



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-18-16-ICF/IID

DATE: April 06, 2018
TO: State Survey Agency Directors
FROM: Director
Quality, Safety & Oversight Group (*formerly Survey & Certification Group*)
SUBJECT: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
Survey Protocol – State Operations Manual (SOM) Appendix J Revised

Memorandum Summary

The Centers for Medicare & Medicaid Services (CMS) has revised the survey protocol in Part I of Appendix J of the SOM.

- The survey process will refocus the surveyor's time on increased observation time and more effective use of interviews and client record reviews.
- The fundamental survey is revised to be a focused fundamental survey accomplished through the concept of key standards and corresponding standards within the Conditions of Participation (CoPs).
- The survey procedures for tasks one, two and three are revised.

Discussion

Changes to the survey protocol in Part I of Appendix J of the SOM:

Survey Levels (Appendix J, Part I, Section II)

The survey levels are revised to include a focused fundamental survey process that replaces the fundamental survey. During the focused fundamental survey, the primary method of information gathering is observation. Interviews and record reviews are conducted to confirm and/or provide additional information on any concerns identified during observations. As a result, this ICF/IID survey process makes better use of the survey time while still providing sufficient information regarding the delivery of services by the facility to enable a compliance determination with the CoPs. This is accomplished through the concept of key standards and corresponding standards that cascade down from these key standards; an emphasis on increased client observation time; and more effective use of interviews and client record reviews.

Survey Procedures (Appendix J, Part I, Sections III – XI)

- **Task One (Section IV)** - A core sample of clients is selected from a list of the facility's current client list without regard to client developmental levels or locations in the facility.

The core sample should include clients that meet any of the following criteria: admission to the facility within the last six months; participation in a day program; on a self-administration program; and/or frequent hospitalizations or ER visits.

- **Task Two (Section V)** - A review of the facility systems to prevent abuse, neglect and mistreatment and to resolve complaints is now a phased approach. In the absence of pre-existing criteria (listed in Appendix J), the surveyor should start with “Phase One”, which is focused on client observations including staff-to-client and client-to-client interactions and follow up interviews. If there are pre-existing criteria or if in the course of the survey concerns with client protections are identified, the surveyor should extend to the “Phase Two” review.
- **Task Three (Section VI)** – Observations in this task are focused in the areas of active treatment, staffing, the qualified intellectual disability professional (QIDP) role, healthcare services and physical environment. Associated interviews and record reviews are conducted based on concerns identified in these areas during observations.
- **Tasks Four through Seven (Sections VII-X)** – The content under these tasks remain unchanged and apply for all full ICF/IID surveys.

The ICF/IID Basic Surveyor On-Demand training located on the Integrated Surveyor Training Website (ISTW) has incorporated these survey changes. **For current surveyors, please review module one, lessons four and five and all of module three within the next 30 days.**

An advance copy of the revised Appendix J, Part I has been attached. The final document will ultimately be published in the standard format used in the SOM.

Contact: Questions or concerns should be directed to the ICF/IID mailbox at QSOG_ICFIID@cms.hhs.gov.

Effective Date: This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright

Attachment – Advanced Copy Revised SOM Appendix J Part I - Survey Protocol for ICF/IID

cc: Survey and Certification Regional Office Management

CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal- Advanced Copy

Date:

SUBJECT: Revisions to State Operations Manual (SOM) Appendix J, Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

I. SUMMARY OF CHANGES: Revisions have been made to the Survey Protocol content of Appendix J, Part I. The survey process is revised to refocus the surveyor’s time on increased observation time and more effective use of interviews and client record reviews. The fundamental survey type is revised to a focused fundamental survey accomplished through the concept of key standards and corresponding standards within the Conditions of Participation. The survey procedures for tasks one through three are revised.

**NEW/REVISED MATERIAL - EFFECTIVE DATE*: UPON ISSUANCE
IMPLEMENTATION: UPON ISSUANCE**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/TOC
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/I - Introduction
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/II – Survey Levels
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/III - Entrance
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/IV – Task One – Sample Selection
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/V - Task Two – Review of Facility Systems to Prevent Abuse, Neglect and Mistreatment and To Resolve Complaints
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/VI – Task Three – Focused Observations
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/VII – Task Four - Required Interviews with Individuals

	and/or Family/Advocate Direct Care Staff
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/VIII – Task Five – Drug Pass Observation
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/IX – Task Six – Visit to Each Area of Facility Serving Certified Individuals
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/X – Task Seven – Record Review of Individuals in the Sample
R	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/XI – Exit Conference
D	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/XII – Task 8 – Team Assessment of Compliance and Formation of the Report of ICF/IID Deficiencies
D	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/XIII – Additional Survey Report Documentation (For the File)
D	Appendix J/Part I – Survey Protocol for Intermediate Care Facilities for Individuals with Intellectual Disabilities/XIV – Completing the Revised Form CMS-3070G-I (10/95) ICF/IID Survey Report Form (SRF)

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

State Operations Manual

Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities

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Part 1 – *Survey Protocol* for Intermediate Care Facilities for Individuals with Intellectual Disabilities

I - Introduction

(Rev.)

The principal focus of the ICF/IID survey process is on the “outcome” of the facility’s provision of active treatment as defined by 42 CFR 483.440(a). Direct your principal attention to what actually happens to clients: whether the facility provides needed services and interventions; whether the facility insures clients are free from abuse, mistreatment, or neglect; whether clients, families and guardians participate in identifying and selecting services; whether the facility promotes greater independence, choice, integration and productivity; how competently and effectively the staff interact with clients; and whether all health needs are being met.

Use observation as the primary method of information gathering.

Conduct interviews and record reviews after completion of observations to confirm specific issues. Verify that the facility develops interventions and supports that address the clients’ needs, and provides required client protections and health services. Do not conduct in-depth reviews of assessments, progress notes or historical data unless outcomes fail to occur for clients.

The provision of active treatment includes:

Comprehensive Functional Assessment (42 CFR 483.440(c)(3)).--Each individual client's interdisciplinary team must perform accurate, comprehensive functional assessments and reassessments within 30 days after admission that identifies all of the client's:

Specific developmental strengths, including client preferences;

Specific functional and adaptive social skills the client needs to acquire;

Any presenting disabilities, and when possible their causes; and

The need for services without regard to their availability.

