

**PROCEDURES FOR CONDUCTING
FEDERAL OVERSIGHT OF A QUALITY
INDICATOR SURVEY
(FOQIS)**

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Purpose

The purpose of this manual is to provide federal surveyors the procedural steps required for conducting Federal Oversight of a Quality Indicator Survey ‘FOQIS.’ During the FOQIS, the Regional Office (RO) evaluator will complete a structured and objective process to monitor an SA team’s ability to evaluate a long-term care facility for compliance with CFR 42 Section 483 subpart B requirements. The intent of the FOQIS is to promote the highest attainable quality of care and services for the residents of long-term care facilities.

The procedural steps for conducting the FOQIS are outlined in detail below.

I. Offsite FOQIS Preparation by the RO Evaluator

Step 1: Review the Most Recent State-Specific DAR-RO (Items 2&19, 5 and 12)

Identify any low outliers for Items 2 (triggering rate for care areas and facility tasks), 5 (negative response rate by data source), 12 (facility task citation rate) and 19 (care area/task citation rate when triggered) at the state or district-level. Specifically review the following for each item:

- Item 2 – Review the care areas/tasks that have a low triggering rate from the Resident Interview (RI) and Resident Observation (RO). The applicable areas include:
 - Abuse (RI and RO)
 - Accidents (RO)
 - Activities (RI and RO)
 - ADL (RI and RO)
 - AT&D (RI)
 - Choices (RI)
 - Dental (RI and RO)
 - Dignity (RI and RO)
 - Environment (RI and RO)

 - Hydration (RI and RO)
 - Pain (RI and RO)
 - Participation in Care Plan (RI)
 - Personal Funds (RI)
 - Personal Property (RI)
 - Physical Restraints (RO)
 - Positioning (RO)
 - Privacy (RI)
 - ROM (RO)
 - Skin Conditions (RO)
 - Social Services – Interaction with Others (RI)
 - Sufficient Nursing Staff (RI)
 - Urinary Incontinence (RI and RO)

- Item 19 – Determine which care areas and non-mandatory facility tasks had a low citation rate when triggered. If the state has numerous care areas with low citation rates, and many of these care areas trigger during the FOQIS, prioritize the areas that can be completed in the time available. Abuse is a high priority care area for CMS; so if abuse is identified as having a low citation rate when triggered, you should evaluate the SA's investigation of abuse.
- Item 5 – Determine whether the Resident Interview and Observation had low rates of negative responses for the state and district office. Also review the surveyor-level report and identify surveyors who have a low rate of negative responses for the resident interview and observation.

Use the low outliers identified for Items 2 and 5 to help streamline the onsite investigations for Stage 1. The majority of triggered care areas are based on resident interview and observation items, so focusing on those data sources is an efficient use of time while onsite. However, any other data sources that seem problematic should also be investigated.

- Item 12 – Determine which facility tasks had a low citation rate. Infection Control, Quality Assessment & Assurance (QA&A), and Abuse Prohibition are high priority facility tasks for CMS. If these tasks are identified as having a low citation rate on the DAR-RO, they should be investigated during the FOQIS.

Item 12 contains citation rates for mandatory and non-mandatory tasks, while Item 19 shows citation rates for triggered care areas. Use the low outliers identified for Items 12 and 19 to focus the onsite investigations. Note that facility tasks may be investigated in both Stage 1 and Stage 2, while care area investigations take place during Stage 2.

Step 2: Select a Survey

Review the state's survey schedule and select a survey for the FOQIS. Rather than trying to observe and evaluate all SA Stage 1 and Stage 2 investigations, FOQIS uses a targeted, data-driven approach to guide onsite investigations. Select the SA team with surveyors who have a low outlier for Item 5 for the resident interview or observation and from the district with the majority of the low outliers for Item 2 (for the applicable care areas), Item 12 and Item 19. This ensures your onsite time will be productive, evaluating those areas that have been identified as potentially problematic.

