

### Risk Based Survey (RBS) Mapping for Initial Pool Areas

| Initial Pool Area | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                                                                                                                                                                                                                  | Initial Pool Source | Investigative Tool                                                                              | Critical Element # | Tag # | Tag Description                                      |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------|--------------------|-------|------------------------------------------------------|
| Abuse             | <p>Staff made resident feel afraid <i>or embarrassed</i>, said mean things <i>or yelled at resident</i>, hurt resident, made resident feel uncomfortable.</p> <p>Evidence of abuse.</p> <p><i>Physical/verbal aggression by resident to others.</i></p>                                                                                                                                                                                                  | RI/RRI/RO           | <p>Abuse Pathway for all CEs</p> <p>Additionally, Investigative Protocol for CE6 (F609)</p>     | 1                  | F600  | Free from Abuse and Neglect                          |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 2                  | F606  | Not Employ/Engage Staff with Adverse Actions         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 3                  | F607  | Develop/Implement Abuse/Neglect, etc Policies        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 4                  | F943  | Abuse, Neglect, and Exploitation Training            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 5                  | F947  | Required In-Service Training for Nurse Aides         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 6                  | F609  | Reporting of Alleged Violations                      |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 7                  | F610  | Investigate/Prevent/Correct Alleged Violation        |
| Accident Hazards  | <p><i>Areas resident could become entrapped</i>;</p> <p>Bed rails/frame <i>loose or unsecured</i>;</p> <p>Restraint can cause serious injury;</p> <p><i>Electrical items or equipment damaged or used unsafely</i>;</p> <p>Unsafe hot water in room;</p> <p>Accessible chemicals/other hazards bedroom/bathroom;</p> <p>Exposure to unsafe heating surfaces;</p> <p>Locks disabled, propped fire doors;</p> <p>Other environmental hazards or risks.</p> | RO                  | <p>Accidents Pathway for all CEs</p> <p>Additionally, Investigative Protocol for CE2 (F700)</p> | 1                  | F689  | Free of Accident Hazards/Supervision/Devices         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 2                  | F700  | Bedrails                                             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 3                  | F909  | Resident Bed                                         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 4                  | F655  | Baseline Care Plan                                   |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 5                  | F636  | Comprehensive Assessments & Timing                   |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 6                  | F637  | Comprehensive Assmt After Significant Change         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 7                  | F641  | Accuracy of Assessments                              |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 8                  | F656  | Develop/Implement Comprehensive Care Plan            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 9                  | F657  | Care Plan Timing and Revision                        |
| Activities        | <p><i>Enjoyable activities missing.</i></p> <p><i>Non-interviewable residents remain in the same location for a long period of time without any stimulation.</i></p>                                                                                                                                                                                                                                                                                     | RI/RRI/RO           | Activities Pathway                                                                              | 1                  | F679  | Activities Meet Interest/Needs of Each Resident      |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 2                  | F655  | Baseline Care Plan                                   |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 3                  | F636  | Comprehensive Assessments & Timing                   |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 4                  | F637  | Comprehensive Assmt After Significant Change         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 5                  | F641  | Accuracy of Assessments                              |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 6                  | F656  | Develop/Implement Comprehensive Care Plan            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 7                  | F657  | Care Plan Timing and Revision                        |
| ADLs              | <p><i>Any issues getting</i> help to get out of bed, walk, or use the bathroom</p> <p>Hair disheveled, uncombed or greasy</p> <p>Facial hair unkempt or present on a female resident</p> <p>Face, clothing, or hands/fingernails unclean</p> <p>Poor body or oral hygiene</p> <p>Teeth or dentures not brushed</p> <p>Clothing visibly soiled or in disrepair</p> <p>Concerns with the assistance provided for other ADLs</p>                            | RI/RRI/RO           | ADL Pathway                                                                                     | 1                  | F676  | Activities of Daily Living (ADLs)/Maintain Abilities |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 2                  | F677  | ADL Care Provided for Dependent Residents            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 3                  | F655  | Baseline Care Plan                                   |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 4                  | F636  | Comprehensive Assessments & Timing                   |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 5                  | F637  | Comprehensive Assmt After Significant Change         |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 6                  | F641  | Accuracy of Assessments                              |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 7                  | F656  | Develop/Implement Comprehensive Care Plan            |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                 | 8                  | F657  | Care Plan Timing and Revision                        |

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| Initial Pool Area                          | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                       | Initial Pool Source | Investigative Tool                                            | Critical Element # | Tag # | Tag Description                                                |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------|--------------------|-------|----------------------------------------------------------------|
| ADL Decline                                | <i>Staff not addressing a decline</i> in ability to use the bathroom, get dressed, wash up.<br><br>Recent decline bed mobility, transfer, eating or toilet use and not receiving therapy or restorative for the decline in the last 120 days. | RI/RR/RR            | ADL Pathway                                                   | 1                  | F676  | Activities of Daily Living (ADLs)/Maintain Abilities           |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 2                  | F677  | ADL Care Provided for Dependent Residents                      |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 3                  | F655  | Baseline Care Plan                                             |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 4                  | F636  | Comprehensive Assessments & Timing                             |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 5                  | F637  | Comprehensive Assmt After Significant Change                   |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 6                  | F641  | Accuracy of Assessments                                        |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 7                  | F656  | Develop/Implement Comprehensive Care Plan                      |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 8                  | F657  | Care Plan Timing and Revision                                  |
| Advance Directives (CPR)                   | Advance directive in place;<br>If kept in two places, information matches.                                                                                                                                                                    | RR                  | Guidance to Surveyors and Investigative Protocol              | 1                  | F578  | Request/Refuse/Discontinue Treatment; Formulate Adv Directives |
| Antibiotic Use                             | Currently receiving an antibiotic;<br>Length of time receiving the antibiotic;<br>Any issues;<br>Staff response.<br><i>Concern with the resident's antibiotic.</i>                                                                            | RI/RR/RR            | Unnec Meds, Psychotropic Meds, and Med Regimen Review Pathway | 1                  | F757  | Drug Regimen is Free From Unnecessary Drugs                    |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 2                  | F605  | Right to be Free From Chemical Restraints                      |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 3                  | F756  | Drug Regimen Review, Report Irregular, Act On                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 4                  | F881  | Antibiotic Stewardship Program                                 |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 5                  | F552  | Right to be Informed/Make Treatment Decisions                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 6                  | F841  | Responsibilities of Medical Director                           |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 7                  | F655  | Baseline Care Plan                                             |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 8                  | F636  | Comprehensive Assessments & Timing                             |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 9                  | F637  | Comprehensive Assmt After Significant Change                   |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 10                 | F641  | Accuracy of Assessments                                        |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 11                 | F656  | Develop/Implement Comprehensive Care Plan                      |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 12                 | F657  | Care Plan Timing and Revision                                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 13                 | F658  | Services Provided Meet Professional Standards                  |
| Anticoagulant                              | Bleeding, <i>excessive</i> bruising or other issues;<br>Staff response.<br><br><i>Concern with resident's anticoagulant.</i>                                                                                                                  | RI/RR/RR            | Unnec Meds, Psychotropic Meds, and Med Regimen Review Pathway | 1                  | F757  | Drug Regimen is Free From Unnecessary Drugs                    |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 2                  | F605  | Right to be Free From Chemical Restraints                      |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 3                  | F756  | Drug Regimen Review, Report Irregular, Act On                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 4                  | F881  | Antibiotic Stewardship Program                                 |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 5                  | F552  | Right to be Informed/Make Treatment Decisions                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 6                  | F841  | Responsibilities of Medical Director                           |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 7                  | F655  | Baseline Care Plan                                             |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 8                  | F636  | Comprehensive Assessments & Timing                             |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 9                  | F637  | Comprehensive Assmt After Significant Change                   |
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|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 11                 | F656  | Develop/Implement Comprehensive Care Plan                      |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 12                 | F657  | Care Plan Timing and Revision                                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 13                 | F658  | Services Provided Meet Professional Standards                  |
| Antipsychotic with Alzheimer's or Dementia | <i>Concern with</i> an antipsychotic with Alzheimer's or dementia.                                                                                                                                                                            | RR                  | Dementia Care Pathway                                         | 1                  | F744  | Treatment/Service for Dementia                                 |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 2                  | F552  | Right to be informed/Make Treatment Decisions                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 3                  | F655  | Baseline Care Plan                                             |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 4                  | F636  | Comprehensive Assessments & Timing                             |
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|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 7                  | F656  | Develop/Implement Comprehensive Care Plan                      |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 8                  | F657  | Care Plan Timing and Revision                                  |
|                                            |                                                                                                                                                                                                                                               |                     | Unnec Meds, Psychotropic Meds, and                            | 1                  | F757  | Drug Regimen is Free From Unnecessary Drugs                    |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 2                  | F605  | Right to be Free From Chemical Restraints                      |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 3                  | F756  | Drug Regimen Review, Report Irregular, Act On                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 4                  | F881  | Antibiotic Stewardship Program                                 |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 5                  | F552  | Right to be Informed/Make Treatment Decisions                  |
|                                            |                                                                                                                                                                                                                                               |                     |                                                               | 6                  | F841  | Responsibilities of Medical Director                           |

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| Initial Pool Area                                                          | Initial Pool Intent (Key Probing Words)                                                                          | Initial Pool Source | Investigative Tool                                             | Critical Element # | Tag # | Tag Description                               |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------|--------------------|-------|-----------------------------------------------|
|                                                                            |                                                                                                                  |                     | Unnec. Meds, Psychotropic Meds, and Med Regimen Review Pathway | 7                  | F655  | Baseline Care Plan                            |
|                                                                            |                                                                                                                  |                     |                                                                | 8                  | F636  | Comprehensive Assessments & Timing            |
|                                                                            |                                                                                                                  |                     |                                                                | 9                  | F637  | Comprehensive Assmt After Significant Change  |
|                                                                            |                                                                                                                  |                     |                                                                | 10                 | F641  | Accuracy of Assessments                       |
|                                                                            |                                                                                                                  |                     |                                                                | 11                 | F656  | Develop/Implement Comprehensive Care Plan     |
|                                                                            |                                                                                                                  |                     |                                                                | 12                 | F657  | Care Plan Timing and Revision                 |
|                                                                            |                                                                                                                  |                     |                                                                | 13                 | F658  | Services Provided Meet Professional Standards |
| Antipsychotic with New Schizophrenia Diagnosis<br><i>For MDS Indicator</i> | Older adult at least 65 years with a new schizophrenia diagnosis since admission and receiving an antipsychotic. | RR                  | Unnec. Meds, Psychotropic Meds and Med Regimen Review Pathway  | 1                  | F757  | Drug Regimen is Free From Unnecessary Drugs   |
|                                                                            |                                                                                                                  |                     |                                                                | 2                  | F605  | Right to be Free From Chemical Restraints     |
|                                                                            |                                                                                                                  |                     |                                                                | 3                  | F756  | Drug Regimen Review, Report Irregular, Act On |
|                                                                            |                                                                                                                  |                     |                                                                | 4                  | F881  | Antibiotic Stewardship Program                |
|                                                                            |                                                                                                                  |                     |                                                                | 5                  | F552  | Right to be Informed/Make Treatment Decisions |
|                                                                            |                                                                                                                  |                     |                                                                | 6                  | F841  | Responsibilities of Medical Director          |
|                                                                            |                                                                                                                  |                     |                                                                | 7                  | F655  | Baseline Care Plan                            |
|                                                                            |                                                                                                                  |                     |                                                                | 8                  | F636  | Comprehensive Assessments & Timing            |
|                                                                            |                                                                                                                  |                     |                                                                | 9                  | F637  | Comprehensive Assmt After Significant Change  |
|                                                                            |                                                                                                                  |                     |                                                                | 10                 | F641  | Accuracy of Assessments                       |
|                                                                            |                                                                                                                  |                     |                                                                | 11                 | F656  | Develop/Implement Comprehensive Care Plan     |
|                                                                            |                                                                                                                  |                     |                                                                | 12                 | F657  | Care Plan Timing and Revision                 |
|                                                                            |                                                                                                                  |                     |                                                                | 13                 | F658  | Services Provided Meet Professional Standards |