(W196, W197, W200, W210, W211, W212, W213, W214, W215, W216, W217, W218, W219, W220, W221, W222, W223, W224, W225, W259)

Individual Program Plan (IPP) (42 CFR 483.440(c)).--The interdisciplinary team must prepare an IPP which :

- Includes opportunities for individual choice and self-management;*
- Identifies the discrete, measurable, criteria-based objectives the client is to achieve;*

- *Identifies the specific individualized program of specialized and generic strategies, supports, and techniques to be employed; and*
- *Must be directed toward the acquisition of the skills necessary for the client to function with as much self-determination and independence as possible and the Prevention or egression or loss of current optimal functional status.*

(W196, W209, W227, W240, W242, W247, W159)

Program Implementation (42 CFR 483.440(d)).--Each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient intensity and frequency to support the achievement of IPP objectives.

(W196, W249, W104, W120, W159, W164, W186, 189, W190, W194, W436, W474, W488)

Program Documentation (42 CFR 483.440(e)).--Accurate, systematic, behaviorally-stated data about the client's performance toward meeting the IPP objectives serves as the basis for necessary change and revision to the program.

(W196, W252, W253, W254, W111)

Program Monitoring and Change (42 CFR 483.440(f)).--At least annually, the comprehensive functional assessment of each client is reviewed by the interdisciplinary team for its relevancy and updated, as needed. The IPP is revised, as appropriate.

(W196, W255, W256, W257, W262, W263, W258, W259, W260, W264, W104, W159, W448, W449)

II – Survey Levels

(Rev.)

There are three levels of ICF/IID surveys. They are the focused fundamental survey, the extended survey, and the full survey. Initial certifications and annual re-certification of ICF/IIDs also requires a Life Safety Code survey (see instructions in Appendix I), which is separate from these three health surveys). A full survey must be conducted for initial certification surveys and do not require a focused fundamental survey. A focused fundamental survey should be conducted for recertification surveys, unless, the State Survey Agency determines that a full survey is warranted based on the survey agency's identification of concerns related to the provider's capacity to furnish adequate services. A recertification survey can be expanded at any time to an extended survey or to a full survey based on surveyor findings.

A. Focused Fundamental Survey

(Rev.)

The focused fundamental survey may be utilized for all ICF/IID recertification surveys. In

addition to the entrance and exit, the focused fundamental survey follows the procedures outlined in tasks one through three. Initial surveys will still require a full survey. The focused fundamental survey process focuses the predominance of the survey time on the basic elements of the active treatment process. This is accomplished through the concept of regulatory standards; an emphasis on increased client observation time; and more effective use of interviews and client record reviews. During the focused fundamental survey, the primary method of information gathering is observation. Interviews and record reviews are conducted to confirm and/or provide additional information on any concerns identified during observations. Beyond the IPP and the comprehensive functional assessment (CFA), in-depth review of progress notes or historical data is not performed unless there is suspected non-compliance of a key standard. As a result, this focused fundamental survey requires less on-site survey time than the full survey while still providing sufficient information regarding the delivery of services by the facility to enable the State Survey Agency (SA) and/or CMS Regional Office (RO) to determine compliance or non-compliance with the Conditions of Participation (CoPs).

The focused fundamental survey involves the identification of key standards within the ICF/IID CoPs from which all other standards correspond. When the facility is determined to be in substantial compliance with the identified key standard, the standards corresponding from that key standard are automatically determined as being met since the key standard could not be compliant otherwise. However, if any key standard is found to be out of compliance, all regulations corresponding to the key standard (s) must be reviewed to determine compliance or non-compliance of each corresponding standard. The SA or CMS RO must, at this point, make a decision as to whether it would be more appropriate to continue the focused fundamental survey by simply adding review of the regulations under the non-compliant key standard(s) or to convert the survey to an extended survey. The SA or CMS RO must convert the focused fundamental survey to an extended survey if standard-level deficiencies are found during survey and the survey team has determined or suspects that one or more CoPs examined during the survey may be out of compliance.

The focused fundamental survey process is focused on the key standards. However, the surveyors are not precluded from reviewing or citing any of the corresponding standards if indicated during the review of the key standards.

The key standard list and the corresponding regulations associated with each key standard is provided below in Table 1. The CoP is highlighted in bold and the key standard(s) under each CoP is shaded in gray. The specified W tags under each shaded key standard are the corresponding regulations associated with that key standard.

Table 1: Key standards and corresponding standards within the CoPs for the focused fundamental survey:

CONDITION OF PARTICIPATION	<i>Key Standard(s) Regulatory Reference within the CoP</i>	<i>W-tag associated with the key standard regulation</i>	<i>Corresponding standard(s) under the key standard (W-tag reference)</i>
42 CFR 483.410 Governing Body and Management (W102)	<i>*This Condition is reviewed only during a full survey.</i>		
42 CFR 483.420 Client Protections (W122)	<p><i>42 CFR 483.420(a)(5) Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment</i></p> <p><i>42 CFR 483.420(a)(7) Provide each client with the opportunity for personal privacy</i></p> <p><i>42 CFR 483.420(a)(12) Ensure that clients have the right to retain and use appropriate personal possessions and clothing</i></p>	<p><i>W127</i></p> <p><i>W129</i></p> <p><i>W137</i></p>	<p><i>W149, W150, W151, W152, W153, W154, W155, W156, W157</i></p> <p><i>W130, W133, W134, W135, W145, W146</i></p> <p><i>W126, W138, W140, W141, W142</i></p> <p><i>*The corresponding standards below are reviewed when any key standard (W127, W129 or W137) under the CoP at 42 CFR 483.420 is out of compliance and is reviewed in conjunction with the corresponding standards under that key standard. W123, W124, W125, W128, W131, W132, W136, W139, W143, W144, W147, W148</i></p>
42 CFR 483.430 Facility Staffing (W158)	<i>42 CFR 483.430(a) Each client's active treatment program must be integrated, coordinated and</i>	<i>W159</i>	<i>W160, W161, W162, W163</i>