Step 3: Create the FOQIS Scoring Sheet

Save a copy of the electronic version of the FOQIS Scoring Sheet template for use onsite and document any areas or surveyors with a low rate for Items 2 and 5 on the Measure 2 Scoring Sheet under the Additional Notes section. Identify any area with a low citation rate for Items 12 and 19 and documents that area on the Measure 4 Scoring Sheet under the Additional Notes section.

Note: A FOQIS package is available on the S&C Website with all pertinent FOQIS information (<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/index.html?redirect=/surveycertificationgeninfo/>).

Step 4: Print one copy of all Stage 1 forms

The Resident Interview and Observation forms are used during Stage 1 of the FOQIS. Print the forms and highlight the sections on the form that have been identified as having a low triggering rate (Item 2) to help direct the onsite evaluation during Stage 1. Although all areas will be observed, the highlighting provides additional information during observations of the SA surveyors.

It is important to have paper copies of all Stage 1 forms in case onsite issues arise that require an evaluation of an admission record, census record, family interview or staff interview. The Stage 1 forms are on the S&C Website.

Step 5: Obtain CMS-807 Forms

Obtain paper copies of the Surveyor Notes Worksheets (CMS-807) for documentation of facility task and Stage 2 in-depth investigations. The CMS-807 forms are also on the S&C Website.

Step 6: Assemble Reference Materials and Supplies

The following materials and supplies are needed for the FOQIS:

- Laptop with the most recent release of ASE-Q
- State Operations Manual (SOM)
- QIS Checklist
- QIS IT and Surveyor Guide
- Most recent Quarterly State-Specific DAR-RO with Surveyor-Level Report
- Paper copies of all Stage 1 forms
- Surveyor Notes Worksheets (CMS-807)
- Electronic version of the CE and Facility Pathways
- Calculator (for Measure 3)
- Crossover Cable
- Paper or electronic copy of the FOQIS Procedures (this document)

Step 7: State Preparation for the Wired Network Method

Prior to the FOQIS, contact the SA QIS support coordinator and notify the SA contact of the necessary set-up requirements for the state's computer.

- Refer to the QIS IT and Surveyor Guide document for the computer setup requirements (also listed below). The document is on the S&C Website (<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/index.html?redirect=/surveycertificationgeninfo/>).
- The SA should contact the QTSO Help Desk (1-800-477-7876) with any questions or concerns.

SA requirements from the IT and Surveyor Guide document:

- The SA will have to confirm 2 – 3 ports are opened in all firewalls, including Microsoft's built-in firewall, which is installed on each computer. The required ports are:
 - 901 and 910 for UDP
 - 2638 for TCP.

Tech Note: Opening these ports is a requirement to use a wired connection between state and RO computers. The ports are used for the application to discover ASE databases on the same network and to transfer data. If the state has blocked these ports, ASE will not be able to transfer data over a cable connection.

- Ensure the SA confirms state computers are set up to use dynamic IP addresses from a Dynamic Host Configuration Protocol (DHCP) server (**you may need to talk to the state QIS support coordinator**). You will need to enter a dynamic IP address on your computer after you meet with the SA team at the facility.

Tech Note: Using dynamic IP addresses is required for a wired connection between state and RO computers. If state computers are using static IP addresses on separate networks, or the computers are a mix of static and dynamic addresses, transfers will not be possible over a network. These rules apply to direct wired transfers.

II. Onsite FOQIS Activities

Step 8: Initial Onsite Activities

Enter the facility with the SA team, unless there are extenuating circumstances (e.g., travel or logistical issues). If timing permits, accompany the surveyors on the Initial Tour to become familiar with the facility and residents; however, the Initial Tour is not formally evaluated. The first formally evaluated activity is the initial SA team meeting.

