DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality / Survey & Certification Group

Ref: S&C: 12-45-NH

DATE: **September 27, 2012**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Advance Copy of Interim Guidance - Revisions to State Operations Manual (SOM), Appendix P-Traditional Survey Protocol for Long-Term Care (LTC) Facilities and Chapter 9/Exhibits including Survey Forms 672, 802, 802S and 802P.

Memorandum Summary

- **Revisions to Appendix P of the SOM:** Survey Protocols for LTC Facilities have been revised for the Traditional Survey process Tasks 1-5C to reflect changes for the:
  - Minimum Data Set (MDS) 3.0;
  - New Quality Measures (QM) Reports;
  - Revised CMS forms 672 and 802, 802S and 802P; and
  - Sampling and reviewing residents receiving psychopharmacological medications, specifically antipsychotic medications.
- **Revisions to Chapter 9 of the SOM:** Various Exhibits including survey forms have been revised to accommodate changes for MDS 3.0 and the new QM Reports; and
- **New QM Reports:** Available for use in the Traditional Survey Process.

The Centers for Medicare & Medicaid Services (CMS) has updated Appendix P of the SOM to include the following revisions:

- Section II.B – The Traditional Survey has been updated to include the use of the new QM Reports, revised survey forms 672, 802, 802S and 802P, and MDS 3.0; and

The following Exhibits as part of the SOM, Chapter 9 have been revised to reflect the new QM Reports and MDS 3.0:

- Exhibit # 259 MDS Automation Set/Contract Agreement Approval Regional Office (RO) Checklist
- Exhibit # 260 Entry, Discharge and Reentry Algorithms

- Exhibit # 261 Privacy Act Statement
- Exhibit # 262 Correction Policy Flowchart
- Exhibit # 263 MDS Submission and Correction
- Exhibit # 264 Resident Census and Conditions of Residents – form 672
- Exhibit # 265 Roster Sample Matrix form - 802
- Exhibit # 266 Roster Sample Matrix form -802 – Provider Instructions
- Exhibit # 267 Roster Sample Matrix form 802 – Surveyor Instructions
- Exhibit # 268 Facilities Characteristics Report
- Exhibit # 269 Facility Quality Measure Report
- Exhibit # 270 Resident Level Quality Measure Report
- Exhibit # 271 QM Reports Technical Specifications
- Exhibit # 273 Correction Policy Summary Matrix

The following Exhibits as part of the SOM, Chapter 9 have been deleted:

- Exhibit # 272 Overview of MDS Submission Record - **deleted**
- Exhibit # 274 Definition of Important Dates in the Resident Assessment Instrument (RAI) process - **deleted**

If you have any questions regarding this memorandum, please contact Kathleen Johnson at 410-786-3295 or via e-mail at Kathleen.Johnson@cms.hhs.gov

Implementation Date: Surveyors are to use these revised protocols, forms and QM reports as applicable when conducting Traditional Surveys, beginning no later than December 1, 2012.

Training: Power point slides with speaker notes are attached, to train on the Appendix P revisions.

CMS is in the process of updating the SOM, to reflect these revisions. An advance copy of the interim Survey Protocol guidance is attached. The final version of this document, when published in the on-line SOM may differ slightly from this interim advanced copy.

/s/
Thomas E. Hamilton

Attachments:
Appendix P-Traditional Survey Protocol for Long-Term Care (LTC) Facilities
Chapter 9/Exhibits including Survey Forms 672, 802, 802S and 802P

cc: Survey and Certification Regional Office Management

State Operations Manual
Appendix P - Survey Protocol for Long Term Care Facilities
Part I

II.B. The Traditional Survey

II.B.1 Traditional Standard Survey Tasks

Devote as much time as possible during the survey to performing observations and conducting formal and informal interviews. Reviews of records or policies and procedures should be conducted in order to obtain specific information and/or to verify or corroborate potential concerns.

Task 1 - Offsite Survey Preparation - *is intended to* analyze various sources of information available about the facility in order to:

- Identify and pre-select *potential resident's* for Phase 1 of the survey based on the Facility *and Resident Level* Quality Measure *(QM) r*eports. This pre-selection is subject to amendment based on the *information gathered during* the tour, *entrance conference, and facility Roster/Sample Matrix;*

- Note *potential* concerns based on other sources of information listed below and note other potential residents who *may* be selected for the *Phase I* sample; and

- Determine if the areas of potential concerns or special features of the facility require the addition of any specialty surveyors to the team.