CONDITION OF PARTICIPATION	<i>Key Standard(s) Regulatory Reference within the CoP</i>	<i>W-tag associated with the key standard regulation</i>	<i>Corresponding standard(s) under the key standard (W-tag reference)</i>
	<p><i>monitored by a qualified intellectual disability professional</i></p> <p><i>42 CFR 483.430(d)(1) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans</i></p>	W186	<p><i>W164, W165, W166, W167, W168, W169, W170, W171, W172, W173, W174, W175, W176, W177, W178, W179, W180, W181, W182, W183, W184, W185, W186, W187, W188, W189, W190, W191, W192, W193, W194</i></p>
42 CFR 483.440 Active Treatment Services (W195)	<p><i>42 CFR 483.440(a)(4) Within 30 days after admission, the interdisciplinary team must prepare for each client an individual program plan</i></p> <p><i>42 CFR 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan</i></p>	<p>W226</p> <p>W249</p>	<p><i>W200, W206, W207, W208, W209, W210, W211, W212, W213, W214, W215, W216, W217, W218, W219, W220, W221, W222, W223, W224, W225, W227, W228, W229, W230, W231, W232, W233, W234, W235, W236, W237, W238, W239, W240</i></p> <p><i>W196, W197, W198, W199, W250, W251, W252, W253, W254</i></p> <p><i>W256, W257, W258, W259,</i></p>

CONDITION OF PARTICIPATION	<i>Key Standard(s) Regulatory Reference within the CoP</i>	<i>W-tag associated with the key standard regulation</i>	<i>Corresponding standard(s) under the key standard (W-tag reference)</i>
	<p><i>42 CFR 483.440(f)(1)(i)</i> <i>(1) The individual program plan must be reviewed at least by a qualified intellectual disabilities professional and revised as necessary, including, but not limited to situations in which the client—</i> <i>(i) Has successfully completed an objective or objectives identified in the individual program plan</i></p>	<p><i>W255</i></p>	<p><i>W260, W261, W262, W263, W264, W265</i></p> <p><i>*The corresponding standards below are reviewed when any key standard (W226, W249, W255) under the CoP at 42 CFR 483.440 is out of compliance and is reviewed in conjunction with the corresponding standards under that key standard. W201, W202, W203, W204, W205, W241, W242, W243, W244, W245, W246, W247, W248</i></p>
<p>42 CFR 483.450 Client Behavior and Facility Practices (W266)</p>	<p><i>42 CFR 483.450(a)(1)(i)</i> <i>The facility policies and procedures must—</i> <i>Promote the growth, development and independence of the client</i></p> <p><i>42 CFR 483.450(b)(1)(iii)</i> <i>Facility procedures must—</i> <i>Insure prior to the use of more restrictive techniques, that the client’s record</i></p>	<p><i>W268</i></p> <p><i>W278</i></p>	<p><i>W267, W269, W270, W271, W272, W273</i></p> <p><i>W274, W275, W276, W277, W279, W280, W281, W282, W283, W284</i></p>

CONDITION OF PARTICIPATION	<i>Key Standard(s) Regulatory Reference within the CoP</i>	<i>W-tag associated with the key standard regulation</i>	<i>Corresponding standard(s) under the key standard (W-tag reference)</i>
	<p><i>documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective</i></p> <p><i>42 CFR 483.450(b)(2) Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected.</i></p> <p><i>42 CFR 483.450(d)(1)(i) (1) The facility may employ physical restraint only— (i) As integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</i></p> <p><i>42 CFR 483.450(e)(1) The facility must not use drugs in doses that interfere with the individual client’s daily living activities</i></p>	<p><i>W285</i></p> <p><i>W295</i></p> <p><i>W310</i></p>	<p><i>W286, W287, W288, W289, W290, W291, W292, W293, W294</i></p> <p><i>W296, W297, W298, W299, W300, W301, W302, W303, W304, W305, W306, W307, W308, W309</i></p> <p><i>W311, W312, W313, W314, W315, W316, W317</i></p>

CONDITION OF PARTICIPATION	<i>Key Standard(s) Regulatory Reference within the CoP</i>	<i>W-tag associated with the key standard regulation</i>	<i>Corresponding standard(s) under the key standard (W-tag reference)</i>
<p>42 CFR 483.460 Health Care Services (W318)</p>	<p>42 CFR 483.460(a)(3) <i>The facility must provide or obtain preventive and general care</i></p> <p>42 CFR 483.460(e)(1) <i>The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including, licensed dentists and dental hygienists either through organized dental services in-house or through arrangement</i></p> <p>42 CFR 483.460(j)(1) <i>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly</i></p> <p>42 CFR 483.460(l)(2) <i>The facility must keep all drugs and biologicals locked except when being prepared for administration</i></p>	<p>W322</p> <p>W348</p> <p>W362</p> <p>W382</p>	<p>W319, W320, W321, W323, W324, W325, W326, 327, W328, W329, W330, W331, W332, W333, W334, W335, W336, W337, W338, W339, W340, W341, W342, W343, W344, W345, W346, W347, W393, W394</p> <p>W349, W350, W351, W352, W353, W354, W355, W356, W357, W358, W359, W360</p> <p>W361, W363, W364, W365, W366, W367, W368, W369, W370, W371, W372, W373, W374, W375, W376</p> <p>W377, W378, W379, W380, W381, W383, W384, W385, W386, W387, W388, W389, W390, W391, W392</p>
<p>42 CFR 483.470 Physical Environment (W406)</p>	<p>42 CFR 483.470(a)(1) <i>The facility must not house clients of grossly different</i></p>	<p>W407</p>	<p>W408</p>

