine whether a district office has a considerably lower/higher average count of CMS-2567 citations or considerable change between potential QIS and CMS-2567 citations over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the low/high outliers.</li> <li>Determine whether the surveyor or supervisors delete and/or add deficiencies.</li> <li>Determine if surveyors are not citing items that are concerns and supervisors are consistently adding citations. Does documentation support the addition of items?</li> <li>Determine if supervisors are consistently citing removing citations that surveyors brought forward. Does documentation support the deletion of items?</li> <li>The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:             <ul style="list-style-type: none"> <li>Conduct a comprehensive and thorough Stage 2 investigation.</li> <li>Make accurate compliance decisions.</li> </ul> </li> </ul>
<b>29. NUMBER OF TAGS WITH NO CITATION DECISION—This item is on the DAR-SA but not the DAR-RO.</b>	

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<b>Team Decision Making</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>30. NUMBER OF POTENTIAL FINDINGS THAT ARE NOT CITED</b>	
<ul style="list-style-type: none"> <li>Count of potential citations not selected by the team during analysis and decision-making for the survey, averaged across surveys.</li> <li>Identifies the count of findings (facility or resident) excluded from the team citations that are loaded to ASE.</li> <li>The average count in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rule</b>  <u>High outlier rule only</u>            Double or more than the national average.</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend considerably higher average count of potential findings that are not cited over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably higher average count of potential findings that are not cited over time.</li> <li>If a statewide concern is identified, determine whether there is a district office trend of a considerably higher average count of potential findings that are not cited over time.</li> <li>Determine whether a surveyor has a considerably higher average count of potential findings that are not cited over time using the Surveyor-Level Report.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA identified the cause of the high outliers. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:               <ul style="list-style-type: none"> <li>Conduct a comprehensive and thorough Stage 2 investigation.</li> <li>Make accurate compliance decisions.</li> <li>Provide documentation that supports the surveyors' decisions.</li> </ul> </li> </ul>

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<b>Team Decision Making</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>31. FREQUENCY OF SELECTED CITATIONS</b>	
<ul style="list-style-type: none"> <li>A list of up to ten specific F-tags that show the Region considerably lower or higher than the national citation rate are chosen for the report. Citation rates for the selected F-tags are listed.</li> </ul> <p><b>Rate =</b>  <b>Numerator:</b> Number of surveys with the specific F-tag on the QIS Potential Citation Report.  <b>Denominator:</b> Number of surveys.</p> <ul style="list-style-type: none"> <li>The rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules</b>  <u>Low outliers</u>          If the national average is less than 26, then ½ or less than the national average.          If the national average is greater than 26 and less than 61, 15 or more points less than the national average.          If the national average is greater than 61, 20 or more points less than the national average.</p> <p><u>High outlier</u>          If the national average is greater than 11, then 40 points or more, then greater than the national average.          If national average less than 11, then quadruple the national average.</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether there is a regional trend of having a considerably lower/higher QIS citation rate for certain F-tags over time compared with the national average.</li> <li>If a region concern is identified, determine whether the state demonstrates a trend of having a considerably lower/higher QIS citation rate for certain F-tags over time.</li> <li>If a statewide concern is identified, determine whether a particular district office demonstrates a trend of having a considerably lower/higher QIS citation rate for specific F-tags over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this is a concern, during the QI call, determine whether the SA identified the cause of the low/high outliers. Ensure the SA has ruled out concerns with surveyors:             <ul style="list-style-type: none"> <li>- Conducting a comprehensive and thorough Stage 2 investigation.</li> <li>- Making accurate compliance decisions.</li> </ul> </li> </ul>



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<b>Team Decision Making</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>32. NUMBER OF SAMPLE SIZE EXPANSIONS RESULTING IN NO CITATION (CA n &gt; 3 FOR SINGLE CONTENT CARE AREAS)</b>	
<ul style="list-style-type: none"> <li>The count of care area and facility task expansions that led to no citation, averaged across surveys.</li> <li>The average count in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><i>Note: The rationale for the care area or facility task expansion and/or the point during the survey the expansion occurred cannot be determined from the data.</i></p> <p><b>Outlier rule</b>  <u>High rule only</u>            Greater than or equal to two or more than the national average</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether the region demonstrates a trend of a considerably higher average count for expanding the sample resulting in no citations over time compared with the national average.</li> <li>If a regional concern is identified, determine whether there is a state trend of a considerably higher average count for expanding the sample resulting in no citations over time compared with the national average.</li> <li>If a statewide concern is identified, determine whether a district office trend of a considerably higher average count for expanding the sample resulting in no citations over time compared with the national average.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this is DAR item is a concern, determine whether the SA has identified the cause of the high outliers. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:               <ul style="list-style-type: none"> <li>Expand the sample appropriately,</li> <li>Conduct a comprehensive and thorough Stage 2 investigation.</li> <li>Make appropriate compliance decisions.</li> <li>Provide documentation that supports the compliance decisions.</li> </ul> </li> </ul>

# Desk Audit Report for the Regional Office (DAR-RO) Instruction Guide for ASE-Q

<b>Team Decision Making</b>	
<b>Item Definition</b>	<b>Uses</b>
<b>33. SEVERITY AND SCOPE</b>	
<ul style="list-style-type: none"> <li>Rate of citations at each severity and scope level for the survey, averaged across the surveys.</li> </ul> <p><b>Rate (one for each scope and severity level) =</b></p> <p><b>Numerator:</b> Number of citations at each severity and scope level for the survey.</p> <p><b>Denominator:</b> Number of citations for the survey.</p> <ul style="list-style-type: none"> <li>The average rate in each column is based on the applicable set of surveys for that organization level (i.e., national, regional, state, and district office).</li> </ul> <p><b>Outlier rules:</b> There is no low outlier for A-C and H-L citations.</p> <p><u>Low outlier</u> The low outlier for D and E level citations is 10% points or less than the national average. The low outlier for F and G level citations is half or less than the national average.</p> <p><u>High outliers</u> The high outlier for A-C and F-G level citations is double or more than the national average. The high outlier for D-E level citations is 10% points or more than the national average. The high outlier for H-L level citations is <math>\geq 2\%</math>.</p>	<p><b>Prep for QI Call</b></p> <ul style="list-style-type: none"> <li>Determine whether the region demonstrates a trend of a considerably lower/higher average rate for each severity and scope level over time compared with the national average.</li> <li>If a regional concern is identified, determine whether the state demonstrates a trend of a considerably lower/higher average rate for each severity and scope level over time.</li> <li>If a statewide concern is identified, determine whether a district office has a considerably lower/higher average rate for the identified severity and scope level over time.</li> </ul> <p><b>QI Call</b></p> <ul style="list-style-type: none"> <li>If this DAR item is a concern, determine whether the SA has identified the cause of the low/high outliers. The SA should ensure the outlier is not caused by survey-related concerns by ensuring surveyors:             <ul style="list-style-type: none"> <li>Make appropriate compliance decisions on the CE screen and during the team's analysis and decision making meeting.</li> <li>Refer to the Psychosocial Outcome Severity Guide in Appendix P to help determine the severity of psychosocial outcomes resulting from the identified noncompliance at a specific F-tag.</li> <li>Follow the key elements for severity determinations outlined in the investigative protocols in Appendix PP.</li> </ul> </li> </ul>