*To focus the survey, use t*he following sources of information during the offsite team meeting. **It is important that the QM reports be generated as close to the date of survey as possible, preferably no more than a few days prior to the survey.**

1. Quality Measure *(QM)* ***Reports*** *- U*sed *to identify indicators* of potential problems or concerns that *may* warrant further investigation. They are not determinations of facility compliance with the long term care requirements. There are three reports *that need to be* downloaded from the State *Minimum Data Set (MDS)* database *prior to conducting the survey*:

- **Facility Characteristics Report** - provides demographic information about the resident population (in percentages) for a selected facility compared to all the facilities in the State *and nationally*.

- **Facility Quality Measure Report** - provides facility status for each of the *MDS* based QMs as compared to state and national averages. For each QM, reading across a row from left to right are:

- *The measure ID - the number assigned to the QM. (Note this column is blank for 4 items that were formerly Quality Indicators which are no longer used; however we retained these items for this report although they are not part of the QM set for public reporting.)*
- The numerator - the number of residents in the facility who have the condition.
- The denominator - the number of residents in the facility who could have the condition.
- The facility observed percentage of residents who have the condition.
- The facility adjusted percentage of residents who have the condition.
- The State average percentage of residents who have the condition.
- The national average percentage of residents who have the condition.
- The *national* percentile ranking of the facility on the QM - a descriptor of how the facility compares (ranks) with other facilities *nationally*. The higher the percentile rank, the greater potential there is for a care concern in the facility.
- An asterisk is present in any row in which the facility *is* flagged on a QM, which means that the facility is at or above the *national 75*th percentile.

- **Resident Level Quality Measure Report** - provide*s* resident specific information generated using current records from the CMS MDS data base. An *"*X*"* appears in a QM column for a resident who has that condition *and a "b" appears in a QM column for a resident where the condition was not triggered or is excluded. F*or each resident, reading from left to right:
  - *Name in alphabetical order*;
  - *Resident Identification number*;
  - MDS type of assessment (1 = admission, 2 = *quarterly*, 3 = *annual*, 4 = significant *change in status*, and 5 = significant *correction to prior comprehensive*);
  - *QMs are listed in the same sequence on each report*; and
  - A column that counts how many QMs the resident triggered.

NOTE: Resident-specific information in the Resident Level *QM r*eport must be kept confidential in accordance with the Privacy Act. These reports are only for the use of the State *survey* agency *(SA)*, CMS representatives, and the facility.

2. Statements of Deficiencies (CMS-2567) and Statements of Isolated Deficiencies Which Cause No Actual Harm with Only Potential for Minimal Harm (Form A). Statements of deficiencies from the previous survey should be reviewed, along with the sample resident identifiers list. Review the specific information under each deficiency and note any special areas of concern. For example, a deficiency was cited for abuse based on surveyor observation of a staff member striking a resident who was combative. Identify this resident *and staff member* and add the resident to the Offsite Preparation Worksheet. *Once onsite determine if this resident is still residing at the facility and evaluate this resident for possible inclusion in the sample after discussion with the team.*

3. *CASPER* Report 3, History Facility Profile, and *CASPER* Report 4, Full Facility Profile. *Report 3 contains the compliance history of the facility. Use it to determine if the facility has patterns of repeat deficiencies in particular tags or related tags. This report also lists the history of any complaint investigations and Federal monitoring surveys. Report 4 contains information provided by the facility during the previous survey on the Resident Census.*

4. Results of Complaint Investigations - Review information from complaints investigated since the previous standard survey and complaints filed with the *SA*, but not yet investigated. Note resident and staff names related to the complaints and note patterns of problems relating to *specific living areas, households, neighborhoods, units* or shifts. *Do not reinvestigate complaints already completed but consider the information to assist in selecting potential residents or concerns.*

5. Information about Waivers or Variances - If the facility has, or has requested any staffing waiver*s* or room variances, note these for onsite review. The team will *review these* onsite to *determine if a recommendation for a waiver or variance* should be granted, continued, or revoked due to a negative effect on resident care or quality of life. *Final approval of any waiver or variance will be made by the State or Regional Office as appropriate not by the surveyor at the time of the survey.*

6. Information from the State Ombudsman Office - Note any potential areas of concern reported by the *State O*mbudsman office and note resident names reported as potential sample residents, residents for closed record review, or family members *for interviews and the reasons for the State Ombudsman recommendation.*

7. Preadmission Screening and Resident Review Reports (PASRR) - Some States may have formal mechanisms to share with the *SA* the results of PASRR screens for residents with mental illness *and/*or *intellectual or developmental* disability. If this information is available, evaluate if there are any potential concerns and note names of residents for possible inclusion in the sample.