CONDITION OF PARTICIPATION	<i>Key Standard(s) Regulatory Reference within the CoP</i>	<i>W-tag associated with the key standard regulation</i>	<i>Corresponding standard(s) under the key standard (W-tag reference)</i>
	<p><i>ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together</i></p> <p><i>42 CFR 483.470(b)(4)(i) (4) The facility must provide each client with— (i) A separate bed of proper size and height for the convenience of the client</i></p> <p><i>42 CFR 483.470(d)(1) The facility must— Provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the clients</i></p> <p><i>42 CFR 483.470(g)(1) The facility must— Provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services, as required by this subpart and as identified in each client’s individual program plan</i></p>	<p><i>W417</i></p> <p><i>W424</i></p> <p><i>W435</i></p>	<p><i>W409, W410, W411, W412, W413, W414, W415, W416, W418, W419, W420, W421, W422, W423, W427, W428</i></p> <p><i>W425, W426</i></p> <p><i>W429, W430, W431, W432, W433, W434, W436, W437</i></p>

CONDITION OF PARTICIPATION	<i>Key Standard(s) Regulatory Reference within the CoP</i>	<i>W-tag associated with the key standard regulation</i>	<i>Corresponding standard(s) under the key standard (W-tag reference)</i>
	<p><i>42 CFR 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases</i></p>	<p><i>W455</i></p>	<p><i>W454, W456, W457, W458</i></p> <p><i>*The corresponding standards below are reviewed when any key standard (W407, W417, W424, W435 or W455) under the CoP at 42 CFR 483.470 is out of compliance and is reviewed in conjunction with the corresponding standards under that key standard. W438, W439, W440, W441, W442, W443, W444, W445, W446, W447, W448, W449, W450, W451, W452, W453</i></p>
<p>42 CFR 483.480 Dietetic Services (W459)</p>	<p><i>42 CFR 483.480(a)(1) Each client must receive a nourishing, well balanced, diet including modified and specially prescribed diets</i></p> <p><i>(2) Food must be served-- 42 CFR 483.480(b)(2)(i) In appropriate quantity;</i></p> <p><i>42 CFR 483.480(b)(2)(ii) At appropriate temperature;</i></p> <p><i>42 CFR 483.480(b)(2)(iii) In a form consistent with the developmental level of the</i></p>	<p><i>W460</i></p> <p><i>W472</i></p> <p><i>W473</i></p> <p><i>W474</i></p>	<p><i>W461, W462, W463, W464, W465, W466, W467, W468, W469, W470, W471</i></p> <p><i>W476, W477, W478, W479, W480, W481, W482, W483, W484, W485, W486, W487, W488, W489</i></p>

CONDITION OF PARTICIPATION	<i>Key Standard(s) Regulatory Reference within the CoP</i>	<i>W-tag associated with the key standard regulation</i>	<i>Corresponding standard(s) under the key standard (W-tag reference)</i>
	<i>client; and 42 CFR 483.480(b)(2)(iv) With appropriate utensils</i>	<i>W475</i>	

B. Extended Survey (Rev.)

During a focused fundamental survey, if a key standard of a CoP is found to be out of compliance, then the surveyor will review all corresponding standards under that key standard to determine compliance with that condition (i.e., to determine condition-level compliance). If the review of the key standard and corresponding standards could result in a condition-level non-compliance finding, then the SA can decide to survey all the standards within that CoP. This review of all the standards within an ICF/IID CoP is known as an extended survey.

However, if the review of the key standard and corresponding standards results in a CoP non-compliance finding at 42 CFR 483.420, 42 CFR 483.450 or 42 CFR 483.460, then the team must convert the extended survey to a full survey and follow the procedures for a full survey as indicated below.

NOTE: *Neither the focused fundamental nor the extended survey processes preclude the survey agency from review of any standard, if evidence of non-compliant facility practice is suspected during any survey.*

C. Full Survey (Rev.)

A full survey is a review of all of the standards within all eight ICF/IID CoPs. In addition to the entrance and exit, a full survey follows the procedures outlined in all seven tasks.

A full survey is conducted when any one or more of the following criteria are met:

- The survey team is conducting an initial survey;*
- An immediate jeopardy is called;*

- *The survey team determines from the extended survey that Condition-level deficiencies exist at one or more of the specific CoPs at 42 CFR 483.420, 42 CFR 483.450 or CFR 483.460; or*
- *At the discretion of the SA*

III – Entrance

(Rev.)

In addition to standard entrance procedures, the surveyor will complete the Form CMS-3070G “Intermediate Care Facilities for Individuals with Intellectual Disabilities Survey Report,” to capture characteristics of the facility and the facility’s population. Furthermore, the surveyor will establish the client sample selection by requesting a complete and accurate list of all the clients that currently reside in the facility. After the core number of clients are selected (see Task 1 below), the surveyor will request a copy of each selected client’s Individual Program Plan (IPP). Each IPP will be utilized during observations to determine:

- 1. If the client’s skills matches the IPP;*
- 2. If the IPP is being followed;*
- 3. If staff understand the IPP;*
- 4. Staff and client interactions during the programs; and*
- 5. Health concerns interfering with the IPP.*

IV - Task One - Sample Selection

(Rev.)

The complete sample for the facility will include a core number of clients selected at the beginning of the survey and additional clients are added during the process of the survey as needed based on observations and/or interviews. Do not permit the facility staff to select the sample.

A full review (observation, record review and interview) will be conducted on all clients in the core sample to include:

- 1. Comparison of the Comprehensive Functional Assessment to the Individualized Program Plan (IPP);*

2. *Comparison of the IPP to actual activity observed;*
3. *Review of documentation of client participation and progress compared to observations;*
4. *Timely and appropriate behavior program plan development and implementation as indicated; and*
5. *Medical assessments conducted as indicated and indicated medical care or interventions.*

The core sample of clients is selected from a list of the facility’s current client list without regard to client developmental levels or locations in the facility. At minimum, the core sample should include clients that meet any one or more of the following criteria:

- *Admission within the last six (6) months;*
- *Participation in a day program;*
- *On a self-administration program; and/or*
- *Frequent hospitalizations or ER visits.*

Table 2: Guidance to Calculate Core Sample Size:

<u>Number of Clients Residing in the Facility</u>	<u>Minimum Number in Core Sample</u>
4	2
5-16	3
17-50	4
51-100	6
101-150	8
Over 150	10

During observations, additional clients should be added to the core sample if areas of concern are identified. Examples may include, but are not limited to:

1. *Clients with significant medical involvement which may be impacting the implementation of their IPP;*
2. *Clients with significant behaviors with lack of or inappropriate staff intervention;*
3. *Clients that are idle for extended periods of time;*
4. *Clients that appear to have strengths but are not encouraged to use those skills or are performing activities below their skill levels; and*

5. *Clients who are not provided appropriate medical care.*

Additional Sample Clients:

A client added to the core sample, during observations, does not require a full review of his/her program record. There is no minimum or maximum number of additional clients that must be added to the core sample. The program records for clients added to the core sample (additional clients), should only be reviewed for the observed areas of concern. For instance, in the case of a client observed to be doing work that appears to be for the benefit of the facility, the record should be reviewed to determine whether the work is included in the client's IPP; whether fair compensation is provided; and whether the client's needs are being addressed by the facility. The client and the staff should be interviewed and the information compared to the program records.