Step 9: Introduce FOQIS to the SA Team

Provide an overview of FOQIS to the SA team and discuss the following key points:

- 1) Explain that the purpose of FOQIS is to evaluate the performance of a SA survey team during a recertification survey; to observe the SA team in determining compliance with Federal Certification requirements; and to determine the competence of the SA team in conducting the survey process.
- 2) Explain that the selection of tasks during the FOQIS is based on the state's survey history as reflected on the DAR-RO; each surveyor will be observed while conducting a resident interview and observation; and that during Stage 2 one care area or task for each surveyor will be observed, depending on which areas had a low citation rate when triggered.
- 3) Discuss the concepts that have changed from the FOSS process including:
 - On-going dialogue between the RO evaluator and SA surveyor throughout Stages 1 and 2.
 - An explanation of the procedures the RO follows during Stage 2 parallel investigations.
 - An explanation of the guidance and education the RO evaluator performs throughout Stage 1 and Stage 2.
- 4) Explain that the SA must notify you of any activities involving residents or care areas that you are investigating (e.g., interview for resident X) and all SA team meetings.
- 5) Explain that you will need to import the Team Coordinator's data at two different points in time.
- 6) Explain the FOQIS scoring system.
- 7) Explain the debriefing and feedback procedures you will conduct with the SA team. The SA team's supervisor may attend the debriefing.

- 8) Make the SA team aware of a confidential means to convey to CMS concerns about interference from members of the SA with the survey and certification activities as stated in Section 11 of the FOSS manual.

Step 10: Measure 1 — Team Meetings

Measure 1 is used to assess the following SA team meetings:

- Initial team meeting
- Stage 1 team meetings
- Stage 2 team meetings

The Transition Meeting and the Stage 2 Analysis and Decision-Making Meeting are evaluated separately, as part of Measures 3 and 5. Attendance at the SA team meetings provides multiple opportunities to determine whether the SA team has identified all the concerns you have identified, to be informed of the issues that the SA team is investigating, and to determine whether the SA team is completing all tasks in the QIS process.

Use the probes on the Measure 1 Scoring Sheet to guide your investigations. Refer to the QIS Checklist to view the discussion items that should be covered by the team coordinator for each team meeting; however, all of the discussion items will not be evaluated.

Document any concerns with the SA team discussion on the Measure 1 Scoring Sheet and enter notes for particular probes, as applicable. Provide a team score for Measure 1 based on the performance of all SA surveyors and provide additional comments as needed to explain the score.

Step 11: Request a Copy of the Census Sample Report

Request a copy of the Census Sample report after the team has made Stage 1 assignments.

Step 12: Measure 2 — Stage 1 Preliminary Investigation

Determine whether the SA team completes the resident interviews and observations during Stage 1 in accordance with QIS procedures and whether the SA team effectively identifies concerns for Stage 2 investigations.

Complete a resident interview and observation for each SA surveyor, regardless of whether the surveyor is an outlier, and observe the same resident for both interview and observation. For planned interviews or formal observations, ensure that the SA surveyor conveys the time and location of the interview/observation. Reference the Resident Interview and Observation form to know the exact questions the SA surveyor should be asking, what

observations should be completed, and to record negative responses. Be sure to include the resident's name with the negative response as one form is used for all SA surveyors (so information on multiple residents is documented on one form). Use the probes on the Measure 2 Scoring Sheet to guide the investigation. If a surveyor only has non-interviewable residents, you can complete a family interview instead of a resident interview for that surveyor.

Document observations of the resident while the SA surveyor conducts the resident interview. Multiple observations must be conducted of the resident throughout Stage 1 to adequately answer some of the questions (e.g., whether the resident is being repositioned, staff interaction with the resident, incontinence, pain or positioning issues). However, observations made concurrently with the SA surveyor are not always feasible; so some observations of residents may be conducted without the SA surveyor.

Document concerns, including the date and time of the observations, on the Resident Interview and Observation form for later comparison with the SA's responses. When determining whether the SA surveyor identified the same observational concerns, determine whether the SA surveyor could reasonably have been expected to make the same observations, and bear this in mind when scoring the measure.

The FOQIS procedures allow for on-going dialogue between the RO evaluator and SA surveyor. Immediately following an interview or any joint observation, ask the SA surveyor if he/she had any concerns about the interview and/or observation. The dialogue with the SA surveyor allows you to determine whether the SA surveyor identified any of the same negative responses. Document concerns missed by the SA surveyors on the Measure 2 Scoring Sheet. Only negative responses that were missed by the SA surveyor are marked against the SA surveyor.