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| Initial Pool Area                                           | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Initial Pool Source | Investigative Tool              | Critical Element # | Tag # | Tag Description                                       |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|--------------------|-------|-------------------------------------------------------|
| Bladder and Bowel (B&B)<br>Incontinence and/or Low Risk B&B | Incontinence without interventions, <i>toileting</i> program;<br>Incontinence briefs;<br>Told to urinate in brief.<br>Urine or BM odor;<br>Soiled clothes or linens <i>without timely incontinence care</i> ;<br>Incontinent of bowel and bladder and not at high risk <i>without interventions</i> .                                                                                                                                                                                                                                                                                                                                   | RI/RR/RO/<br>RR     | B&B Incontinence Pathway        | 1                  | F690  | Bowel/Bladder Incontinence, Catheter, UTI             |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 2                  | F880  | Infection Prevention & Control                        |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 3                  | F655  | Baseline Care Plan                                    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 4                  | F636  | Comprehensive Assessments & Timing                    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 5                  | F637  | Comprehensive Assmt After Significant Change          |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 6                  | F641  | Accuracy of Assessments                               |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 7                  | F656  | Develop/Implement Comprehensive Care Plan             |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 8                  | F657  | Care Plan Timing and Revision                         |
| Catheter                                                    | Problems <i>with catheter, including</i> infections or pain<br>Tubing properly secured, free of kinks, unobstructed;<br>Drainage bag below level of the bladder;<br>Drainage bag positioned off the floor;<br>Signs or symptoms of infection.                                                                                                                                                                                                                                                                                                                                                                                           | RI/RR/RO            | Urinary Catheter or UTI Pathway | 1                  | F690  | Bowel/Bladder Incontinence, Catheter, UTI             |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 2                  | F880  | Infection Prevention & Control                        |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 3                  | F655  | Baseline Care Plan                                    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 4                  | F636  | Comprehensive Assessments & Timing                    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 5                  | F637  | Comprehensive Assmt After Significant Change          |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 6                  | F641  | Accuracy of Assessments                               |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 7                  | F656  | Develop/Implement Comprehensive Care Plan             |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 8                  | F657  | Care Plan Timing and Revision                         |
| Change of Condition                                         | Change of condition not identified, monitored, or treated appropriately in the last 120 days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RR                  | Guidance to Surveyors           | 1                  | F684  | Quality of Care                                       |
| Dialysis                                                    | Hemodialysis or peritoneal dialysis (HHD):<br>Who administers and frequency of <i>treatments</i> ;<br>Problems or infections <i>at access site</i> ;<br>HHD: <i>Access site location; how often monitored, arm used for B/P and injections</i> , bleeding;<br>Problems before, during or after dialysis;<br>Problems with meals or medications on dialysis days;<br>Problems with fluid and dietary restrictions;<br>Weights, vital signs;<br>Communication between dialysis center and facility.<br>Offsite hemodialysis: <i>Issues with</i> transportation to/from facility.<br><i>Care plan addresses resident's dialysis needs.</i> | RI/RR/RR            | Dialysis Pathway                | 1                  | F698  | Dialysis                                              |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 2                  | F880  | Infection Prevention & Control                        |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 3                  | F655  | Baseline Care Plan                                    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 4                  | F636  | Comprehensive Assessments & Timing                    |
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|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 7                  | F656  | Develop/Implement Comprehensive Care Plan             |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 8                  | F657  | Care Plan Timing and Revision                         |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | Nutrition Pathway               | 1                  | F692  | Nutrition/Hydration Status Maintenance                |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 2                  | F710  | Resident's Care Supervised by a Physician             |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 3                  | F655  | Baseline Care Plan                                    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 4                  | F636  | Comprehensive Assessments & Timing                    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 5                  | F637  | Comprehensive Assmt After Significant Change          |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 6                  | F641  | Accuracy of Assessments                               |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 7                  | F656  | Develop/Implement Comprehensive Care Plan             |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 8                  | F657  | Care Plan Timing and Revision                         |
| Dignity                                                     | Staff <i>disrespectful</i> .<br>Privacy invaded by staff.<br>Knock/ask permission to enter the room or wait until permission given.<br>Explain the service or care to be provided.<br>Visual privacy of resident's body.<br>Cover a urinary catheter bag/other body fluid collection device.<br>Dressed in appropriate and noninstitutional clothing.<br>Clinical care instructions not visible for public view.<br>Other identified dignity concerns.                                                                                                                                                                                  | RI/RR/RO            | Guidance to Surveyors           | 1                  | F550  | Resident Rights/Exercise of Rights                    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 |                    |       |                                                       |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 1                  | F558  | Reasonable Accommodations of Needs/Preferences        |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 2                  | F919  | Resident Call Device System                           |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 3                  | F584  | Safe/Clean/Comfort/Homelike Envir: Sound Levels       |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                 | 4                  | F584  | Safe/Clean/Comfort/Homelike Envir: Temperature Levels |

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| Environment       | <i>Issues</i> with noise level, temperature in room or building, water temp, clean linens, cleanliness, or homelike.<br>Resident care equipment is unclean, in disrepair or stored in an improper or unsanitary manner. | RI/RR/RO            | Environment Task Pathway (only investigate the CE of concern)                                       | 5                  | F584  | Safe/Clean/Comfort/Homelike Envir: Lighting Levels                          |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 6                  | F584  | Safe/Clean/Comfort/Homelike Envir: Clean Building                           |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 7                  | F584  | Safe/Clean/Comfort/Homelike Envir: Building and Equipment in Good Condition |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 8                  | F908  | Essential Equipment, Safe Operating Condition                               |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 9                  | F584  | Safe/Clean/Comfort/Homelike Envir: Homelike                                 |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 10                 | F584  | Safe/Clean/Comfort/Homelike Envir: Water Too Cool                           |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 11                 | F584  | Safe/Clean/Comfort/Homelike Envir: Linens                                   |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 12                 | F925  | Maintains Effective Pest Control Program                                    |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 13                 | F923  | Ventilation                                                                 |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 14                 | F924  | Corridors Have Firmly Secured Handrails                                     |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 15                 | F921  | Safe/Functional/Sanitary/Comfortable Environment                            |
| Falls             | Fall(s) with/without injury?<br>What happened?<br>How many times?<br>Fall prevention interventions?<br>Fall with major injury last 120 day <i>without interventions added after the fall</i> .                          | RI/RR/RO/<br>RR     | Accidents Pathway for all CEs<br>Additionally, Investigative Protocol for CE2 (F700), if applicable | 1                  | F689  | Free of Accident Hazards/Supervision/Devices                                |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 2                  | F700  | Bedrails (NA, unless issue identified during investigation)                 |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 3                  | F909  | Resident Bed (NA, unless issue identified during investigation)             |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 4                  | F655  | Baseline Care Plan                                                          |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 5                  | F636  | Comprehensive Assessments & Timing                                          |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 6                  | F637  | Comprehensive Assmt After Significant Change                                |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 7                  | F641  | Accuracy of Assessments                                                     |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 8                  | F656  | Develop/Implement Comprehensive Care Plan                                   |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 9                  | F657  | Care Plan Timing and Revision                                               |
| Food              | <i>Unresolved issues regarding the food or snacks.</i>                                                                                                                                                                  | RI/RR/RI            | Guidance to Surveyors                                                                               | 1                  | F803  | Menus Meet Res Needs/Prep in Advance/Followed                               |
|                   |                                                                                                                                                                                                                         |                     |                                                                                                     | 2                  | F804  | Nutritive Value/Appear, Palatable/Prefer Temp                               |

### Risk Based Survey (RBS) Mapping for Initial Pool Areas

| Initial Pool Area | Initial Pool Intent (Key Probing Words)                                                                                                                                           | Initial Pool Source | Investigative Tool                                            | Critical Element # | Tag # | Tag Description                                                                           |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------|--------------------|-------|-------------------------------------------------------------------------------------------|
| High Risk Meds    | <i>Concerns with</i> antipsychotic, antianxiety, antidepressant, hypnotic, anticoagulant, antibiotic, diuretic, insulin, opioids.                                                 | RR                  | Unnec Meds, Psychotropic Meds, and Med Regimen Review Pathway | 1                  | F757  | Drug Regimen is Free From Unnecessary Drugs                                               |
|                   |                                                                                                                                                                                   |                     |                                                               | 2                  | F605  | Right to be Free From Chemical Restraints                                                 |
|                   |                                                                                                                                                                                   |                     |                                                               | 3                  | F756  | Drug Regimen Review, Report Irregular, Act On                                             |
|                   |                                                                                                                                                                                   |                     |                                                               | 4                  | F881  | Antibiotic Stewardship Program                                                            |
|                   |                                                                                                                                                                                   |                     |                                                               | 5                  | F552  | Right to be Informed/Make Treatment Decisions                                             |
|                   |                                                                                                                                                                                   |                     |                                                               | 6                  | F841  | Responsibilities of Medical Director                                                      |
|                   |                                                                                                                                                                                   |                     |                                                               | 7                  | F655  | Baseline Care Plan                                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 8                  | F636  | Comprehensive Assessments & Timing                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 9                  | F637  | Comprehensive Assmt After Significant Change                                              |
|                   |                                                                                                                                                                                   |                     |                                                               | 10                 | F641  | Accuracy of Assessments                                                                   |
|                   |                                                                                                                                                                                   |                     |                                                               | 11                 | F656  | Develop/Implement Comprehensive Care Plan                                                 |
|                   |                                                                                                                                                                                   |                     |                                                               | 12                 | F657  | Care Plan Timing and Revision                                                             |
|                   |                                                                                                                                                                                   |                     |                                                               | 13                 | F658  | Services Provided Meet Professional Standards                                             |
| Hospice           | <i>Concerns with hospice services.</i><br>Comfortable, agitated, respiratory distress;<br>Room <i>too small</i> for <i>private</i> family visits.                                 | RI/RR/RO            | Hospice and End of Life Care and Services Pathway             | 1(A)               | F684  | Quality of Care (End of Life care)                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 1(B)               | F684  | Quality of Care (receiving Hospice Services)                                              |
|                   |                                                                                                                                                                                   |                     |                                                               | 2                  | F849  | Hospice Services                                                                          |
|                   |                                                                                                                                                                                   |                     |                                                               | 3                  | F655  | Baseline Care Plan                                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 4                  | F636  | Comprehensive Assessments & Timing                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 5                  | F637  | Comprehensive Assmt After Significant Change                                              |
|                   |                                                                                                                                                                                   |                     |                                                               | 6                  | F641  | Accuracy of Assessments                                                                   |
|                   |                                                                                                                                                                                   |                     |                                                               | 7                  | F656  | Develop/Implement Comprehensive Care Plan                                                 |
| Hospitalization   | Frequency <i>in the last few months</i> and reason for hospitalization.<br>Re-hospitalized in the last 120 days?                                                                  | RI/RR/RR            | Hospitalization Pathway                                       | 8                  | F657  | Care Plan Timing and Revision                                                             |
|                   |                                                                                                                                                                                   |                     |                                                               | 1                  | F684  | Quality of Care                                                                           |
|                   |                                                                                                                                                                                   |                     |                                                               | 2                  | F627  | Inappropriate Transfers and Discharges: Requirements                                      |
|                   |                                                                                                                                                                                   |                     |                                                               | 3                  | F627  | Inappropriate Transfers and Discharges: Prepared/Oriented                                 |
|                   |                                                                                                                                                                                   |                     |                                                               | 4                  | F627  | Inappropriate Transfers and Discharges: Allowed to Return to the Facility                 |
|                   |                                                                                                                                                                                   |                     |                                                               | 5                  | F628  | Transfer and Discharge Process: Required Information Conveyed at Time of Transfer         |
|                   |                                                                                                                                                                                   |                     |                                                               | 6                  | F628  | Transfer and Discharge Process: Facility Notification to Resident/Resident Representative |
|                   |                                                                                                                                                                                   |                     |                                                               | 7                  | F628  | Transfer and Discharge Process: Discharge After Hospitalization                           |
|                   |                                                                                                                                                                                   |                     |                                                               | 8                  | F628  | Transfer and Discharge Process: Notification of Bed Hold Policy/Reserve Bed Payment       |
|                   |                                                                                                                                                                                   |                     |                                                               | 9                  | F655  | Baseline Care Plan                                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 10                 | F636  | Comprehensive Assessments & Timing                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 11                 | F637  | Comprehensive Assmt After Significant Change                                              |
|                   |                                                                                                                                                                                   |                     |                                                               | 12                 | F641  | Accuracy of Assessments                                                                   |
|                   |                                                                                                                                                                                   |                     |                                                               | 13                 | F656  | Develop/Implement Comprehensive Care Plan                                                 |
|                   |                                                                                                                                                                                   |                     |                                                               | 14                 | F657  | Care Plan Timing and Revision                                                             |
| Hydration         | <i>Problems getting enough water or fluids.</i><br>Dry, cracked lips, dry mouth, sunken eyes, and signs of thirst.<br><i>Difficulty accessing</i> fluids.<br>Receiving IV fluids. | RI/RR/RO            | Hydration Pathway                                             | 1                  | F692  | Nutrition/Hydration Status Maintenance                                                    |
|                   |                                                                                                                                                                                   |                     |                                                               | 2                  | F655  | Baseline Care Plan                                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 3                  | F636  | Comprehensive Assessments & Timing                                                        |
|                   |                                                                                                                                                                                   |                     |                                                               | 4                  | F637  | Comprehensive Assmt After Significant Change                                              |
|                   |                                                                                                                                                                                   |                     |                                                               | 5                  | F641  | Accuracy of Assessments                                                                   |
|                   |                                                                                                                                                                                   |                     |                                                               | 6                  | F656  | Develop/Implement Comprehensive Care Plan                                                 |
|                   |                                                                                                                                                                                   |                     |                                                               | 7                  | F657  | Care Plan Timing and Revision                                                             |
|                   |                                                                                                                                                                                   |                     |                                                               | 1                  | F757  | Drug Regimen is Free From Unnecessary Drugs                                               |