Another client may be added to the sample based solely on the fact that he/she is on a self-administration program for medication. In this case, the surveyor would focus the record review on:

- Whether the comprehensive assessment supported the indication for such a program;*
- What the current objectives of the program are and whether the client is following those objectives; and*
- What documentation is maintained of oversight of the objectives and whether the objectives are revised as indicated.*

Observations and interviews with the client and staff would focus on the medication administration.

V - Task Two - Review of Facility Systems to Prevent Abuse, Neglect and Mistreatment and to Resolve Complaints

(Rev.)

When determining whether or not facility systems are in place to prevent abuse, neglect, and mistreatment and to resolve complaints, surveyors will use Task Two.

Task Two consists of two phases. *In the absence of pre-existing characteristics as described below, only Phase One should be completed. If there are pre-existing criteria or if in the course of the survey concerns with client protections are identified, the surveyor should extend to the Phase Two review. Any one or more of the following are pre-existing criteria that would initiate a Phase Two review.*

- *Substantiated complaints or facility reported events in Client Protections since the last recertification survey;*
- *A survey history of citations at W127, W153-W157; or*
- *Concerns identified by the SA that warrant a Phase Two review.*

A. Task Two Phase One

The critical components of this Phase are client observations including staff-to-client and client-to-client interactions, and staff/client/family interviews. These observations and interviews identify the reporting records or investigation records that will be reviewed by the surveyor. These records/reports are requested after the observations and interviews have been completed.

If the surveyor determines during Phase One that there is evidence of possible abuse, neglect and mistreatment, then the surveyor should follow-up with associated interviews and record reviews. The surveyor should contact his or her SA for a possible Immediate Jeopardy (IJ) call. If the CoP for Client Protections at 42 CFR 483.420 is cited, then this concludes Task Two. Additional review of Task Two is completed at the discretion of the SA or CMS RO.

If during Phase One, the surveyor does not observe any instances of possible abuse, neglect and mistreatment, then Task Two may be ended.

1. Phase One Observations:

- *Any signs of client injury (e.g., bruising, splints, bandages, scratches, limping or favoring a limb, etc.);*
- *Client-to-client aggression;*
- *Inappropriate staff-to-client interactions (e.g., physical, verbal);*
- *Signs of fear in the presence of specific clients or staff;*
- *Signs of mistreatment or punishment by staff such as rudeness, rough handling, restriction of rights, etc.; or*
- *Any clients currently in the hospital or experiencing recent hospitalizations or emergency room visits*

2. Phase One Interviews:

If Phase One observations identify any concerns with possible abuse, neglect and mistreatment,

as well as failure to resolve complaints, then specifically associated interviews must be conducted.

The client is interviewed first. Do not exclude clients who use alternate means of communication, such as communication boards or gestures. Most clients are able to communicate in some manner. Questions to the client may include, but are not be limited to:

- a. Are the staff nice to you?*
- b. Do the staff yell, swear, or hit? Who?*
- c. Has anyone ever hurt you? Who? When?*
- d. Are you ever punished for anything? What was your punishment?*
- e. How did you get injured? (If the client has an obvious injury)*

Interview the family, legal guardian, advocates (if applicable) and close friends (if identified) of each client for whom a concern was identified either during observations or client interviews. Family members, legal guardians, advocates and close friends may be interviewed at the facility or by telephone. Questions to the families, legal guardians, advocates and close friends may include, but are not be limited to:

- a. Have you noticed any bruises or injuries of an unknown source on (client's name)?*
- b. If so, did you speak with the staff?*
- c. What did they say?*
- d. How does the staff interact with (client's name)?*
- e. Does (client name) complain of any mistreatment during visits?*

Facility staff should be interviewed as indicated. This includes direct care staff from more than one shift, the applicable Qualified Intellectual Disability Professional (QIDP) and medical personnel. The goals of the interviews are to determine how often injuries/mistreatment are occurring, what process the facility is using for reporting such instances, the timeliness of notifications, whether clients are protected from harm during investigations and whether process changes are implemented by the facility to prevent future injuries and/or mistreatment. The questions during each interview should be tailored according to the observations made.

3. Phase One Record Reviews:

For any specific injury noted during observations (regardless of whether the client is in the sample or not), the surveyor requests the documentation associated with the injury (reporting/investigation/disposition). The goal of this documentation review is to verify the information provided by the staff and to ensure the prompt reporting, investigation and

protection of clients with injuries and allegations of mistreatment.

If the observations, interviews or record reviews during Phase One confirm that the facility is identifying injuries and mistreatment promptly, notifying the appropriate persons, doing appropriate investigations, and doing appropriate interventions, then Task Two is concluded. Deficiencies may be written at Phase One without proceeding to Phase Two.

B. Task Two Phase Two:

If the surveyor determines during Phase One that there is insufficient evidence to find that the facility is in compliance with the Condition of Participation for client protections at 42 CFR 483.420, a more global review is indicated. Request the facility log of client incidents and reports and select a sample of 5 percent of the incidents from the total client incidents occurring during the last three (3) months (a minimum of 10 if available). Request the investigative reports for these incidents. Look for any evidence that suggests that clients are being abused, neglected or mistreated. Determine whether in each case the incident was reported promptly and investigated thoroughly and that safeguards were put into place during the investigation and corrective measures taken in order to prevent recurrences.

If the facility has a system in place to prevent abuse, neglect and mistreatment and to resolve complaints and takes the appropriate corrective measures, then, Task Two is complete.