Throughout the survey, make general observations of the facility and all residents to compare to those observations made by the SA surveyors.

Document any concerns with the SA surveyors' Stage 1 work on the Measure 2 Scoring Sheet and enter notes for particular probes, as applicable. Provide a team score for Measure 2 based on the performance of all SA surveyors and enter additional comments as needed to explain the score.

If the SA team fails to identify a Stage 1 concern, determine whether there is a relationship between the unidentified concern and the DAR-RO (Item 2 and Item 5). For example, the DAR-RO indicates the SA has a low triggering rate for Skin Conditions. Onsite, the SA team failed to identify Stage 1 concerns with Skin Conditions. Identified concerns with the SA performance will provide the SA with one explanation for the low outlier on the DAR-RO and will help the SA with their internal QA process. When a relationship is

identified between a low triggering rate on the DAR-RO and onsite concerns with that same care area, document this relationship on the Measure 2 Scoring Sheet under the Additional Notes section.

Step 13: Measure 4 — Evaluate Mandatory Facility Tasks throughout Stage 1 and 2

If a mandatory facility task is identified as a DAR-RO concern, some evaluation activity may take place during Stage 1. When a mandatory facility task(s) is identified as a concern, ask the team coordinator which SA surveyor is assigned the task and inform that SA surveyor that you will make parallel observations and attend interviews.

For any mandatory facility task selected for a parallel investigation, refer to the appropriate facility pathway during the investigation to ensure the surveyor is following the probes and guidance. Use the investigative approaches and probes that are described under Measure 4 – Stage 2 Investigations. Document the investigation on a CMS-807.

Document concerns with the surveyor's investigation(s) or compliance decisions on the Measure 4 Scoring Sheet, entering notes for particular probes as applicable. Select a team score for Measure 4 based on the performance of all observed SA surveyors and provide additional comments as needed to explain the score.

Determine whether the SA surveyor failed to identify potential non-compliance for any area having a low citation rate from the DAR-RO and document concerns on the Measure 4 Scoring Sheet under the Additional Notes section.

Step 14: Import the SA Survey Data File after the SA Team Calculates QCLIs

Import the **SA Survey Data File** after the team first calculates QCLIs. Importing the data file allows you to follow the SA team's discussion and determine whether any concerns missed by the surveyors would have impacted the triggering rate for a care area or task.

For all RO evaluators, survey data is transferred through an ASE to ASE file transfer over a wired network cable, instead of completing the ASE-Q synchronization steps. Detailed steps are given below:

- If the Team Coordinator (TC) has an air card, the air card should be disabled.
- Insert the network cable into the network adapters on both the TC and RO evaluator's laptops.

- In the Team Roster section on the TC's laptop (under Offsite Prep), have the TC select **Get My IP**. Write down the TC's IP address.
- Enable the Air Defense system on the RO evaluator's laptop.
- Wait 90 seconds for the 2 laptops to find each other.
- After 90 seconds, in ASE, click the **Import** button on the toolbar.
- In the Import window, select **Locate ASE Database**. In the text box, type the TC's IP address, and then click **OK**.
- In the Survey Import window, select the survey you want to transfer, and then click **Continue with Import**. Note: If the survey has been exported before, you will see a Merge Fields window. Click **Continue with Transfer**.
- In the Finalize Transfer window, select **Apply** to complete the import.
- Do not add the RO evaluator to the Team Roster.
- Expand the provider record, then the QIS survey node in the tree.
- Expand the Team Roster node.
- Right-click on the TC's name, then select **Make Active Surveyor**. Say **Yes** to the confirmation prompt, and **OK** to the refresh message.
- Expand the provider record again, right-click the survey and select QIS Tool.

Note: If you are using the wired data transfer method and are unable to import the SA survey data file after QCLIs are calculated, alternative methods for viewing the SA results are listed below.