**Risk Based Survey (RBS) Mapping for Initial Pool Areas**

| Initial Pool Area                                                            | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                         | Initial Pool Source                                                   | Investigative Tool                                               | Critical Element #            | Tag #                                                                    | Tag Description                                          |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------|
| Insulin                                                                      | Issues with blood sugars;<br>Staff response.<br><i>Concern with</i> resident's insulin.                                                                                                                                                         | RI/RR/RR                                                              | Unnec Meds, Psychotropic Meds, and<br>Med Regimen Review Pathway | 2                             | F605                                                                     | Right to be Free From Chemical Restraints                |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 3                             | F756                                                                     | Drug Regimen Review, Report Irregular, Act On            |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 4                             | F881                                                                     | Antibiotic Stewardship Program                           |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 5                             | F552                                                                     | Right to be Informed/Make Treatment Decisions            |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 6                             | F841                                                                     | Responsibilities of Medical Director                     |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 7                             | F655                                                                     | Baseline Care Plan                                       |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 8                             | F636                                                                     | Comprehensive Assessments & Timing                       |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 9                             | F637                                                                     | Comprehensive Assmt After Significant Change             |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 10                            | F641                                                                     | Accuracy of Assessments                                  |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 11                            | F656                                                                     | Develop/Implement Comprehensive Care Plan                |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 12                            | F657                                                                     | Care Plan Timing and Revision                            |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 13                            | F658                                                                     | Services Provided Meet Professional Standards            |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | Limited Range of Motion (ROM) | Limitations in joints like hands or knees <i>without interventions</i> . | RI/RR/RO                                                 |
| 1(B)                                                                         | F688                                                                                                                                                                                                                                            | Increase/Prevent Decrease in ROM/Mobility (Admitted With Limited ROM) |                                                                  |                               |                                                                          |                                                          |
| 2                                                                            | F684                                                                                                                                                                                                                                            | Quality of Care                                                       |                                                                  |                               |                                                                          |                                                          |
| 3                                                                            | F655                                                                                                                                                                                                                                            | Baseline Care Plan                                                    |                                                                  |                               |                                                                          |                                                          |
| 4                                                                            | F636                                                                                                                                                                                                                                            | Comprehensive Assessments & Timing                                    |                                                                  |                               |                                                                          |                                                          |
| 5                                                                            | F637                                                                                                                                                                                                                                            | Comprehensive Assmt After Significant Change                          |                                                                  |                               |                                                                          |                                                          |
| 6                                                                            | F641                                                                                                                                                                                                                                            | Accuracy of Assessments                                               |                                                                  |                               |                                                                          |                                                          |
| 7                                                                            | F656                                                                                                                                                                                                                                            | Develop/Implement Comprehensive Care Plan                             |                                                                  |                               |                                                                          |                                                          |
| 8                                                                            | F657                                                                                                                                                                                                                                            | Care Plan Timing and Revision                                         |                                                                  |                               |                                                                          |                                                          |
| Mood/Behavior                                                                | <i>Ongoing sadness, mood changes or emotional distress not addressed in the last few months</i><br><i>PTSD: Concerns with how facility addresses history of trauma</i><br><br><i>Behaviors exhibited without staff appropriately responding</i> | RI/RR/RO                                                              | Behavioral-Emotional Status Pathway                              | 1                             | F699                                                                     | Trauma Informed Care                                     |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 2                             | F740                                                                     | Behavioral Health Services                               |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 3                             | F741                                                                     | Sufficient/Competent Staff-Behav Health Needs            |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 4                             | F742                                                                     | Treatment/Svc for Mental/Psychosocial Concerns           |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 5                             | F743                                                                     | No Pattern of Behavioral Difficulties Unless Unavoidable |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 6                             | F745                                                                     | Provision of Medically Related Social Services           |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 7                             | F655                                                                     | Baseline Care Plan                                       |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 8                             | F636                                                                     | Comprehensive Assessments & Timing                       |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 9                             | F637                                                                     | Comprehensive Assmt After Significant Change             |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 10                            | F641                                                                     | Accuracy of Assessments                                  |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 11                            | F656                                                                     | Develop/Implement Comprehensive Care Plan                |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 12                            | F657                                                                     | Care Plan Timing and Revision                            |
| <i>New Schizophrenia (No Antipsychotic: For new admission)</i>               | <i>Concern if the resident is at least 65 years of age and has a new diagnosis of schizophrenia since admission.</i>                                                                                                                            | RR                                                                    | <i>Guidance to Surveyors</i>                                     | 1                             | F641                                                                     | <i>Accuracy of Assessments</i>                           |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 2                             | F658                                                                     | <i>Services Provided Meet Professional Standards</i>     |
| <i>New Schizophrenia (Antipsychotic [High Risk Meds]: For new admission)</i> | Older adult at least 65 years with a new schizophrenia diagnosis since admission and receiving an antipsychotic.                                                                                                                                |                                                                       | Unnec. Meds, Psychotropic Meds and Med Regimen Review Pathway    | 1                             | F757                                                                     | Drug Regimen is Free From Unnecessary Drugs              |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 2                             | F605                                                                     | Right to be Free From Chemical Restraints                |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 3                             | F756                                                                     | Drug Regimen Review, Report Irregular, Act On            |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 4                             | F881                                                                     | Antibiotic Stewardship Program                           |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 5                             | F552                                                                     | Right to be Informed/Make Treatment Decisions            |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 6                             | F841                                                                     | Responsibilities of Medical Director                     |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 7                             | F655                                                                     | Baseline Care Plan                                       |
|                                                                              |                                                                                                                                                                                                                                                 |                                                                       |                                                                  | 8                             | F636                                                                     | Comprehensive Assessments & Timing                       |
|                                                                              |                                                                                                                                                                                                                                                 | 9                                                                     |                                                                  | F637                          | Comprehensive Assmt After Significant Change                             |                                                          |
|                                                                              |                                                                                                                                                                                                                                                 | 10                                                                    |                                                                  | F641                          | Accuracy of Assessments                                                  |                                                          |

**Risk Based Survey (RBS) Mapping for Initial Pool Areas**

| Initial Pool Area                                                             | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                                                                          | Initial Pool Source | Investigative Tool                                      | Critical Element # | Tag # | Tag Description                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------|-------|--------------------------------------------------------------------------------------------------------|
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 11                 | F656  | Develop/Implement Comprehensive Care Plan                                                              |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 12                 | F657  | Care Plan Timing and Revision                                                                          |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 13                 | F658  | Services Provided Meet Professional Standards                                                          |
| No Antipsychotic with New Schizophrenia Diagnosis<br><i>For MDS Indicator</i> | Older adult at least 65 years with a new schizophrenia diagnosis since admission and is not receiving an antipsychotic.                                                                                                                                                                                          | RR                  | Guidance to Surveyors                                   | 1                  | F641  | Accuracy of Assessments                                                                                |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 2                  | F658  | Services Provided Meet Professional Standards                                                          |
| Notification of Change                                                        | Change in condition, treatment, or any accidents?<br>Notified promptly?                                                                                                                                                                                                                                          | RRI                 | Guidance to Surveyors                                   | 1                  | F580  | Notify of Changes (Injury/Decline/Room, Etc.)                                                          |
| Nutrition                                                                     | <p><i>Weight gain or loss not addressed.</i></p> <p><i>Signs of poor nutrition and not assisted with meal set up, cued, or encouraged to eat as needed.</i></p> <p>Unplanned weight loss &gt; 5% or more in the last month or &gt; 10% in the last 6 months <i>without prompt nutritional interventions.</i></p> | RI/RRI/RO/<br>RR    | Nutrition Pathway                                       | 1                  | F692  | Nutrition/Hydration Status Maintenance                                                                 |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 2                  | F710  | Resident's Care Supervised by a Physician                                                              |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 3                  | F655  | Baseline Care Plan                                                                                     |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 4                  | F636  | Comprehensive Assessments & Timing                                                                     |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 5                  | F637  | Comprehensive Assmt After Significant Change                                                           |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 6                  | F641  | Accuracy of Assessments                                                                                |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 7                  | F656  | Develop/Implement Comprehensive Care Plan                                                              |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 8                  | F657  | Care Plan Timing and Revision                                                                          |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     | <i>Dining Task Pathway (investigate applicable CEs)</i> | 1                  | F812  | Food Procurement, Store/Prepare/Serve-Sanitary                                                         |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 2                  | F880  | Infection Prevention & Control                                                                         |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 3                  | F550  | Resident Rights/Exercise of Rights                                                                     |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 4                  | F584  | Safe/Clean/Comfortable/Homelike Environment                                                            |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 5                  | F561  | Self Determination                                                                                     |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 6                  | F670  | Activities of Daily Living (ADLs)/Maintain Abilities and/or ADLs Care Provided for Dependent Residents |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 7                  | F810  | Assistive Devices - Eating Equipment/Utensils                                                          |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 8                  | F675  | Quality of Life                                                                                        |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 9                  | F806  | Resident Allergies, Preferences and Substitutes                                                        |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 10                 | F811  | Feeding Asst - Training/Supervision/Resident                                                           |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 11                 | F948  | Training for Feeding Assistants                                                                        |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 12                 | F804  | Nutritive Value/Appear, Palatable/Prefer Temp                                                          |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 13                 | F692  | Nutrition/Hydration Status Maintenance                                                                 |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 14                 | F807  | Drinks Avail to Meet Needs/Preferences/Hydration                                                       |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 15                 | F806  | Resident Allergies, Preferences and Substitutes                                                        |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 16                 | F808  | Therapeutic Diet Prescribed by Physician                                                               |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 17                 | F920  | Requirements for Dining and Activity Rooms: lighting                                                   |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 18                 | F584  | Safe/Clean/Comfortable/Homelike Environment:                                                           |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 19                 | F920  | Requirements for Dining and Activity Rooms: Ventilation                                                |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 20                 | F584  | Safe/Clean/Comfortable/Homelike Environment: Comfortable Sound Levels                                  |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 21                 | F584  | Safe/Clean/Comfortable/Homelike Environment:                                                           |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 22                 | F920  | Requirements for Dining and Activity Rooms: furnished                                                  |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 23                 | F920  | Requirements for Dining and Activity Rooms: sufficient                                                 |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 24                 | F809  | Frequency of Meals/Snacks at Bedtime                                                                   |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 25                 | F802  | Sufficient Dietary Support Personnel                                                                   |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 26                 | F809  | Frequency of Meals/Snacks at Bedtime                                                                   |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 1                  | F697  | Pain Management                                                                                        |
|                                                                               |                                                                                                                                                                                                                                                                                                                  |                     |                                                         | 2                  | F655  | Baseline Care Plan                                                                                     |