8. Other Pertinent Information - At times, the *SA* may be aware of special potential areas of concern that were reported in the news media or through other sources. Evaluate this information to determine if there are potential areas of concern that should be investigated onsite.

Team Coordinator Responsibilities - The team coordinator and/or designee *are* responsible for completing the following tasks:

1. Contact the *State O*mbudsman office in accordance with the policy developed between the *SA* and State *O*mbudsman *program*. The purpose of this contact is to notify the *O*mbudsman of the proposed day of entrance into the facility and to obtain any information the *O*mbudsman wishes to share with the survey team. *Determine* whether *an O*mbudsman will be available if residents participating in the group or individual interviews wish her/him to be present;

2. Obtain all information sources listed above *(1-8)* for presentation at the offsite team meeting;

3. Copy and distribute to the team the facility's floor plan *if available and* if the team is unfamiliar with the facility's layout;

4. Make extra copies of the *CASPER* Reports 3 and 4, and the QM reports to be given to the facility's administrator; and

5. Obtain an extra copy of the *G*roup *I*nterview *W*orksheet to give to the resident council president *or other council designated individual*.

Offsite Survey Preparation Team Meeting - Present copies of the information obtained to the survey team members for review at the team meeting. The team must prepare for the survey offsite, so that they are ready to begin the Entrance Conference and Initial Tour immediately after they enter the facility. The team should:

1. Review the Facility Characteristics *R*eport to note the facility's demographics.

2. Use the Facility *QM r*eport to *pre-*select concerns for any QM that is flagged *at the 75th (or greater) national percentile*. For the items that are duplicated between the *long stay and short stay* residents (*such as* pain, pressure ulcers, *antipsychotics medications, etc*.), note whether the area of concern was selected based on *long stay or short stay residents*, or both. The survey team may also wish to select other QMs that are of *potential concern* because they are related to *other* QMs that have been selected.

NOTE: *A resident is considered a long stay when they have been in the facility for 101 days or more. A short stay resident is defined as someone who has been in the facility for less than or equal to 100 days. Days do not need to be consecutive but are cumulative.*

3. *Using the Resident Level QM report*, begin selection of potential residents for the *off-site* Phase 1 survey sample with *long stay* residents to represent the concerns that have been selected. Use Table 1 in this section and the number of the total resident census to determine the size for the Phase 1 sample. Pre-select a few more residents (3-5) than the actual number that will be required for Phase 1 since some selected residents may no longer be *in the facility*. *Short stay residents* are likely to have been discharged, *however t*he survey team may use *these* residents from which to select potential closed records for review *or* if some *short stay* residents triggered a selected QM and are still at the facility, the team may select some of these residents in order to investigate issues of concern. *The best residents to select are often those who have multiple care areas that have been selected as potential concerns. Approximately sixty percent (60%) of residents are chosen during Phase 1 and the remaining forty percent (40%) in Phase 2.*

4. Use a copy of the Roster/Sample Matrix to highlight concerns the team identifies for Phase 1, and to list residents pre-selected and the QM conditions for which each was selected. Mark the "offsite" block on this form to distinguish it from the Phase 1 version that will be completed in Task 4, "Sample Selection."

- *If* the team has noted concerns with weight loss, dehydration, *and/or* pressure *ulcers*, *there is a minimum number of residents who must be selected for the Phase 1 sample to represent any or all of these conditions. Refer to Table 1-Long Term Care Facilities - Resident Sample Selection.*

- For the remaining half of the Phase 1 *off-site* preliminary sample, select residents to represent the remaining areas of *potential* concern.

If there are no other *QMs* that have been selected as concerns, the team *should* select residents based on other sources of information, e.g., complaints or a report from the *State O*mbudsman, or may wait to select the remaining Phase 1 residents based on *I*nitial *T*our findings.

If the average length of stay for the facility's population is less than 14 days, there may be little information available. Pre-selection of QM-based concerns and/or the full sample may not be possible. Selection of some or all concerns and residents may need to be totally conducted onsite.

The survey team should be alert to inconsistencies on the Facility *QM r*eport that may indicate facility error in completing and/or transmitting its MDS records, or a problem with State's software or CMS' database. The following are some possible indicators of data quality problems:

- The denominator for *QMs* that use "all residents" substantially exceeds or is substantially smaller than the facility bed size;

- The number of residents with a QM condition, i.e., the numerator, exceeds the resident population; or

- The numerator for a particular QM is zero although other information sources indicate otherwise. For example, the QM report shows zero residents in restraints, but the *State O*mbudsman notified the team that she/he verified complaints about restraints. The most common reason for this type of inconsistency is incorrect MDS coding by the facility.