1. Ask the Team Coordinator to print the QCLI Results report and Relevant Findings report. The RO can still follow along with the SA discussion during the transition meeting by using these two reports. The two reports have all of the information that is displayed on the QCLI Results screen in ASE-Q.
2. The RO can sit next to one of the surveyors and look at their QCLI Results screen as the transition meeting is conducted.
3. The Team Coordinator can email you the file.

Step 15: Measure 3 — Transition from Stage 1 to Stage 2 and Stage 2 Sampling

Assess whether the SA team correctly identified issues and residents for Stage 2 investigations. At the conclusion of this QIS task, determine whether a situation warrants re-direction.

Reconciliation of Stage 1 Findings

Closely monitor the SA team discussion of QCLI findings and the finalization of the Stage 2 sample. Do not reconcile differences with the SA surveyors until the SA team is ready to make Stage 2 assignments. Delaying reconciliation ensures that the SA team has the opportunity to identify all areas and residents for inclusion in the Stage 2 sample.

Stage 1 Re-direction

- *Failure to Trigger a Care Area or Task*

Re-direct the SA team when the negative responses missed by the SA team would have caused a care area or task to trigger. Refer to the QCLI Results screen in ASE-Q, which displays the prevalence rate and thresholds, to determine whether a care area or task would have triggered. Provide re-direction to ensure the SA team investigates the resident and care area in Stage 2.

Direct the SA team to 1) initiate the applicable care area and at least three residents for a Stage 2 investigation and 2) document this decision in relevant findings. This documentation provides an audit trail of the intervention. It is essential that you have specific evidence, such as the date and times of an observation, to present to the SA team.

If the SA surveyor disagrees with your findings, attempt to reconcile these differences during Stage 2. If during Stage 2, the SA surveyor determines, and you concur, that your findings were incorrect, the SA surveyor removes the care area and documents the reasons for its removal. If the SA still disagrees, resolve the problem by following the procedures described in the relevant S&C Memorandum.

- *Failure to Address Harm or Immediate Jeopardy (IJ)*

If you observe a situation that has a high likelihood of rising to the level of harm or immediate jeopardy during Stage 1, and the SA team does not discuss and initiate the issue and the resident(s), attempt to reconcile the difference with the SA team. If the differences remain, provide re-direction to ensure that the SA team investigates the resident and care area in Stage 2. Direct the SA team to initiate the applicable care area and resident(s) and document this decision in relevant findings.

When the SA team is required to initiate a Stage 2 investigation due to a harm or IJ concern, a Stage 2 parallel investigation of the initiated care area and resident should be conducted.

Determination by an RO evaluator that a situation presents a high likelihood of rising to the level of harm, when a SA investigation has not yet taken

place, requires the judgment and discretion of the RO evaluator to ensure the judicious achievement of the intended benefits.

When there is disagreement between the RO and the SA over findings that affect IJ, the RO may decide to begin proceedings that could lead to an application of the Federal Statutory Look Behind Authority. The RO should follow the same process as outlined in the FOSS Manual, Section 9: Resolving Disagreements or Proceeding to a Direct Federal Survey.

Use the probes for Measure 3 to guide the investigation and document any concerns on the Measure 3 Scoring Sheet, entering notes for particular probes, as applicable. Select a score for Measure 3 and provide additional comments as needed to explain the score.

Step 16: Request a Copy of the Stage 2 Report by Stage 2 Surveyor

After Stage 2 assignments have been made, request a copy of the **Stage 2 Report by Stage 2 Surveyor**, showing which residents and care areas are assigned to each SA surveyor.