**Risk Based Survey (RBS) Mapping for Initial Pool Areas**

| Initial Pool Area                                  | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                           | Initial Pool Source | Investigative Tool                                | Critical Element # | Tag # | Tag Description                                                                            |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------|--------------------|-------|--------------------------------------------------------------------------------------------|
| Pain                                               | <i>Unrelieved</i> pain or discomfort <i>recently</i> .<br><i>Unmanaged pain</i> .<br><br>Signs of pain or discomfort <i>without staff identifying and effectively addressing the pain</i> .                                                                       | RI/RR/RO            | Pain Recognition and Management Pathway           | 3                  | F636  | Comprehensive Assessments & Timing                                                         |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 4                  | F637  | Comprehensive Assmt After Significant Change                                               |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 5                  | F641  | Accuracy of Assessments                                                                    |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 6                  | F656  | Develop/Implement Comprehensive Care Plan                                                  |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 7                  | F657  | Care Plan Timing and Revision                                                              |
| Participation in Care Planning                     | <i>Current concerns</i> with staff including resident, or someone resident chose as their representative, in decisions about resident care.                                                                                                                       | RI/RR/RO            | Guidance to Surveyors                             | 1                  | F657  | Care Plan Timing and Revision                                                              |
| Positioning                                        | Lack of arm/shoulder <i>and body</i> support <i>to maintain upright position</i> ;<br>Head <i>tilted</i> to one side, awkward angle;<br>Hyperflexion of the neck;<br>Uncomfortable <i>chair or bed positioning</i> ;<br>Legs/feet hanging off too short mattress. | RO                  | Positioning, Mobility and Range of Motion Pathway | 1(A)               | F688  | Increase/Prevent Decrease in ROM/Mobility (Admitted Without Limited ROM)                   |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 1(B)               | F688  | Increase/Prevent Decrease in ROM/Mobility (Admitted With Limited ROM)                      |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 2                  | F684  | Quality of Care                                                                            |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 3                  | F655  | Baseline Care Plan                                                                         |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 4                  | F636  | Comprehensive Assessments & Timing                                                         |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 5                  | F637  | Comprehensive Assmt After Significant Change                                               |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 6                  | F641  | Accuracy of Assessments                                                                    |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 7                  | F656  | Develop/Implement Comprehensive Care Plan                                                  |
| Preadmission Screening and Resident Review (PASRR) | <i>Concerns with completion or outcome of the Level II PASARR for a serious mental illness, ID, or related condition.</i>                                                                                                                                         | RR                  | PASRR Pathway                                     | 8                  | F657  | Care Plan Timing and Revision                                                              |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 1                  | F645  | PASARR Screening for MD & ID: Level I Prior to Admission                                   |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 2                  | F645  | PASARR Screening for MD & ID: Short Stay Longer than 30 Days                               |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 3                  | F645  | PASARR Screening for MD & ID: Refer for Level II                                           |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 4                  | F644  | Coordination of PASARR and Assessments: Refer for Newly Evident Condition                  |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 5                  | F644  | Coordination of PASARR and Assessments: Incorporate Level II Recommendations               |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 6                  | F644  | Coordination of PASARR and Assessments: Notify Authority Timely of Newly Evident Condition |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 7                  | F646  | MD/ID Significant Change Notification                                                      |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 8                  | F655  | Baseline Care Plan                                                                         |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 9                  | F636  | Comprehensive Assessments & Timing                                                         |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 10                 | F637  | Comprehensive Assmt After Significant Change                                               |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 11                 | F641  | Accuracy of Assessments                                                                    |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 12                 | F656  | Develop/Implement Comprehensive Care Plan                                                  |
|                                                    |                                                                                                                                                                                                                                                                   |                     |                                                   | 13                 | F657  | Care Plan Timing and Revision                                                              |

### Risk Based Survey (RBS) Mapping for Initial Pool Areas

| Initial Pool Area                | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                                                                                                                                     | Initial Pool Source | Investigative Tool                                                                                  | Critical Element # | Tag # | Tag Description                                                 |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|--------------------|-------|-----------------------------------------------------------------|
| Pressure Ulcers                  | Pressure ulcers <i>healing</i><br><i>If healing unknown, where, when, how, treated, and frequency of repositioning</i><br><br>Positioned <i>on</i> the pressure ulcers, <i>which increases pressure</i> .<br><i>Any</i> pressure relieving devices <i>missing or being used incorrectly</i> .<br><br>Developed or worsened <i>and hasn't improved</i> , or became infected. | RI/RR/RO/RR         | Pressure Ulcer/Injury Pathway                                                                       | 1                  | F686  | Treatment/Svcs to Prevent/Heal Pressure Ulcers                  |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 2                  | F710  | Resident's Care Supervised by a Physician                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 3                  | F880  | Infection Prevention & Control                                  |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 4                  | F655  | Baseline Care Plan                                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 5                  | F636  | Comprehensive Assessments & Timing                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 6                  | F637  | Comprehensive Assmt After Significant Change                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 7                  | F641  | Accuracy of Assessments                                         |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 8                  | F656  | Develop/Implement Comprehensive Care Plan                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 9                  | F657  | Care Plan Timing and Revision                                   |
| Resident Assessment              | MDS Discrepancy (checkbox is selected and "No Issue" is marked)                                                                                                                                                                                                                                                                                                             | RI/RR/RO/RR         | Resident Assessment Task Pathway                                                                    | 1                  | F641  | Accuracy of Assessments                                         |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 2                  | F636  | Comprehensive Assessment and Timing                             |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 3                  | F638  | Quarterly Assessment At Least Every 3 months                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 4                  | F640  | Encoding/Transmitting Resident Assessment                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 5                  | F641  | Accuracy of Assessments                                         |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 6                  | F641  | Coordination/Certification of Assessment                        |
| Resident-to-Resident Interaction | <i>Any verbal or physical altercations with other residents that aren't resolved.</i>                                                                                                                                                                                                                                                                                       | RI/RR/RI            | Abuse Pathway                                                                                       | 1                  | F600  | Free from Abuse and Neglect                                     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 2                  | F606  | Not Employ/Engage Staff with Adverse Actions                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 3                  | F607  | Develop/Implement Abuse/Neglect, etc Policies                   |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 4                  | F943  | Abuse, Neglect, and Exploitation Training                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 5                  | F947  | Required In-Service Training for Nurse Aides                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 6                  | F609  | Reporting of Alleged Violations                                 |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 7                  | F610  | Investigate/Prevent/Correct Alleged Violation                   |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     | Accidents Pathway for all CEs<br>Additionally, Investigative Protocol for CE2 (F700), if applicable | 1                  | F689  | Free of Accident Hazards/Supervision/Devices                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 2                  | F700  | Bedrails (NA, unless issue identified during investigation)     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 3                  | F909  | Resident Bed (NA, unless issue identified during investigation) |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 4                  | F655  | Baseline Care Plan                                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 5                  | F636  | Comprehensive Assessments & Timing                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 6                  | F637  | Comprehensive Assmt After Significant Change                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 7                  | F641  | Accuracy of Assessments                                         |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 8                  | F656  | Develop/Implement Comprehensive Care Plan                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                     | 9                  | F657  | Care Plan Timing and Revision                                   |

**Risk Based Survey (RBS) Mapping for Initial Pool Areas**

| Initial Pool Area     | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                    | Initial Pool Source | Investigative Tool                                                                                  | Critical Element # | Tag # | Tag Description                                                 |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|--------------------|-------|-----------------------------------------------------------------|
| Respiratory Infection | Recent respiratory infection <i>that isn't resolved</i> .<br><br>Current respiratory infection <i>not identified and treated timely</i> .                                                                                                                  | RI/RR/RO/RR         | Respiratory Care Pathway                                                                            | 1                  | F695  | Respiratory/Tracheostomy Care and Suctioning                    |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 2                  | F826  | Rehab Services- Physician Order/Qualified Person                |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 3                  | F715  | Physician Delegation to Dietitian/Therapist                     |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 4                  | F880  | Infection Prevention & Control                                  |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 5                  | F655  | Baseline Care Plan                                              |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 6                  | F636  | Comprehensive Assessments & Timing                              |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 7                  | F637  | Comprehensive Assmt After Significant Change                    |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 8                  | F641  | Accuracy of Assessments                                         |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 9                  | F656  | Develop/Implement Comprehensive Care Plan                       |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 10                 | F657  | Care Plan Timing and Revision                                   |
| Restraints            | <i>Concern with the type of restraint used.</i><br>Restraint applied <i>improperly</i> .<br><i>Staff repeatedly tell the resident to sit down when the resident tries to stand instead of addressing the resident's need.</i>                              | RO                  | Physical Restraints Pathway                                                                         | 1                  | F604  | Right to be Free from Physical Restraints                       |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 2                  | F655  | Baseline Care Plan                                              |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 3                  | F636  | Comprehensive Assessments & Timing                              |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 4                  | F637  | Comprehensive Assmt After Significant Change                    |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 5                  | F641  | Accuracy of Assessments                                         |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 6                  | F656  | Develop/Implement Comprehensive Care Plan                       |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 7                  | F657  | Care Plan Timing and Revision                                   |
| Smoking               | <i>Engaged in unsafe</i> smoking/vaping <i>behaviors</i> ;<br>Oxygen use;<br>Accidents, burns or burn marks;<br>Storage of smoking items (cigarettes, e-cigarettes, lighters, or vapor pens);<br>Safety precautions <i>missing or not being followed</i> . | RI/RR/RO            | Accidents Pathway for all CEs<br>Additionally, Investigative Protocol for CE2 (F700), if applicable | 1                  | F689  | Free of Accident Hazards/Supervision/Devices                    |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 2                  | F700  | Bedrails (NA, unless issue identified during investigation)     |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 3                  | F909  | Resident Bed (NA, unless issue identified during investigation) |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 4                  | F655  | Baseline Care Plan                                              |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 5                  | F636  | Comprehensive Assessments & Timing                              |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 6                  | F637  | Comprehensive Assmt After Significant Change                    |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 7                  | F641  | Accuracy of Assessments                                         |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 8                  | F656  | Develop/Implement Comprehensive Care Plan                       |
|                       |                                                                                                                                                                                                                                                            |                     |                                                                                                     | 9                  | F657  | Care Plan Timing and Revision                                   |

**Risk Based Survey (RBS) Mapping for Initial Pool Areas**

| Initial Pool Area                      | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                      | Initial Pool Source | Investigative Tool                                   | Critical Element # | Tag # | Tag Description                                                                                         |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------|--------------------|-------|---------------------------------------------------------------------------------------------------------|
| Sufficient Staffing                    | <i>Concerns regarding the amount of time it takes for staff to assist with care needs</i> (examples, how often, time of day).                                                                                                | RI/RRI              | Sufficient and Competent Nurse Staffing Task Pathway | 1                  | F851  | Payroll Based Journal (PBJ)                                                                             |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 2                  | F727  | RN Serve as Full Time DON                                                                               |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 3                  | F725  | Licensed Nurse Coverage 24-Hr/Day                                                                       |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 4                  | F727  | RN 8 Consecutive Hrs/Day/7 Days a Week                                                                  |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 5                  | F725  | Sufficient Nursing Staff 24 Hrs Basis for Each Resident's Needs                                         |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 6                  | F726  | Nursing Staff Knowledge, Competencies, & Skills                                                         |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 7                  | F727  | RN 8 Consecutive Hrs/Day/7 Days a Week                                                                  |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 8                  | F732  | Posted Nurse Staffing Information                                                                       |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 9                  | F838  | Facility Assessment                                                                                     |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 10                 | F725  | Licensed Nurse Coverage 24-Hr/Day                                                                       |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 11                 | F727  | DON Charge Nurse only Daily Occupancy 60 or Fewer Residents                                             |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 12                 | F728  | Nurse Aid Training and/or Competency Evaluation Within 4 Months of Hire                                 |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 13                 | F729  | Nurse Aid New Training and/or Competency Evaluation Program                                             |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 14                 | F730  | Nurse Aid Performance Review Every 12 months; Regular In-service Education                              |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 15                 | F947  | Required In-Service Training Provided for Nurse Aides                                                   |
| Transmission - Based Precautions (TBP) | <i>Staff wear PPE when entering room.</i><br><i>Restrictions on accessing areas within the facility.</i><br><i>PPE readily accessible and signage present.</i><br><i>Staff following appropriate hand hygiene practices.</i> | RI/RRI/RO           | Infection Prevention, Control & Immunization Pathway | 1                  | F880  | Infection Prevention & Control: Implement Standard & Transmission Based Precautions (TRP), Hand Hygiene |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 2                  | F880  | Infection Prevention & Control: IPCP Standards, P&P                                                     |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 3                  | F880  | Infection Prevention & Control: Infection Surveillance                                                  |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 4                  | F880  | Infection Prevention & Control: Water Management                                                        |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 5                  | F880  | Infection Prevention & Control: Linens                                                                  |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 6                  | F881  | Antibiotic Stewardship Program                                                                          |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 7                  | F882  | Infection Preventionist (IP)                                                                            |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 8                  | F883  | Influenza and Pneumococcal Immunizations                                                                |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 9                  | F887  | COVID-19 Education and Immunization for Residents                                                       |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 10                 | F887  | COVID-19 Immunization for Staff: Screening, Education & Offering                                        |
| Tube Feeding                           | <i>Unintended weight loss or dehydration with tube feeding;</i><br><i>Recent</i> issues with tube feeding.<br><br>Head of bed elevated when infusing;<br>Feeding properly labeled.                                           | RI/RRI/RO           | Tube Feeding Status Pathway                          | 1                  | F693  | Tube Feeding Management/Restore Eating Skills                                                           |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 2                  | F880  | Infection Prevention & Control                                                                          |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 3                  | F655  | Baseline Care Plan                                                                                      |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 4                  | F636  | Comprehensive Assessments & Timing                                                                      |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 5                  | F637  | Comprehensive Assmt After Significant Change                                                            |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 6                  | F641  | Accuracy of Assessments                                                                                 |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 7                  | F656  | Develop/Implement Comprehensive Care Plan                                                               |
|                                        |                                                                                                                                                                                                                              |                     |                                                      | 8                  | F657  | Care Plan Timing and Revision                                                                           |