If the 5 percent sample review is not determinative as to the compliance with the CoP for client protections, or the surveyor identifies any patterns of possible abuse, mistreatment or neglect, or the incident report logs for the past three (3) months indicate an extremely high incident rate, the surveyor should proceed to a full review of the total number of incidents and reports for the past three (3) months to identify any deficient practice by the facility.

If the surveyor believes that issues exist that rise to the level of an Immediate Jeopardy, investigate and procedures in Appendix Q should be followed.

VI - Task Three – Focused Observation

*The majority of the time on an ICF/IID focused fundamental survey is spent doing observation, associated interviews and associated targeted record review. It is critical that observations of sufficient duration occur across the entire survey (i.e. early morning, afternoon, and evening) and occur across the client's various environments (home, recreation and day program). **A minimum of two meals must be observed and two medication pass observations must be conducted.***

Once the client core sample is selected and copies of the Individual Program Plan for each selected client have been obtained, the observations should begin. Do not delay beginning observations awaiting the IPPs. Begin general observations until the IPPs are provided by the

facility.

Initially note and record the first general impressions of each area where the clients are observed (i.e., the milieu). Conduct these observations, without intruding (unless it is necessary to alert a staff member to a possible risk to a client) for at least an hour in each initial location. Note things on the general milieu such as:

- a. Are all the clients in the area dressed appropriately but individually according to what appears to be their preferences?*
- b. What activities are taking place? Note the time of day. Are these activities appropriate for the time of day?*
- c. How many staff are present?*
- d. Does the environment appear calm and purposeful?*
- e. What is the staff doing? How is the staff interacting with the clients? How are clients interacting with each other?*
- f. Are clients being encouraged by the staff to participate in activities or are things done for them?*
- g. What types of adaptive equipment or assistive devices are used?*
- h. Do the staff use teachable moments with the clients?*
- i. How are behavioral episodes addressed?*
- j. Do clients appear well nourished? Do they appear sleepy (not early in the morning)?*
- k. Do any clients have signs of injury? (Note for subsequent staff interview and Task 2 review.)*

The results of these initial observations are critical to the focused fundamental survey process on two levels. The surveyor(s) may observe specific issues which would indicate further investigation or additional clients may need to be added to the core sample. The SA may determine that, based upon the overall initial observation findings, the facility will require an extended or full survey rather than a focused fundamental.

Focused Observation Areas:

1. Active Treatment-

Each IPP must be appropriate for the client based upon a comprehensive assessment and revised with changes in client program needs. The IPP must correspond to what treatments, programs or services the client is actually receiving. Programs should be appropriate for the

client (i.e., is the client able to accomplish/complete the program too easily; have they already accomplished the components of the program; or does the client have program needs that have not been addressed by the IPP (e.g., ADL, behavioral, socialization))? If there are discrepancies with the IPP programs after observing the client in several environments, the surveyor should speak with the client and/or appropriate staff (QIDP, direct care staff, psychology staff) for additional information on the identified concerns. Interviews with staff are not done routinely. If during observations the surveyor(s) determine that the current objectives of the IPP match the strengths and needs of the client, the staff is familiar with the methodology of accomplishing these programs, and they are being carried out as written in the IPP, there is no need to conduct formal staff interviews. The surveyor should ask the staff (direct care staff carrying out the program(s)) for records documenting program(s). Generally, the client should be making steady progress and this should be reflected in the program data. However, if there is no progress made or if there has been a regression, there should be evidence that the QIDP/ID team is aware of the issue and is addressing it. In this case or in the case where actual programs do not match IPP programs or do not seem appropriate for the client based upon the client's identified skills, it will be necessary for the surveyors to interview appropriate staff.

2. Staff

Generally, an inadequate number of staff will result in concerns with client programming and client protection. During observations, note how the on duty staffing ratios either promote or prevent a safe and productive active treatment environment. In some instances surveyors will see the effects of inadequate staffing early (during the first impression observation). These effects may include chaotic environment, client-to-client abuse, self-abuse by clients, clients sitting unengaged for long periods of time with little or no staff presence, clients not given the opportunity to assist in ADLs or participate in the rhythms of life due to the need to "get things done" (such as assisting with meal preparation), or programs not being carried out due to inadequate on-duty staffing.

3. Qualified Intellectual Disabilities Professional (QIDP)

The increased time devoted to observations during the survey provides more of an opportunity to also observe the QIDP in action. Observe interactions between the QIDP and the staff and the QIDP and the clients. Is the QIDP familiar with client programs and client progress? How much direct interaction is occurring among the QIDP, the staff and the clients? Is the QIDP intervening when necessary and facilitating revisions to IPP as indicated? If the surveyor has unresolved discrepancies, any concerns should be discussed with the QIDP.

4. Health Care Services

The surveyor should determine from observations whether or not the sampled clients are receiving medical care as indicated. Note:

- a. Do any of the clients have acute or chronic medical issues? How are these issues being addressed by the medical staff at the facility?*
- b. Do the clients seem alert and energetic?*

- c. *Are clients at a healthy weight?*
- d. *Do the clients have good oral health? Have any dental problems been dealt with promptly and appropriately?*
- e. *Are the staff trained on first aid and reporting of medical issues?*

If during observation there is concern about the health of a client, the nurse surveyor should talk with the client and/or the nurse about the issues observed. In the event that there is not a nurse surveyor, the non-clinical surveyor will need to consult with a clinician at the SA. Determine what interaction is occurring between the client and the medical staff and whether the situation is improving or deteriorating? Review the pertinent portions of the client record and discuss with the medical staff as necessary.

If there are clients on a self-administration of medications program, the evaluation of the program should be part of the active treatment observations.

5. Physical Environment

During observations, the surveyor should observe the facility for cleanliness, comfortable temperature and any safety hazards (i.e. obstructed walkways, resilient, nonabrasive, and slip-resistant floors).

Client Record Review:

Review of the client record during the focused fundamental survey is kept to a minimum. No routine record review is done. All record reviews are focused on obtaining additional information to clarify or completely document areas of question or concern identified during observations.