Step 17: Stage 2 Workload Preparation

After Stage 2 assignments have been made, make a final decision about which care areas and non-mandatory tasks to investigate, based on the areas that trigger during the FOQIS. Infection control, QA&A, and abuse prohibition (Item 12) are high priority tasks, and abuse (Item 19) is a high priority care area to be investigated if these tasks and care areas are identified as having low citation rates. It may not be possible to complete a parallel investigation for all of the identified areas on the DAR-RO that have a low citation rate. It is more important to thoroughly evaluate a care area or SA surveyor than to try to evaluate everything. Some considerations in prioritizing Stage 2 workload for evaluation include:

- Evaluation of at least one care area or non-mandatory task for all SA surveyors.
- A mix of quality of care and quality of life care areas.
- Evaluation of care areas where harm, substandard quality of care, or IJ is suspected.
- Multiple evaluations of the same care area for different SA surveyors.

For any care area or facility task selected for evaluation, determine whether there is an available CE or Facility Pathway for the care area or facility task and that a paper or electronic copy of the CE or Facility Pathway is available to ensure the surveyor is following the probes and guidance. All of the Pathways are available on the S&C Website.

Before starting the investigation, review the QCLI Results screen for each selected area to determine the reason the care area or non-mandatory facility task triggered for the selected residents.

Step 18: Measure 4 — Stage 2 Investigations

During this portion of the FOQIS, conduct parallel investigations to assess SA surveyors' Stage 2 investigations and individual decision-making skills. Measure 4 evaluates the individual SA surveyor; Measure 5 evaluates SA team decision-making related to the Stage 2 investigations.

- *Parallel Investigations*

A parallel investigation is an investigation of the same care area or facility task that the SA surveyor investigates. In a parallel investigation, the expectation is that you perform a comprehensive and thorough investigation using the same Facility and CE pathway and guidance in Appendix P and PP of the SOM as the SA surveyor. Some parts of the parallel investigation are conducted simultaneously with the SA surveyor, while other parts are conducted independently. Observe formal or extensive interviews and observations (e.g., a wound observation, dressing change, or incontinent care) simultaneously with the SA surveyor. Routine brief observations of the resident (e.g., checking to see whether pressure relieving devices or splints are applied) are a part of many Stage 2 investigations. Whenever possible, conduct routine brief observations simultaneously, even in common or public areas, so that valid comparisons with the SA surveyor can be made. However, regardless of whether you can accompany the SA surveyor, you should conduct routine brief observations of the resident as warranted for the investigation. When evaluating the SA surveyor, consider whether the SA surveyor made, or should have made, similar observations. Conduct clinical record reviews independently of the SA surveyor. The parallel investigation allows an independent and supported compliance and severity decision.

Request to be informed when the SA surveyor schedules any formal Stage 2 staff, family, and/or resident interviews, and formal observations for all residents assigned to the SA surveyor in Stage 2 that you are evaluating. If you are unable to accompany the SA surveyor, the surveyor's investigation should not be delayed; query the SA surveyor regarding any missed portion of the investigation.

Ensure that your investigation does not alert the facility's staff to the investigation before the SA surveyor begins his/her investigation. For example, it is inappropriate for you to ask staff for a Stage 2 resident's missing MDS assessment until the SA surveyor has requested that information from staff. Ensure your record review does not interfere with the SA surveyor's access to the clinical record.

- *Stage 2 Guidance and Education*

Again, the FOQIS procedures allow for ongoing dialogue between you and the SA surveyor. Question the SA surveyor regarding their plan for the investigation, conclusions, reasoning, and compliance decisions.

If you determine that the SA surveyor is not conducting an adequate investigation (e.g., not conducting an essential observation or interview, including asking the appropriate questions, or not conducting a relevant document review), provide guidance and education to the SA surveyor.

Additionally, if it is determined that a related care area should be investigated, but the SA surveyor is not conducting that investigation, direct the SA team to discuss, initiate, and investigate the related care area.

Do not redirect the investigation or direct initiation until you are certain that the SA surveyor would not have taken the appropriate action on his/her own. Make this determination through information obtained by interviewing the SA surveyor.

When providing guidance, explain the rationale for the guidance and education to the SA surveyor. Providing guidance and education in the survey process is crucial to ensure the SA conducts an adequate investigation. Any time you are confident the SA is not conducting an adequate investigation, redirect the SA surveyor to ensure that the SA, and not just you, conducts an adequate and thorough investigation.