**Risk Based Survey (RBS) Mapping for Initial Pool Areas**

| Initial Pool Area                | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                                                                                                                                                                                                         | Initial Pool Source | Investigative Tool                                                                                 | Critical Element # | Tag # | Tag Description                                                 |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------|--------------------|-------|-----------------------------------------------------------------|
| Unsafe Wandering/<br>Elopement   | <i>Leaving secured areas or entering residents' rooms without staff redirection or preventative measures in place.</i><br><i>Attempted to leave building without alarm working.</i><br><br><i>Concerns regarding unsafe wandering;</i><br>Eloped in the last 120 days.                                                                                                                                                                          | RO/RR               | Accidents Pathway for all CEs<br>Additionally, Investigative Protocol for CE2 (F700) if applicable | 1                  | F689  | Free of Accident Hazards/Supervision/Devices                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 2                  | F700  | Bedrails (NA, unless issue identified during investigation)     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 3                  | F909  | Resident Bed (NA, unless issue identified during investigation) |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 4                  | F655  | Baseline Care Plan                                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 5                  | F636  | Comprehensive Assessments & Timing                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 6                  | F637  | Comprehensive Assmt After Significant Change                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 7                  | F641  | Accuracy of Assessments                                         |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 8                  | F656  | Develop/Implement Comprehensive Care Plan                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 9                  | F657  | Care Plan Timing and Revision                                   |
| Urinary Tract<br>Infection (UTI) | Recent UTI or symptoms?<br>Treated?<br><br>Current UTI <i>not identified/treated timely.</i>                                                                                                                                                                                                                                                                                                                                                    | RI/RR/RO/RR         | Urinary Catheter or UTI Pathway                                                                    | 1                  | F690  | Bowel/Bladder Incontinence, Catheter, UTI                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 2                  | F880  | Infection Prevention & Control                                  |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 3                  | F655  | Baseline Care Plan                                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 4                  | F636  | Comprehensive Assessments & Timing                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 5                  | F637  | Comprehensive Assmt After Significant Change                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 6                  | F641  | Accuracy of Assessments                                         |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 7                  | F656  | Develop/Implement Comprehensive Care Plan                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 8                  | F657  | Care Plan Timing and Revision                                   |
| Vent/Trach                       | Ventilator:<br>Signs of anxiety, distress, labored breathing;<br>Head of bed elevated;<br>Suction equipment immediately accessible <i>and ready for use;</i><br><i>Ventilator alarms set to silent or disabled;</i><br>Staff respond in a reasonable amount of time when alarm sounds.<br><br>Tracheostomy:<br>Redness, swelling or drainage at the site;<br>Emergency trach equipment, ambu bag, suction equipment readily accessible in room. | RO                  | Respiratory Care Pathway                                                                           | 1                  | F695  | Respiratory/Tracheostomy Care and Suctioning                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 2                  | F826  | Rehab Services- Physician Order/Qualified Person                |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 3                  | F715  | Physician Delegation to Dietitian/Therapist                     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 4                  | F880  | Infection Prevention & Control                                  |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 5                  | F655  | Baseline Care Plan                                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 6                  | F636  | Comprehensive Assessments & Timing                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 7                  | F637  | Comprehensive Assmt After Significant Change                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 8                  | F641  | Accuracy of Assessments                                         |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 9                  | F656  | Develop/Implement Comprehensive Care Plan                       |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                    | 10                 | F657  | Care Plan Timing and Revision                                   |

### Risk Based Survey (RBS) Mapping for Initial Pool Areas

| <i>Areas Available to Add in Initial Pool</i>  | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Initial Pool Source | Investigative Tool       | Critical Element # | Tag # | Tag Description                                |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|--------------------|-------|------------------------------------------------|
| Accommodation of Needs (Physical)              | Easily get around room, to/from bathroom, use sink;<br>Reach call device, including reaching the emergency call device if on the floor near your bed, toilet or bath, works; and alternatives if needed;<br>Roommate's items taking over your space;<br>Difficulty getting around room;<br>Enough light in room that can be operated;<br>Difficulty opening/closing drawers or bedroom/bathroom doors;<br>Unable to see self in mirror;<br>Unable to reach items easily;<br>Adaptive equipment available and used. | RI/RR/RO            | Environment Task Pathway | 1                  | F558  | Reasonable Accommodations of Needs/Preferences |
| Call devices in reach, call system functioning | Call device in reach if able to use?<br>Emergency call device system functioning in room, bathroom and bathing areas.                                                                                                                                                                                                                                                                                                                                                                                              | RO                  | Environment Task Pathway | 2                  | F919  | Resident Call Device System                    |
| Choices                                        | Choices about daily life, bathing, food and fluids, meal time, getting up, going to bed, activities, medication times, doctor, visitors any time.                                                                                                                                                                                                                                                                                                                                                                  | RI/RR/RO            | Guidance to Surveyors    | 1                  | F561  | Self Determination                             |
| Constipation/<br>Diarrhea                      | Bowel or colostomy problems;<br>Constipation (> three days);<br>Diarrhea;<br>Effectiveness of a bowel management program, if applicable.                                                                                                                                                                                                                                                                                                                                                                           | RI/RR/RO            | General Pathway          | 1                  | F684  | Quality Of Care                                |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                          | 2                  | F655  | Baseline Care Plan                             |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                          | 3                  | F636  | Comprehensive Assessments & Timing             |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                          | 4                  | F637  | Comprehensive Assmt After Significant Change   |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                          | 5                  | F641  | Accuracy of Assessments                        |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                          | 6                  | F656  | Develop/Implement Comprehensive Care Plan      |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                          | 7                  | F657  | Care Plan Timing and Revision                  |

### Risk Based Survey (RBS) Mapping for Initial Pool Areas

| <i>Areas Available to Add in Initial Pool</i> | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                                                              | Initial Pool Source | Investigative Tool               | Critical Element # | Tag # | Tag Description                                                           |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|--------------------|-------|---------------------------------------------------------------------------|
| Dental                                        | Problems with teeth, gums, dentures;<br>Broken, missing or loose teeth;<br>Inflamed or bleeding gums;<br>Ill fitting, damaged, or missing dentures;<br>Difficulty chewing food;<br>Available oral hygiene products;<br>Assistance with oral hygiene, as needed;<br>Help making dentist appointments. | RI/RR/RO            | Dental Status & Services Pathway | 1                  | F790  | Routine/Emergency Dental Services in SNFs                                 |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 2                  | F791  | Routine/Emergency Dental Services in NFs                                  |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 3                  | F655  | Baseline Care Plan                                                        |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 4                  | F636  | Comprehensive Assessments & Timing                                        |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 5                  | F637  | Comprehensive Assmt After Significant Change                              |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 6                  | F641  | Accuracy of Assessments                                                   |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 7                  | F656  | Develop/Implement Comprehensive Care Plan                                 |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 8                  | F657  | Care Plan Timing and Revision                                             |
| Discharge<br>(community)                      | Discharge goals include going back to the community?<br><br>Included in discharge planning?<br><br>Referrals to agencies to assist with living arrangement or cares?                                                                                                                                 | RI/RR/RO            | Discharge Pathway                | 1                  | F627  | Inappropriate Transfers and Discharges: Necessary Discharge               |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 2                  | F627  | Inappropriate Transfers and Discharges: Documented in Record              |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 3                  | F628  | Transfer and Discharge Process: Communication                             |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 4                  | F627  | Inappropriate Transfers and Discharges: Allowed to Return to the Facility |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 5                  | F627  | Inappropriate Transfers and Discharges: Pending Appeal                    |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 6                  | F627  | Inappropriate Transfers and Discharges: Discharge Plan                    |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 7                  | F628  | Transfer and Discharge Process: Discharge Summary                         |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 8                  | F628  | Transfer and Discharge Process: Notification of Discharge                 |
|                                               |                                                                                                                                                                                                                                                                                                      |                     |                                  | 9                  | F579  | Discharge Due to Non-payment: Medicaid-eligible Requirements              |

# Risk Based Survey (RBS) Mapping for Initial Pool Areas

| <i>Areas Available to Add in Initial Pool</i> | Initial Pool Intent (Key Probing Words)                                | Initial Pool Source | Investigative Tool | Critical Element # | Tag # | Tag Description                              |
|-----------------------------------------------|------------------------------------------------------------------------|---------------------|--------------------|--------------------|-------|----------------------------------------------|
| Edema                                         | Legs, feet, arms, or hands swollen?<br>Elevated?<br>Support stockings? | RO                  | General Pathway    | 1                  | F684  | Quality Of Care                              |
|                                               |                                                                        |                     |                    | 2                  | F655  | Baseline Care Plan                           |
|                                               |                                                                        |                     |                    | 3                  | F636  | Comprehensive Assessments & Timing           |
|                                               |                                                                        |                     |                    | 4                  | F637  | Comprehensive Assmt After Significant Change |
|                                               |                                                                        |                     |                    | 5                  | F641  | Accuracy of Assessments                      |
|                                               |                                                                        |                     |                    | 6                  | F656  | Develop/Implement Comprehensive Care Plan    |
|                                               |                                                                        |                     |                    | 7                  | F657  | Care Plan Timing and Revision                |



### Risk Based Survey (RBS) Mapping for Initial Pool Areas

| <i>Areas Available to Add in Initial Pool</i>        | Initial Pool Intent (Key Probing Words)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Initial Pool Source | Investigative Tool                                    | Critical Element # | Tag # | Tag Description                                                                                                                                                 |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------|--------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Infections (not UTI, Pressure Ulcer, or Respiratory) | <p>Access to soap and assistance to wash hands?</p> <p>Have you had any other infections recently (e.g., surgical infection, eye infection, blood infection, C. difficile, sepsis, or gastroenteritis such as norovirus, or illness with nausea and vomiting)? Tell me about the infection. Are you currently having any symptoms?</p> <p>Display symptoms? Medical device insertion site or wound dressing have redness or swelling, drainage? If drainage present (document color/amount/type/odor).</p> <p>Does the resident currently have any other infection (e.g., surgical wound infection, eye infection)?</p> | RI/RR/RO/RR         | Infection Prevention, Control & Immunizations Pathway | 1                  | F880  | Infection Prevention & Control: Implement Standard & Transmission Based Precautions (TBP), Hand Hygiene, Personal Protective Equipment (PPE) and Source Control |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 2                  | F880  | Infection Prevention & Control: IPCP Standards, P&P                                                                                                             |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 3                  | F880  | Infection Prevention & Control: Infection Surveillance                                                                                                          |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 4                  | F880  | Infection Prevention & Control: Water Management                                                                                                                |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 5                  | F880  | Infection Prevention & Control: Linens                                                                                                                          |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 6                  | F881  | Antibiotic Stewardship Program                                                                                                                                  |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 7                  | F882  | Infection Preventionist (IP)                                                                                                                                    |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 8                  | F883  | Influenza and Pneumococcal Immunizations                                                                                                                        |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 9                  | F887  | COVID-19 Education and Immunization for Residents                                                                                                               |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                       | 10                 | F887  | COVID-19 Immunization for Staff: Screening, Education & Offering                                                                                                |