VII - Task 4 - Required Interviews with Individuals and/or Family/Advocate Direct Care Staff

(Rev.)

A - Purpose

(Rev.)

Individuals living in the facility, their families/guardians and advocates, and direct care staff are important sources of information about the receipt of active treatment on a daily basis. Interviews are conducted for two purposes: to determine how the individual perceives the services delivered by the

facility, and to clarify information gathered during observations.

B - Interview Procedure

(Rev.)

Start with the individual in the sample and the people most closely associated with the individual's daily program implementation. Use the following hierarchy of sources, to the maximum extent possible, in the order shown:

- Individual;
- Families, legal guardian, or advocate;
- Direct care staff;
- Qualified intellectual disabilities professional (QIDP) and/or professional staff; and
- Managers, administrators, or department heads.

Determine from your observations and from the staff how the individual communicates with others. Also determine from the staff the extent of involvement of family members, guardians or advocates with the individuals in the sample. Based on this information, select the individuals from the sample with whom you will conduct more in-depth interviews. Select those individuals who will be able to communicate at least some basic information or those who have actively involved family members, guardians or advocates. Do not exclude from interviews individuals who use alternate means of communication, such as communication boards, sign language, and gestures. Most individuals are able to communicate in some manner.

Attempt to obtain the required number of interviews first from individuals and then from family members, guardians or advocates. In the absence of individuals who are able to communicate and active significant others, interview the direct care staff person who works most closely with the individual in order to obtain the required number of in-depth interviews.

The questions and communication method will vary from person to person. For individuals who use a specialized communication method, attempt to begin the interview on a one to one basis. If you find you are unable to communicate with the individual, ask someone familiar with the person to assist you (e.g., a family member or a staff person.) For this individual, pay close attention to how the staff communicates with him or her. If the person uses sign language or a communication board, does staff understand and interact with the individual using the same method? If the person uses gestures, does staff take time to determine his or her needs?

Family members, guardians or advocates may be interviewed at the facility, at a location convenient to both the surveyor and the interviewee, or by telephone. All interviews should be conducted in private locations and scheduled at mutually agreed upon times in order to minimize disruptions to individual, family, or staff activities.

C - Content of In-depth Interviews

Determine what the facility does to provide individualized services and supports; and how individuals and families participate in service planning and in making choices about matters important to them.

- Are individuals treated with respect and dignity?
- Does the facility attempt to help the person set and attain individual goals?
- Are there consistent opportunities for making choices?
- When a choice is not an option, how is the individual assisted to understand?
- For example, if a planned activity is to go to a restaurant for dinner, who chooses the restaurant?
- Is it staff or the individuals living in the facility?
- If one group of people does not want to go, how is this choice accommodated?
- Is the accommodation based on individual choice, staff convenience, or a reasonable justification if a choice is not an option?

See section D for suggested interview questions. Unless designated that certain questions be directed to a certain person, questions are relevant to whoever is being interviewed (individual, family member, advocate or staff person.) Modify the wording of the questions based on the person being interviewed (individual, family member, or staff) and on the communication skills of that individual. For example, you may discover that the person responds better to questions that can be answered “yes” or “no” than to open-ended questions. Be sensitive to signs that the individual is tiring or becoming uncomfortable and either end the interview or continue it at a later time if this occurs. It is not necessary to ask every question in the guide, but do try to ask at least one question from each topic area.

D - Suggested Interview Questions

If you have not met the person before, begin the interview by explaining who you are and what your role is. To put the person at ease you may want to begin with some general conversation, e.g., about the weather or a special event coming up. At the end of the interview, if you think you may need to discuss or confirm personal information with staff or family, ask the person if it is OK to share that information.

Questions Related to Choice and Community Participation (W136, W147, W247):

- What sorts of things do you like to do for fun?
- Do you go out to activities or events in the community (like shopping, movies or church)?
- How often do you do this?
- How do you get there?
- Who chooses where you go?
- Do you go to visit family members or take vacations?
- Is there something you would like to do more often?

Questions Related to Personal Finances and Possessions (W126, W137):

- Do you earn money on your job (at your day program)?
- What do you like to buy with your money?
- Do you have enough money to buy the things you want or need?
- Does someone help you with spending or saving your money?
- When you go to the store, do you pay for items or does a staff person pay for them?
- Do you have enough clothes and shoes?
- Do you always have enough deodorant and toothpaste, etc.?
- What do you do if you need to buy something?

Questions Related to Personal Relationships and Privacy (W129-W130, W133, W143 - W148):

- Do you have family or friends who visit you?
- Does your family write to you or telephone you?
- Does someone help you read their letters/ call them on the phone?
- If you feel like being alone or spending private time with a friend or family where do you go?
- Does staff knock on your door before they come into the room?

For family member/advocate:

- How do you learn about things like the services your family member receives, an illness or a change in medication?
- Are there any restrictions on when you visit your family member or where you can go within the home?

Questions Related to Individual's and Family's Participation in the IPP Process (W209, W247):

- Do you go to (team) meetings with the staff where they talk about the services you get?
- Does your family/advocate come to these meetings?
- Were you asked if the date and time of the meeting were OK with you?
- What would you like to learn to do for yourself?
- Does the staff ask you what you want?
- Who chooses what you do?
- Does the staff listen to you and make changes based on what you want?

For staff:

- How do you communicate with this individual?
- What does (s)he like and dislike? How do you know that?

Questions Related to Service Delivery ([W242](#), [W249](#), [W436](#)):

- What help do you need from staff to dress, eat, bathe, etc?
- Do you get any special therapy (e.g., speech or physical therapy)?
- What new things are you learning to do?
- What chores do you help with around the house?
- Who helps you when you do not know how to do something?
- What special equipment do you use?

Questions Related to Individual's Rights and Protections: [W124-W125](#), [W127](#), [W153 - W157](#), [W127-W128](#), [W263](#):

- Who do you tell if you do not like something, or something is wrong?
- Are there rules that everyone who lives here must follow?
- What sorts of things are you allowed to do or not do?
- How does the staff treat you?
- Are staff loud?
- Does staff yell, swear or hit?
- Do you ever do things you are not supposed to do? What happens then?
- Were you ever asked to give consent for any treatments or services?
- Were you told the benefits, risks and alternatives?