Use the probes for Measure 4 to guide the investigation and document the investigation on a Surveyor Notes Worksheet (CMS-807 form). Compare your critical element decisions with those of the SA surveyor by querying the SA surveyor as to his/her critical element and severity determination. Question the SA surveyor or review the SA surveyor's documentation to reconcile any differences in compliance determinations. Document any concerns with the surveyor's investigation or compliance and severity decisions on the Measure 4 Scoring Sheet, entering notes as applicable for particular probes. Select a team score for Measure 4 based on the performance of all SA surveyors observed and provide additional comments as needed to explain the score.

If the SA team fails to identify potential non-compliance, determine any relationship with the DAR-RO (Item 12 and Item 19) to help the SA with their internal QA process. Identified concerns with the SA performance will provide the SA with one explanation for the low outlier on the DAR-RO. If a relationship is identified, document the relationship on the Measure 4 Scoring Sheet under the Additional Notes section.

Step 19: Import the SA Survey Data File after Stage 2 data has been Synchronized to the Team Coordinator's Laptop

Import the **SA Survey Data File** after Stage 2 synchronization to the team coordinator's laptop. The import of the data file allows you to follow the analysis and decision making meeting and review the SA team's Stage 2 investigation as needed.

Survey data is transferred through an ASE to ASE file transfer over a wired network cable, instead of completing the ASE-Q synchronization steps. The RO evaluator should follow these steps:

- If the TC has an air card, the air card should be disabled.
- Insert the network cable into the network adapters on both the TC and RO evaluator's laptops.
- The RO evaluator has to enable the Air Defense system.
- Then wait about 90 seconds for the 2 laptops to see each other.
- After 90 seconds, in ASE, click the **Import** button on the toolbar.
- In the Import window, select **Locate ASE Database**. In the text box, type the Team Leader's IP address, and then click **OK**.
- In the Survey Import window, select the survey you want to transfer, and then click **Continue with Import**. Note: If the survey has been exported before, a Merge Fields window will be seen. Click **Continue with Transfer**.
- In the Finalize Transfer window, select **Apply** to complete the import.
- The RO evaluator is not added to the Team Roster.
- Expand the provider record, then the QIS survey node in the tree.
- Expand the Team Roster node.
- Right-click the team leader, then select **Make Active Surveyor**. Say **Yes** to the confirmation prompt, and **OK** to the refresh message.
- Expand the provider record again, right-click the survey and select **QIS Tool**.
- On the QIS toolbar, change the Current Surveyor view to **All Surveyors**.

Note: If the RO evaluator needs to review the SA surveyor's Stage 2 documentation prior to the Stage 2 synchronization point, the RO evaluator should import each SA Survey Data File, following the steps outlined in Step 19 above, once the SA surveyor indicates they have completed the applicable Stage 2 investigation. The RO evaluator will activate the applicable SA surveyor in order to view his/her documentation.

With each new import, the previous documentation will be overwritten.

Note: If you are using the wired data transfer method and are unable to import the SA data file after Stage 2 data synchronization, alternative methods for viewing the SA results are listed below.

1. Ask the TC to make a print screen (Function [fn] key + Print Screen [Prnt Scrn] key) of all expanded Tags (so all care areas and residents are displayed under each Tag). The TC should save the screen shot(s) to a Word document and then print the information for the RO.
2. The RO can sit next to the Team Coordinator and look at their Potential Citation screen as the analysis meeting is conducted.
3. As the team discusses each Tag, the RO can document on a CMS-807 the Tags and residents that are discussed and the team's final decision (i.e., the RO would not have anything to follow along with and would document everything during the team's discussion).
4. The Team Coordinator can email you the file.

Step 20: Measure 5 – Team Analysis and Decision Making

Assess the SA team's analysis and decision making. Ideally, you should remain onsite during analysis and decision making. However, if there are extenuating circumstances (e.g., the SA team extends the survey into the next week), assess the analysis and decision-making meeting from offsite by conferencing in.