# Risk Based Survey (RBS) Mapping for Initial Pool Areas

| <i>Areas Available to Add in Initial Pool</i> | Initial Pool Intent (Key Probing Words)                                                                                                                        | Initial Pool Source | Investigative Tool              | Critical Element # | Tag # | Tag Description                                      |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|--------------------|-------|------------------------------------------------------|
| Language/<br>Communication                    | Different language, uses sign language, other alternative communication means?<br>Staff can communicate with the resident?<br>Communication systems available? | RO                  | Communication & Sensory Pathway | 1                  | F676  | Activities of Daily Living (ADLs)/Maintain Abilities |
|                                               |                                                                                                                                                                |                     |                                 | 2                  | F685  | Treatment/Devices to Maintain Hearing/Vision         |
|                                               |                                                                                                                                                                |                     |                                 | 3                  | F655  | Baseline Care Plan                                   |
|                                               |                                                                                                                                                                |                     |                                 | 4                  | F636  | Comprehensive Assessments & Timing                   |
|                                               |                                                                                                                                                                |                     |                                 | 5                  | F637  | Comprehensive Assmt After Significant Change         |
|                                               |                                                                                                                                                                |                     |                                 | 6                  | F641  | Accuracy of Assessments                              |
|                                               |                                                                                                                                                                |                     |                                 | 7                  | F656  | Develop/Implement Comprehensive Care Plan            |
|                                               |                                                                                                                                                                |                     |                                 | 8                  | F657  | Care Plan Timing and Revision                        |

**Risk Based Survey (RBS) Mapping for Initial Pool Areas**

| <i>Areas Available to Add in Initial Pool</i> | Initial Pool Intent (Key Probing Words)                                                                                                                                       | Initial Pool Source | Investigative Tool                                             | Critical Element # | Tag # | Tag Description                                                        |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------|--------------------|-------|------------------------------------------------------------------------|
| Oxygen                                        | Oxygen mask and tubing properly placed?<br>Tubing and humidification dated?<br>Flow rate (liters/minute)?<br>Discomfort or respiratory distress?                              | RO                  | Respiratory Care Pathway                                       | 1                  | F695  | Respiratory/Tracheostomy Care and Suctioning                           |
|                                               |                                                                                                                                                                               |                     |                                                                | 2                  | F826  | Rehab Services- Physician Order/Qualified Person                       |
|                                               |                                                                                                                                                                               |                     |                                                                | 3                  | F715  | Physician Delegation to Dietitian/Therapist                            |
|                                               |                                                                                                                                                                               |                     |                                                                | 4                  | F880  | Infection Prevention & Control                                         |
|                                               |                                                                                                                                                                               |                     |                                                                | 5                  | F655  | Baseline Care Plan                                                     |
|                                               |                                                                                                                                                                               |                     |                                                                | 6                  | F636  | Comprehensive Assessments & Timing                                     |
|                                               |                                                                                                                                                                               |                     |                                                                | 7                  | F637  | Comprehensive Assmt After Significant Change                           |
|                                               |                                                                                                                                                                               |                     |                                                                | 8                  | F641  | Accuracy of Assessments                                                |
|                                               |                                                                                                                                                                               |                     |                                                                | 9                  | F656  | Develop/Implement Comprehensive Care Plan                              |
|                                               |                                                                                                                                                                               |                     |                                                                | 10                 | F657  | Care Plan Timing and Revision                                          |
| Personal Funds                                | Quarterly statements?<br>Access your money, including weekends?                                                                                                               | RI/RRI              | Personal Funds Facility Task                                   | 1                  | F567  | Protection/Management of Personal Funds                                |
|                                               |                                                                                                                                                                               |                     |                                                                | 2                  | F568  | Accounting and Records of Personal Funds: Quarterly Statement          |
|                                               |                                                                                                                                                                               |                     |                                                                | 3                  | F582  | Medicaid/Medicare Coverage/Liability Notice                            |
|                                               |                                                                                                                                                                               |                     |                                                                | 4                  | F568  | Accounting and Records of Personal Funds: Separate Accounting          |
|                                               |                                                                                                                                                                               |                     |                                                                | 5                  | F568  | Accounting and Records of Personal Funds: Follow Accounting Principles |
|                                               |                                                                                                                                                                               |                     |                                                                | 6                  | F571  | Limitations on Charges to Personal Funds                               |
|                                               |                                                                                                                                                                               |                     |                                                                | 7                  | F567  | Protection/Management of Personal Funds                                |
|                                               |                                                                                                                                                                               |                     |                                                                | 8                  | F569  | Notice and Conveyance of Personal Funds                                |
|                                               |                                                                                                                                                                               |                     |                                                                | 9                  | F570  | Surety Bond - Security of Personal Funds                               |
| Personal Property                             | Missing personal items?<br>Asked to sign paper saying facility not responsible for lost items?<br>Encouraged to bring personal items?                                         | RI/RRI              | Guidance to Surveyors                                          | 1                  | F584  | Safe/Clean/Comfortable/Homelike Environment                            |
| Privacy                                       | Privacy during care or treatments?<br>Visitor or telephone privacy?<br>Bedroom equipped to assure full privacy?<br>Private electronic or verbal communication about resident? | RI/RRI/RO           | Guidance to Surveyors                                          | 1                  | F583  | Personal Privacy/Confidentiality of Records                            |
| Psych/Opioid Med Side Effects                 | Excessive sedation;<br>Dizziness.                                                                                                                                             | RO                  | Unnec. Meds, Psychotropic Meds, and Med Regimen Review Pathway | 1                  | F757  | Drug Regimen is Free From Unnecessary Drugs                            |
|                                               |                                                                                                                                                                               |                     |                                                                | 2                  | F605  | Right to be Free From Chemical Restraints                              |
|                                               |                                                                                                                                                                               |                     |                                                                | 3                  | F756  | Drug Regimen Review, Report Irregular, Act On                          |
|                                               |                                                                                                                                                                               |                     |                                                                | 4                  | F881  | Antibiotic Stewardship Program                                         |
|                                               |                                                                                                                                                                               |                     |                                                                | 5                  | F552  | Right to be Informed/Make Treatment Decisions                          |
|                                               |                                                                                                                                                                               |                     |                                                                | 6                  | F841  | Responsibilities of Medical Director                                   |
|                                               |                                                                                                                                                                               |                     |                                                                | 7                  | F655  | Baseline Care Plan                                                     |
|                                               |                                                                                                                                                                               |                     |                                                                | 8                  | F636  | Comprehensive Assessments & Timing                                     |
|                                               |                                                                                                                                                                               |                     |                                                                | 9                  | F637  | Comprehensive Assmt After Significant Change                           |
|                                               |                                                                                                                                                                               |                     |                                                                | 10                 | F641  | Accuracy of Assessments                                                |
|                                               |                                                                                                                                                                               |                     |                                                                | 11                 | F656  | Develop/Implement Comprehensive Care Plan                              |
|                                               |                                                                                                                                                                               |                     |                                                                | 12                 | F657  | Care Plan Timing and Revision                                          |
|                                               |                                                                                                                                                                               |                     |                                                                | 13                 | F658  | Services Provided Meet Professional Standards                          |

### Risk Based Survey (RBS) Mapping for Initial Pool Areas

| <i>Areas Available to Add in Initial Pool</i> | Initial Pool Intent (Key Probing Words)                                                                                                                                   | Initial Pool Source | Investigative Tool                                         | Critical Element # | Tag # | Tag Description                                      |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------|--------------------|-------|------------------------------------------------------|
| Rehab                                         | Receiving therapy?<br>Effectiveness?                                                                                                                                      | RI/RRRI             | Specialized Rehabilitative or Restorative Services Pathway | 1                  | F825  | Provide/Obtain Specialized Rehab Services            |
|                                               |                                                                                                                                                                           |                     |                                                            | 2                  | F676  | Activities of Daily Living (ADLs)/Maintain Abilities |
|                                               |                                                                                                                                                                           |                     |                                                            | 3                  | F655  | Baseline Care Plan                                   |
|                                               |                                                                                                                                                                           |                     |                                                            | 4                  | F636  | Comprehensive Assessments & Timing                   |
|                                               |                                                                                                                                                                           |                     |                                                            | 5                  | F637  | Comprehensive Assmt After Significant Change         |
|                                               |                                                                                                                                                                           |                     |                                                            | 6                  | F641  | Accuracy of Assessments                              |
|                                               |                                                                                                                                                                           |                     |                                                            | 7                  | F656  | Develop/Implement Comprehensive Care Plan            |
|                                               |                                                                                                                                                                           |                     |                                                            | 8                  | F657  | Care Plan Timing and Revision                        |
| Skin Conditions<br>(non-pressure related)     | Bruises, burns, abrasions, lacerations, skin tears, rash, hives, dry skin,<br>other skin issues?<br>How did it occur?<br>How are they preventing it from happening again? | RI/RRRI/RO          | General Pathway                                            | 1                  | F684  | Quality Of Care                                      |
|                                               |                                                                                                                                                                           |                     |                                                            | 2                  | F655  | Baseline Care Plan                                   |
|                                               |                                                                                                                                                                           |                     |                                                            | 3                  | F636  | Comprehensive Assessments & Timing                   |
|                                               |                                                                                                                                                                           |                     |                                                            | 4                  | F637  | Comprehensive Assmt After Significant Change         |
|                                               |                                                                                                                                                                           |                     |                                                            | 5                  | F641  | Accuracy of Assessments                              |
|                                               |                                                                                                                                                                           |                     |                                                            | 6                  | F656  | Develop/Implement Comprehensive Care Plan            |
|                                               |                                                                                                                                                                           |                     |                                                            | 7                  | F657  | Care Plan Timing and Revision                        |
| Vision and Hearing                            | Problems with vision or hearing?<br>Glasses or hearing aids available, used, clean, working, and not broken?<br>Help make appointments and transportation?                | RI/RRRI/RO          | Communication and Sensory Pathway                          | 1                  | F676  | Activities of Daily Living (ADLs)/Maintain Abilities |
|                                               |                                                                                                                                                                           |                     |                                                            | 2                  | F685  | Treatment/Devices to Maintain Hearing/Vision         |
|                                               |                                                                                                                                                                           |                     |                                                            | 3                  | F655  | Baseline Care Plan                                   |
|                                               |                                                                                                                                                                           |                     |                                                            | 4                  | F636  | Comprehensive Assessments & Timing                   |
|                                               |                                                                                                                                                                           |                     |                                                            | 5                  | F637  | Comprehensive Assmt After Significant Change         |
|                                               |                                                                                                                                                                           |                     |                                                            | 6                  | F641  | Accuracy of Assessments                              |
|                                               |                                                                                                                                                                           |                     |                                                            | 7                  | F656  | Develop/Implement Comprehensive Care Plan            |
|                                               |                                                                                                                                                                           |                     |                                                            | 8                  | F657  | Care Plan Timing and Revision                        |

| Mandatory/Triggered Facility Tasks, Neglect (Not Mapped to IP) | Facility Task or CE Pathway                       | Critical Element # | Tag #            | Tag Description                                                                                       |
|----------------------------------------------------------------|---------------------------------------------------|--------------------|------------------|-------------------------------------------------------------------------------------------------------|
| Arbitration                                                    | Binding Arbitration Agreement Review Task Pathway | 1                  | F847             | Enter into Binding Arbitration Agreements: Not Required to Sign for Admission                         |
|                                                                |                                                   | 2                  | F847             | Enter into Binding Arbitration Agreements: Explained in a Manner that was Understood                  |
|                                                                |                                                   | 3                  | F847             | Enter into Binding Arbitration Agreements: Acknowledge Understanding                                  |
|                                                                |                                                   | 4                  | F847             | Enter into Binding Arbitration Agreements: Right to Rescind Agreement in 30 Days                      |
|                                                                |                                                   | 5                  | F847             | Enter into Binding Arbitration Agreements: States Not Required to Sign for Admission                  |
|                                                                |                                                   | 6                  | F847             | Enter into Binding Arbitration Agreements: Communication with Officials                               |
|                                                                |                                                   | 7                  | F848             | Select Arbitrator/Venue, Retention of Agreements: Neutral Arbitrator                                  |
|                                                                |                                                   | 8                  | F848             | Select Arbitrator/Venue, Retention of Agreements: Convenient Venue                                    |
|                                                                |                                                   | 9                  | F848             | Select Arbitrator/Venue, Retention of Agreements: Retain Copy                                         |
|                                                                |                                                   | 1                  | F812             | Food Procurement, Store/Prepare/Serve-Sanitary                                                        |
|                                                                |                                                   | 2                  | F880             | Infection Prevention & Control                                                                        |
|                                                                |                                                   | 3                  | F550             | Resident Rights/Exercise of Rights                                                                    |
|                                                                |                                                   | 4                  | F584             | Safe/Clean/Comfortable/Homelike Environment                                                           |
|                                                                |                                                   | 5                  | F561             | Self Determination                                                                                    |
|                                                                |                                                   | 6                  | F676 and/or F677 | Activities of Daily Living (ADLs)/Maintain Abilities and/or ADL Care Provided for Dependent Residents |
|                                                                |                                                   | 7                  | F810             | Assistive Devices - Eating Equipment/Utensils                                                         |
|                                                                |                                                   | 8                  | F675             | Quality of Life                                                                                       |
|                                                                |                                                   | 9                  | F806             | Resident Allergies, Preferences and Substitutes                                                       |
|                                                                |                                                   | 10                 | F811             | Feeding Asst - Training/Supervision/Resident                                                          |
|                                                                |                                                   | 11                 | F948             | Training for Feeding Assistants                                                                       |
|                                                                |                                                   | 12                 | F804             | Nutritive Value/Appear, Palatable/Prefer Temp                                                         |
|                                                                |                                                   | 13                 | F692             | Nutrition/Hydration Status Maintenance                                                                |