Questions Related to Health Status ([W322](#), [W356](#)):

- How often do you see a doctor? A dentist?
- Do you have any health problems?
- Do you take any medicines? Do you know what they are for?

Wrap-up Questions:

- Is there anything you especially like about living here? Anything you especially dislike?
- Is there anything else you think I should know about what it is like to live here?

E - Interviews to Clarify Observations

In the absence of finding appropriate interaction between staff and individuals during observations, it may be necessary to judge whether or not staff is knowledgeable about individual objectives and techniques for implementation of programs. If possible, interview staff following the interval in which the individual was observed with the particular staff member. (For example, if you have just observed Individual A engaging in stereotypical behaviors, ask: "Can you tell me what, if anything, you do when he rocks back and forth?") Ask questions that elicit information about how staff learns what to do with individuals across the spectrum of support and programming activities they are expected to perform. Ask professional staff questions to see if they know how to implement programs for an individual other than their professional discipline (e.g., how to carry through with a behavior program in the midst of communications training).

Ascertain whether the staff is competent to carry out the individual's choices and skill development activity. Is there evidence that programs are in fact being carried out throughout the individual's waking hours? Are interventions revised based on changes in the individual's progress toward goals? If staff cannot demonstrate the skills necessary to implement the individual's programs and choices, if interventions are not being carried out consistently, or if revisions to interventions do not occur, you have findings that active treatment is not being delivered.

F - Documentation

Record each interview you conduct with individuals, staff, consultants, off-site day program staff, legal guardians, etc., in your personal notes or on the optional observation worksheet (Form [CMS-3070I](#)). Include the following information in your notes for each interview:

- Date and time of interview;
- Job title and assignment at the ICF/IID;
- Relationship to the individual or reason for the interview; and
- Summary of the information obtained.

VIII - Task Five - Drug Pass Observation

Observe the preparation and administration of medications to individuals. With this approach, there is no doubt that the errors detected, if any, are errors in drug administration, not documentation. Follow the procedure in the interpretive guidelines at [W369](#) for conducting the drug pass observation. Notes on observations of the drug pass may be recorded on Form [CMS-677](#) (LTC Medication Pass Worksheet) or in the surveyor's personal notes. The purpose of the review is to direct the facility's attention to assuring an error free drug distribution system and away from the paper processes that often do not represent actual errors in medication administration. For the purposes of this task, a "small" facility is one that houses 16 or fewer residents.

IX - Task Six - Visit to Each Area of Facility Serving Certified Individuals

A - Purpose

By the end of the survey, visit each area of the facility serving certified individuals in order to:

- Ensure that all areas of the facility (including those that are not represented by individuals in the sample) are providing services in the manner required by the regulations.
- Assess generally the physical safety of the environment.
- Assess that individual rights are proactively asserted and protected.

B - Protocol

After individuals in the sample have been assigned to team members, review the facility's map or building layout. Assign members to visit each remaining residential and on-campus day program site prior to completing the survey. Insure that each area of the facility that is utilized by individuals has been visited. This visit may be done with or without facility staff accompanying you, as you prefer, and subject to their availability. Record your observations in your notes.

Converse with individuals, family members/significant others (if present), and staff. Ask open-ended questions in order to confirm observations, obtain additional information, or corroborate information,

e.g., accidents, odors, apparent inappropriate dress, adequacy and appropriateness of training activities. Observe staff interactions with other staff members as well as with individuals for insight into matters such as individual rights and staff responsibilities.

XI - *Task Seven - Record Review of Individuals in the Sample*

A - Introduction

Do not spend an excessive amount of time looking at fine details in the record review of the selected sample. The purposes are to:

- Verify the applicable information obtained from your observations and interviews;
- Review revisions that have been made to the objectives; and
- Verify that needed health and safety supports are in place.

Do not review in detail the written training programs that are developed for each individual unless you discover serious differences between the record and your observations and interviews. Review those parts of the record most relevant to your purposes as described below.

B - The Individual Program Plan (IPP)

Identify the developmental, behavioral, and health objectives the facility has committed itself to accomplish during the current IPP period. Identify what, if any, behavioral strategies (e.g., behavior modification programs, use of psychotropics) are being used with individuals in your sample. Determine what, if any, health or other problems might interfere with participation in program services.

C - Program Monitoring and Change

Skim the most recent interdisciplinary team review notes to identify what revisions were made to the IPP. Determine whether revisions were based on objective measures of the individual's progress, regression, or lack of progress toward his/her objectives.

D - Health and Safety Supports

Verify, either through the interdisciplinary team review notes or through the most recent nursing notes, that the individual has received follow-up services for any health or dental needs identified in the IPP and check the person's current drug regimen. For individuals with whom restrictive or intrusive techniques are used, verify that the necessary consents and approvals have been obtained.

If this information is consistent with your observations and interviews, conclude the record review. If discrepancies are found, conduct further observations or interviews as needed to verify your findings.

XII - Exit Conference

(Rev.)

During the pre-exit conference, the survey team records on the Form CMS-3070H ("Intermediate Care Facilities for Individuals with Intellectual Disabilities Deficiencies Report") those requirements that are determined to be deficient and the findings that support that determination. Write the deficiency statement in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. Indicate on the Form CMS-3070H the data prefix tag, followed by a summary of the deficient facility practice(s). Briefly identify the supporting findings for each deficiency (i.e., transfer to the Form CMS-3070H the identifier numbers of all clients to whom the deficient practice applies.) It is not necessary to write a full description of the findings on the Form CMS-3070H since they will be described in more detail on the completed Statement of Deficiencies (Form CMS-2567). It is necessary to complete the Form CMS-3070H for each survey because the Form CMS-3070H is the only document in which the survey team's recommendations for deficiencies are recorded (which may be changed later on the final Form CMS-2567 as a result of supervisory review) and because not all client examples may be used on the Form CMS-2567. During the exit conference, provide the facility administrator with all regulations determined to not be met during the survey. Provide examples as necessary, allow the facility to provide additional information if it chooses, inform the facility that the findings are preliminary and final compliance determinations will be made by the survey office.