Determine whether the SA team makes correct compliance and severity and scope decisions for each F-tag on the Potential Citation screen. Determine whether the decision not to cite an F-tag or exclude a resident is appropriate, based on the available evidence and SA team discussion. The SA team's decisions ultimately are scored against the regulations in Appendix PP of the SOM. If you identify an issue, provide guidance and education.

If the SA team addresses Substandard Quality of Care (SQC) for the first time at the team analysis and decision-making meeting, review your documentation and evaluate the SA team's Stage 2 daily team meetings to determine whether the SA team should have addressed SQC earlier. If appropriate, the scoring of Measure 1 (Team Meetings) should reflect the SA team's failure to discuss the possibility of SQC and expand the sample during their Stage 2 meetings.

Use the probes for Measure 5 to guide the investigation and document any concerns on the Measure 5 Scoring Sheet and enter applicable notes for particular probes. Select a score for Measure 5 based on the performance of all SA surveyors observed and provide additional comments as needed to explain the score.

Step 21: Conduct the Debriefing with the SA Team

Provide a brief summation of the SA team's performance at the conclusion of the team's analysis and decision-making meeting. The primary purpose of the debriefing of the SA team is to communicate the results of the FOQIS. Provide an indication of the SA team's performance on each of the FOQIS measures, conveying an impression consistent with the evaluation the SA team will receive in the written feedback. It is not necessary to provide specific scores to the team. Structure feedback around the SA team's effectiveness in achieving each measure, using the notes entered for probes on the scoring sheet as a basis for more specific feedback about the factors that contributed to the team's success or lack thereof on the measure.

The debriefing also provides an opportunity to provide feedback that will help SA surveyors improve their survey skills. For this reason, it is important to shift to more of a mentoring approach for this part of the FOQIS. The objective of the debriefing is to provide a positive learning experience for the SA team and to present information in a manner that the team can use to improve their performance.

Step 22: Scoring for All Measures

Use the probes for each measure to help guide your investigation and assist in determining the final score of the SA team. Document any concerns pertinent to a specific probe. If there are no concerns with a particular probe or a probe is not applicable, do not document anything for that probe. One scoring sheet is used for all areas evaluated for Measure 2 (Stage 1) and Measure 4 (Stage 2) and the score is based on the team's performance as a whole.

Once you have finished evaluating the measure - using the probes to help guide the investigation - a score is determined based on the descriptions provided for each measure. Each measure is scored individually; there is no overall or aggregate score for the entire FOQIS. Scoring is based on a three-level scale that follows the principles of the severity and scope (S/S) grid by considering the impact of the concern on the resident. To score each measure, review all of the team's failures (e.g., failure to identify a concern, failure to thoroughly investigate a concern, failure to discuss an issue) for each individual measure and determine the most severe level of impact the failures have on the resident. The most severe level of impact on the resident determines the final score.

- A score of Met is similar to Severity Level 1, or failure(s) resulting in the potential for no more than minimal harm.
- A score of Partially Met is similar to Severity Level 2 or failure(s) resulting in the potential for more than minimal harm. A score of Partially Met means the team passed the measure. To pass a measure, the failure cannot

be any worse than the potential for more than minimal harm (no more than Severity Level 2).

- A score of Not Met is similar to Severity Level 3 or 4 or failure(s) resulting in actual harm, SQC, or IJ. If the team fails to identify harm, SQC, or IJ for a particular measure, the team fails the measure.

Add additional documentation to support a score, as necessary. Any concern should be provided to the SA manager so the State can follow-up internally.

III. Post-survey FOQIS Activities

Step 23: Evaluate the CMS-2567

Complete the CMS-2567 review, following the same procedures used in the FOSS.

Step 24: Forward FOQIS Scoring Sheet to SA

Within 30 days after the survey exit, send the completed FOQIS Scoring Sheet to the SA.

Step 25: Enter FOQIS Documentation in the Nursing Home Federal Monitoring Survey (FMS) Database

In the Nursing Home FMS Database, use the current QIS Scoring Sheet to enter the results from the FOQIS.