|             |                                                               |    |      |                                                                                                    |
|-------------|---------------------------------------------------------------|----|------|----------------------------------------------------------------------------------------------------|
| Dining      |                                                               | 14 | F807 | Drinks Avail to Meet Needs/Preferences/Hydration                                                   |
|             |                                                               | 15 | F806 | Resident Allergies, Preferences and Substitutes                                                    |
|             |                                                               | 16 | F808 | Therapeutic Diet Prescribed by Physician                                                           |
|             |                                                               | 17 | F920 | Requirements for Dining and Activity Rooms: lighting                                               |
|             |                                                               | 18 | F584 | Safe/Clean/Comfortable/Homelike Environment:                                                       |
|             |                                                               | 19 | F920 | Requirements for Dining and Activity Rooms: Ventilation                                            |
|             |                                                               | 20 | F584 | Safe/Clean/Comfortable/Homelike Environment: Comfortable Sound Levels                              |
|             |                                                               | 21 | F584 | Safe/Clean/Comfortable/Homelike Environment: Comfortable and Safe Temperature Levels               |
|             |                                                               | 22 | F920 | Requirements for Dining and Activity Rooms: Furnished to Meet Residents' Physical and Social Needs |
|             |                                                               | 23 | F920 | Requirements for Dining and Activity Rooms: Sufficient Space                                       |
|             |                                                               | 24 | F809 | Frequency of Meals/Snacks at Bedtime                                                               |
| Environment | Environment Task Pathway (only investigate the CE of concern) | 25 | F802 | Sufficient Dietary Support Personnel                                                               |
|             |                                                               | 26 | F809 | Frequency of Meals/Snacks at Bedtime                                                               |
|             |                                                               | 1  | F558 | Reasonable Accommodations of Needs/Preferences                                                     |
|             |                                                               | 2  | F919 | Resident Call System                                                                               |
|             |                                                               | 3  | F584 | Safe/Clean/Comfortable/Homelike Environment: Sound Levels                                          |
|             |                                                               | 4  | F584 | Safe/Clean/Comfortable/Homelike Environment: Temperature Levels                                    |
|             |                                                               | 5  | F584 | Safe/Clean/Comfortable/Homelike Environment: Lighting Levels                                       |
|             |                                                               | 6  | F584 | Safe/Clean/Comfortable/Homelike Environment: Clean Building                                        |
|             |                                                               | 7  | F584 | Safe/Clean/Comfortable/Homelike Environment: Building and Equipment in Good Condition              |
|             |                                                               | 8  | F908 | Essential Equipment, Safe Operating Condition                                                      |
|             |                                                               | 9  | F584 | Safe/Clean/Comfortable/Homelike Environment: Homelike                                              |
|             |                                                               | 10 | F584 | Safe/Clean/Comfortable/Homelike Environment: Water Too Cool                                        |
|             |                                                               | 11 | F584 | Safe/Clean/Comfortable/Homelike Environment: Linens                                                |
|             |                                                               | 12 | F925 | Maintains Effective Pest Control Program                                                           |
|             |                                                               | 13 | F923 | Ventilation                                                                                        |
|             | Extended Task Pathway - Physician                             | 14 | F924 | Corridors Have Firmly Secured Handrails                                                            |
|             |                                                               | 15 | F921 | Safe/Functional/Sanitary/Comfortable Environment                                                   |
|             |                                                               | 1  | F710 | Resident's Care Supervised by a Physician                                                          |
|             |                                                               | 2  | F711 | Physician Visits - Review Care/Notes/Order                                                         |
|             |                                                               | 3  | F712 | Physician Visits - Frequency/Timeliness/Alternate NPPs                                             |

|                   |                                                                                                                                                                       |    |      |                                                                                                                                                                 |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Extended          | Services                                                                                                                                                              | 4  | F713 | Physician for Emergency Care, Available 24 Hours                                                                                                                |
|                   |                                                                                                                                                                       | 5  | F714 | Physician Delegation of Tasks to NPP                                                                                                                            |
|                   |                                                                                                                                                                       | 6  | F715 | Physician Delegation to Dietitian/Therapist                                                                                                                     |
|                   | Extended Task Pathway -<br>Administration<br><i>and</i><br><i>Facility Assessment</i><br>for all CEs<br>Additionally, Investigative Protocol for<br>Admissions Policy | 1  | F835 | Administration                                                                                                                                                  |
|                   |                                                                                                                                                                       | 2  | F836 | License/Comply w/Fed/State/Local Law/Prof Std                                                                                                                   |
|                   |                                                                                                                                                                       | 3  | F837 | Governing Body                                                                                                                                                  |
|                   |                                                                                                                                                                       | 4  | F838 | Facility Assessment                                                                                                                                             |
|                   |                                                                                                                                                                       | 5  | F839 | Staff Qualifications                                                                                                                                            |
|                   |                                                                                                                                                                       | 6  | F840 | Use of Outside Resources                                                                                                                                        |
|                   |                                                                                                                                                                       | 7  | F841 | Responsibilities of Medical Director                                                                                                                            |
|                   |                                                                                                                                                                       | 8  | F842 | Resident Records - Identifiable Information                                                                                                                     |
|                   |                                                                                                                                                                       | 9  | F843 | Transfer Agreement                                                                                                                                              |
|                   |                                                                                                                                                                       | 10 | F844 | Disclosure of Ownership Requirements                                                                                                                            |
|                   |                                                                                                                                                                       | 11 | F845 | Facility Closure-Administrator                                                                                                                                  |
|                   |                                                                                                                                                                       | 12 | F846 | Facility Closure                                                                                                                                                |
|                   |                                                                                                                                                                       | 13 | F849 | Hospice Services                                                                                                                                                |
|                   |                                                                                                                                                                       | 14 | F850 | Qualifications of Social Worker >120 Beds                                                                                                                       |
|                   | Extended Task Pathway - Training                                                                                                                                      | 1  | 940  | Training Requirements -General                                                                                                                                  |
|                   |                                                                                                                                                                       | 2  | 941  | Communication Training                                                                                                                                          |
|                   |                                                                                                                                                                       | 3  | 942  | Resident Rights Training                                                                                                                                        |
|                   |                                                                                                                                                                       | 4  | 943  | Abuse Neglect, and Exploitation Training                                                                                                                        |
|                   |                                                                                                                                                                       | 5  | 944  | QAPI Training                                                                                                                                                   |
|                   |                                                                                                                                                                       | 6  | 945  | Infection Control Training                                                                                                                                      |
|                   |                                                                                                                                                                       | 7  | 946  | Compliance and Ethics Training                                                                                                                                  |
|                   |                                                                                                                                                                       | 8  | 947  | Required In-Service Training for Nurse Aides                                                                                                                    |
|                   |                                                                                                                                                                       | 9  | 948  | Training for Feeding Assistants                                                                                                                                 |
|                   |                                                                                                                                                                       | 10 | 949  | Behavioral Health Training                                                                                                                                      |
| Infection Control | Infection Prevention, Control &<br>Immunization Pathway                                                                                                               | 1  | F880 | Infection Prevention & Control: Implement Standard & Transmission Based Precautions (TBP), Hand Hygiene, Personal Protective Equipment (PPE) and Source Control |
|                   |                                                                                                                                                                       | 2  | F880 | Infection Prevention & Control: IPCP Standards, P&P                                                                                                             |
|                   |                                                                                                                                                                       | 3  | F880 | Infection Prevention & Control: Infection Surveillance                                                                                                          |
|                   |                                                                                                                                                                       | 4  | F880 | Infection Prevention & Control: Water Management                                                                                                                |
|                   |                                                                                                                                                                       | 5  | F880 | Infection Prevention & Control: Linens                                                                                                                          |
|                   |                                                                                                                                                                       | 6  | F881 | Antibiotic Stewardship Program                                                                                                                                  |
|                   |                                                                                                                                                                       | 7  | F882 | Infection Preventionist (IP)                                                                                                                                    |
|                   |                                                                                                                                                                       | 8  | F883 | Influenza and Pneumococcal Immunizations                                                                                                                        |
|                   |                                                                                                                                                                       | 9  | F887 | COVID-19 Education and Immunization for Residents                                                                                                               |
|                   |                                                                                                                                                                       | 10 | F887 | COVID-19 Immunization for Staff: Screening, Education & Offering                                                                                                |
|                   |                                                                                                                                                                       | 1  | F812 | Food Procurement, Store/Prepare/Serve-Sanitary                                                                                                                  |
|                   |                                                                                                                                                                       | 2  | F812 | Food Procurement, Store/Prepare/Serve-Sanitary                                                                                                                  |
|                   |                                                                                                                                                                       |    |      | Food Procurement, Store/Prepare/Serve-Sanitary:                                                                                                                 |
|                   |                                                                                                                                                                       | 3  | F812 | Appropriate Temperatures                                                                                                                                        |
|                   |                                                                                                                                                                       | 4  | F812 | Food Procurement, Store/Prepare/Serve-Sanitary                                                                                                                  |

|                           |                                        |    |                  |                                                                                             |
|---------------------------|----------------------------------------|----|------------------|---------------------------------------------------------------------------------------------|
| Kitchen                   | Kitchen Task Pathway                   | 5  | F800             | Provided Diet Meets Needs of Each Resident                                                  |
|                           |                                        | 6  | F804             | Nutritive Value/Appear, Palatable/Prefer Temp                                               |
|                           |                                        | 7  | F805             | Food in Form to Meet Individual Needs                                                       |
|                           |                                        | 8  | F812             | Food Procurement, Store/Prepare/Serve-Sanitary                                              |
|                           |                                        | 9  | F813             | Personal Food Policy                                                                        |
|                           |                                        | 10 | F812             | Food Procurement, Store/Prepare/Serve-Sanitary                                              |
|                           |                                        |    |                  | Food Procurement, Store/Prepare/Serve-Sanitary: Dishes and Utensils                         |
|                           |                                        | 11 | F812             |                                                                                             |
|                           |                                        | 12 | F812             | Food Procurement, Store/Prepare/Serve-Sanitary: Food Preparation Equipment Clean            |
|                           |                                        | 13 | F908             | Essential Equipment, Safe Operating Condition                                               |
|                           |                                        | 14 | F814             | Dispose Garbage and Refuse Properly                                                         |
|                           |                                        | 15 | F925             | Maintains Effective Pest Control Program                                                    |
|                           |                                        | 16 | F812             | Food Procurement, Store/Prepare/Serve-Sanitary: Snack/Nourishment Refrigerators on the Unit |
|                           |                                        | 17 | F803             | Menus Meet Resident needs/Prep in Advance/Followed                                          |
|                           |                                        | 18 | F801             | Qualified Dietary Staff                                                                     |
|                           |                                        | 19 | F802             | Sufficient Dietary Support Personnel                                                        |
| Medication Administration | Medication Administration Task Pathway | 1  | F759             | Free of Medication Error Rates of 5% or More                                                |
|                           |                                        | 2  | F760             | Residents Are Free of Significant Med Errors                                                |
|                           |                                        | 3  | F755             | Pharmacy Svcs/Procedures/Pharmacist/Records                                                 |
|                           |                                        | 4  | F761             | Label/Store Drugs & Biologicals                                                             |
|                           |                                        | 5  | F880             | Infection Prevention & Control                                                              |
|                           |                                        | 6  | F658             | Services Provided Meet Professional Standards                                               |
| Medication Storage        | Med Storage Task Pathway               | 1  | F755             | Pharmacy Svcs/Procedures/ Pharmacist/Records                                                |
|                           |                                        | 2  | F755 and/or F761 | Pharmacy Svcs/Procedures/ Pharmacist/Records and/or Label/Store Drugs & Biologicals         |
|                           |                                        | 3  | F755             | Pharmacy Svcs/Procedures/Pharmacist/Records                                                 |
| Neglect                   | Neglect Pathway                        | 1  | F600             | Free from Abuse and Neglect                                                                 |
|                           |                                        | 2  | F606             | Not Employ/Engage Staff with Adverse Actions                                                |
|                           |                                        | 3  | F607             | Develop/Implement Abuse/Neglect etc Policies                                                |
|                           |                                        | 4  | F609             | Reporting of Alleged Violation                                                              |
|                           |                                        | 5  | F610             | Investigate/Prevent/Correct Alleged Violation                                               |
|                           |                                        | 6  | F943             | Abuse Neglect, and Exploitation Training                                                    |
|                           |                                        | 7  | F947             | Required In-Service Training for Nurse Aides                                                |
| Personal Funds            | Personal Funds Facility Task           | 1  | F567             | Protection/Management of Personal Funds                                                     |
|                           |                                        | 2  | F568             | Accounting and Records of Personal Funds: Quarterly Statement                               |
|                           |                                        | 3  | F582             | Medicaid/Medicare Coverage/Liability Notice                                                 |
|                           |                                        | 4  | F568             | Accounting and Records of Personal Funds: Separate Accounting                               |
|                           |                                        | 5  | F568             | Accounting and Records of Personal Funds: Follow Accounting Principles                      |



|                                                                                                    |                                  |    |      |                                                                                                                        |
|----------------------------------------------------------------------------------------------------|----------------------------------|----|------|------------------------------------------------------------------------------------------------------------------------|
|                                                                                                    |                                  | 6  | F571 | Limitations on Charges to Personal Funds                                                                               |
|                                                                                                    |                                  | 7  | F567 | Protection/Management of Personal Funds                                                                                |
|                                                                                                    |                                  | 8  | F569 | Notice and Conveyance of Personal Funds                                                                                |
|                                                                                                    |                                  | 9  | F570 | Surety Bond - Security of Personal Funds                                                                               |
| Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review | QAPI and QAA Task Pathway        | 1  | F867 | QAPI/QAA Improvement Activities: Facility                                                                              |
|                                                                                                    |                                  | 2  | F867 | QAPI/QAA Improvement Activities, Analysis and Action: Facility/QAA Committee                                           |
|                                                                                                    |                                  | 3  | F865 | QAPI Program/Plan: Systemic non-compliance identified by the State Agency, the Facility identified prior to the survey |
|                                                                                                    |                                  | 4  | F865 | QAPI Program/Plan, Disclosure/Good Faith Attmpt                                                                        |
|                                                                                                    |                                  | 5  | F841 | Responsibilities of Medical Director                                                                                   |
|                                                                                                    |                                  | 6  | F868 | QAA Committee                                                                                                          |
|                                                                                                    |                                  | 7  | F865 | QAPI Program, Plan, Disclosure, and Governance and Leadership                                                          |
| Resident Assessment                                                                                | Resident Assessment Task Pathway | 1  | F641 | Accuracy of Assessments                                                                                                |
|                                                                                                    |                                  | 2  | F636 | Comprehensive Assessment and Timing                                                                                    |
|                                                                                                    |                                  | 3  | F638 | Quarterly Assessment At Least Every 3 months                                                                           |
|                                                                                                    |                                  | 4  | F640 | Encoding/Transmitting Resident Assessment                                                                              |
|                                                                                                    |                                  | 5  | F641 | Accuracy of Assessments                                                                                                |
|                                                                                                    |                                  | 6  | F641 | Accuracy of Assessments                                                                                                |
| Resident Council                                                                                   | Resident Council Task Pathway    | 1  | F565 | Resident/Family Group and Response: Meet Regular Basis                                                                 |
|                                                                                                    |                                  | 2  | F565 | Resident/Family Group and Response: Facility Makes Arrangements                                                        |
|                                                                                                    |                                  | 3  | F565 | Resident/Family Group and Response: Adequate Space                                                                     |
|                                                                                                    |                                  | 4  | F565 | Resident/Family Group and Response: Meet Without Staff                                                                 |
|                                                                                                    |                                  | 5  | F565 | Resident/Family Group and Response: Act Upon Grievances                                                                |
|                                                                                                    |                                  | 6  | F565 | Resident/Family Group and Response: Respond to Group's Concerns                                                        |
|                                                                                                    |                                  | 7  | F565 | Resident/Family Group and Response: Rationale if Doesn't Respond to Group's Concerns                                   |
|                                                                                                    |                                  | 8  | F585 | Grievances: File a Grievance                                                                                           |
|                                                                                                    |                                  | 9  | F585 | Grievances: Complaint Without Retribution                                                                              |
|                                                                                                    |                                  | 10 | F600 | Free from Abuse and Neglect                                                                                            |
|                                                                                                    |                                  | 11 | F725 | Sufficient Nursing Staff                                                                                               |
|                                                                                                    |                                  | 12 | F809 | Frequency of Meals/Snacks at Bedtime                                                                                   |
|                                                                                                    |                                  | 13 | NA   | NA                                                                                                                     |
|                                                                                                    |                                  | 14 | F563 | Right to Receive/Deny Visitors                                                                                         |
|                                                                                                    |                                  | 15 | F565 | Resident/Family Group and Response                                                                                     |
|                                                                                                    |                                  | 16 | F572 | Notice of Rights and Rules                                                                                             |
|                                                                                                    |                                  | 17 | F550 | Resident Rights/Exercise of Rights                                                                                     |

|                                                |                                                             |    |            |                                                                                        |
|------------------------------------------------|-------------------------------------------------------------|----|------------|----------------------------------------------------------------------------------------|
|                                                |                                                             | 18 | F561       | Self Determination                                                                     |
|                                                |                                                             | 19 | F576       | Right to Forms of Communications with Privacy: Mail delivered unopened and on Saturday |
|                                                |                                                             | 20 | F577       | Right to Survey Results/Advocate Agency Info                                           |
|                                                |                                                             | 21 | F574       | Required Notices and Contact Information                                               |
|                                                |                                                             | 22 | F573       | Right to Access/Purchase Copies of Records                                             |
|                                                |                                                             | 23 | F574       | Required Notices and Contact Information                                               |
|                                                |                                                             | 24 | NA         | NA                                                                                     |
|                                                |                                                             | 25 | F847       | Enter into Binding Arbitration Agreements                                              |
|                                                |                                                             | 26 | All F-tags | Display all F-Tags                                                                     |
|                                                |                                                             |    |            |                                                                                        |
| SNF Beneficiary Protection Notification Review | SNF Beneficiary Protection Notification Review Task Pathway | 1  | F582       | Medicaid/Medicare Coverage/Liability Notice                                            |
| Sufficient & Competent Nurse Staffing          | Sufficient and Competent Nurse Staffing Task Pathway        | 1  | F851       | Payroll Based Journal (PBJ)                                                            |
|                                                |                                                             | 2  | F727       | RN Serve as Full Time DON                                                              |
|                                                |                                                             | 3  | F725       | Licensed Nurse Coverage 24-Hr/Day                                                      |
|                                                |                                                             | 4  | F727       | RN 8 Consecutive Hrs/Day/7 Days a Week                                                 |
|                                                |                                                             | 5  | F725       | Sufficient Nursing Staff 24 Hrs Basis for Each Resident's Needs                        |
|                                                |                                                             | 6  | F726       | Nursing Staff Knowledge, Competencies, & Skills                                        |
|                                                |                                                             | 7  | F727       | RN 8 Consecutive Hrs/Day/7 Days a Week                                                 |
|                                                |                                                             | 8  | F732       | Posted Nurse Staffing Information                                                      |
|                                                |                                                             | 9  | F838       | Facility Assessment                                                                    |
|                                                |                                                             | 10 | F725       | Licensed Nurse Coverage 24-Hr/Day                                                      |
|                                                |                                                             | 11 | F727       | DON Charge Nurse only Daily Occupancy 60 or Fewer Residents                            |
|                                                |                                                             | 12 | F728       | Nurse Aid Training and/or Competency Evaluation Within 4 Months of Hire                |
|                                                |                                                             | 13 | F729       | Nurse Aid New Training and/or Competency Evaluation Program                            |
|                                                |                                                             | 14 | F730       | Nurse Aid Performancy Review Every 12 months; Regular In-service Education             |
|                                                |                                                             | 15 | F947       | Required In-Service Training Provided for Nurse Aides                                  |
|                                                |                                                             |    |            |                                                                                        |

**F-tags Not Mapped to a Care Area**

| <b>Ftag</b> | <b>SQC Tag<br/>X = Yes</b> | <b>Tag Title</b>                                        | <b>Investigative Protocol<br/>X = Yes</b> |
|-------------|----------------------------|---------------------------------------------------------|-------------------------------------------|
| F540        |                            | Definitions                                             |                                           |
| F551        |                            | Rights Exercised by Representative                      |                                           |
| F553        |                            | Right to Participate in Planning Care                   |                                           |
| F554        |                            | Resident Self-Admin Meds-Clinically Appropriate         |                                           |
| F555        |                            | Right to Choose/Be Informed of Attending Physician      |                                           |
| F557        |                            | Respect, Dignity/Right to have Personal Property        |                                           |
| F559        | X                          | Choose/Be Notified of Room/Roommate Change              |                                           |
| F560        |                            | Right to Refuse Certain Transfers                       |                                           |
| F562        |                            | Immediate Access to Resident                            |                                           |
| F564        |                            | Inform of Visitation Rights/Equal Visitation Privileges |                                           |
| F566        |                            | Right to Perform Facility Services or Refuse            |                                           |
| F575        |                            | Required Postings                                       |                                           |
| F579        |                            | Posting/Notice of Medicare/Medicaid on Admission        |                                           |
| F586        |                            | Resident Contact with External Entities                 |                                           |
| F602        | X                          | Free from Misappropriation/Exploitation                 | X                                         |
| F603        | X                          | Free from Involuntary Seclusion                         | X                                         |
| F620        |                            | Admissions Policy                                       |                                           |
| F621        |                            | Equal Practices Regardless of Payment Source            |                                           |
| F635        |                            | Admission Physician Orders for Immediate Care           |                                           |
| F639        |                            | Maintain 15 Months of Resident Assessments              |                                           |
| F659        |                            | Qualified Persons                                       |                                           |
| F678        | X                          | Cardio-Pulmonary Resuscitation (CPR)                    | X                                         |
| F680        | X                          | Qualifications of Activity Professional                 |                                           |
| F687        | X                          | Foot Care                                               |                                           |
| F691        | X                          | Colostomy, Urostomy, or Ileostomy Care                  |                                           |
| F694        | X                          | Parenteral/IV Fluids                                    |                                           |
| F696        | X                          | Prostheses                                              |                                           |
| F770        |                            | Laboratory Services                                     |                                           |
| F771        |                            | Blood Bank and Transfusion Services                     |                                           |
| F772        |                            | Lab Services Not Provided On-Site                       |                                           |
| F773        |                            | Lab Svs Physician Order/Notify of Results               |                                           |
| F774        |                            | Assist with Transport Arrangements to Lab Svs           |                                           |
| F775        |                            | Lab Reports in Record-Lab Name/Address                  |                                           |
| F776        |                            | Radiology/Other Diagnostic Services                     |                                           |
| F777        |                            | Radiology/Diag. Svs Ordered/Notify Results              |                                           |
| F778        |                            | Assist with Transport Arrangements to Radiology         |                                           |
| F779        |                            | X-Ray/Diagnostic Report in Record-Sign/Dated            |                                           |
| F895        |                            | Compliance and Ethics Program                           |                                           |
| F906        |                            | Emergency Power                                         |                                           |
| F907        |                            | Space and Equipment                                     |                                           |
| F910        |                            | Resident Room                                           |                                           |
| F911        |                            | Bedroom Number of Residents                             |                                           |
| F912        |                            | Bedrooms Measure at Least 80 Square Ft/Resident         |                                           |
| F913        |                            | Bedrooms Have Direct Access to Exit Corridor            |                                           |
| F914        |                            | Bedrooms Assure Full Visual Privacy                     |                                           |
| F915        |                            | Resident Room Window                                    |                                           |
| F916        |                            | Resident Room Floor Above Grade                         |                                           |
| F917        |                            | Resident Room Bed/Furniture/Closet                      |                                           |
| F918        |                            | Bedrooms Equipped/Near Lavatory/Toilet                  |                                           |
| F922        |                            | Procedures to Ensure Water Availability                 |                                           |
| F926        |                            | Smoking Policies                                        |                                           |