If these or other potential accuracy concerns are noted, the team should add resident assessment accuracy as a concern for the survey. This review need not be done for *those* facilities *where all of the residents are short stay* which will often have unusual values in the numerator and denominator due to rapid turnover of residents.

The Facility *QM r*eport is generated using the current MDS records in the State *MDS* database at the time the report was generated. However, it excludes residents who have only an initial *admission* MDS record in the system. This was done so that the report reflects the care residents have received while residing in the facility, as opposed to the conditions of residents at the time of admission to the facility. The Resident Level *QM r*eports are calculated using the most recently transmitted MDS record, e.g., annual, significant change, quarterly, or initial *admission* MDS record. Differences could be seen between the Facility and the Resident Level *QM r*eports since the former does not use the admission MDS data. For example, a Resident Level *QM*

*r*eport may indicate a resident had a catheter but the Facility *QM r*eport might show a "0." This *may* not *be* an accuracy problem. *I*t only reflects the use of different data to generate each report.

5. Review the *CASPER* reports after the review of the QM reports to add corroborative information to the QM information, e.g., a pattern of repeat deficiencies in a requirement related to a flagged QM, and/or to point out areas of discrepancies between the QM numerators and the *CASPER r*eports, e.g., the *CASPER* 4 report lists the facility as having triple the average number of residents in restraints, but the QM for restraints shows the facility has less restraints than most facilities. Relate information between *CASPER* reports 3 and 4 such as a pattern of repeat deficiencies in range of motion and a lower than average percentage of residents receiving rehabilitative services.

NOTE: *While CASPER* reports and the QM reports can *assist* surveyors, *t*his information may not represent the current condition of residents *or practices* in the facility at the time of the survey. **Keep in mind that the *CASPER* information is approximately 1 year old, and the QM information may be from 2-6 months old.** Resident characteristics that were reported by the facility during the last survey may have changed significantly and may be the source of some discrepancies between *CASPER* and QM information.

6. Review all other sources of information and record additional information on the Offsite Preparation Worksheet, for example, residents' names for possible inclusion in the Phase 2 sample based on non-QM sources of information, special features of the facility, or special resident populations. Identify any outstanding complaints needing investigation. At this meeting, establish preliminary surveyor assignments and projections of which day's team members will enter early and/or stay late to make observations of resident care and quality of life.

Task 2 - Entrance Conference/Onsite Preparatory Activities

The team coordinator informs the facility's administrator *or designee* about the survey, and introduces team members. *After the introduction, the other team members should immediately proceed to conduct the Initial Tour while the team coordinator conducts the entrance conference*.

NOTE: If the survey is commencing at times beyond *regular* business hours, or on a Saturday, Sunday *or Holiday*, once onsite, announce the survey, ascertain who is in charge, ask th*is* person to notify the administrator that a survey has begun. Modify the *E*ntrance *C*onference and complete the task*s* and the onsite preparatory activity as appropriate. *Also,* the *I*nitial *T*our *may* need to be modified in recognition of the residents' activity *or personal preference*, e.g., sleep, religious services, and types and numbers of staff available upon entry.

The team coordinator should:

- *Request that by the end of the Entrance Conference the team coordinator is provided a copy of the current actual daily work schedules for licensed and registered nursing staff*

for all shifts during the survey period. The facility may need to update this during the course of the survey to reflect actual as opposed to planned work schedules.

- Inform that the survey team will be communicating with *facility staff* throughout the survey and will ask for assistance when needed. *Also, advise that facility staff* have the opportunity to provide *survey team members* with any information that would clarify an issue brought to their attention.

- *Provide* copies of the QM reports and the *CASPER* 3 and 4 reports that are being used for the survey. Explain these reports and how they were used by the survey team in Task 1. If there are discrepancies between the *CASPER* information and the *QM reports*, ask the administrator, or person designated by the administrator, to explain the discrepancies.

- Ask the administrator *with whom a team member would speak* to further discuss any special features of the facility's care and treatment programs and resident case-mix. For example;
  - Does the facility have special care unit*s* for residents *with heavy clinical care needs, people with dementia, or those receiving specialized rehabilitation services*?
  - *What individualized care and services are provided for residents with dementia?*
  - *How are staff educated and trained to care for people with dementia, including how to prevent or address the behavioral and psychological symptoms of dementia (BPSD)?*
  - *How does the facility monitor the use of psychopharmacological medications, specifically antipsychotic medications?*

- *Determine* if the facility utilizes paid feeding assistants. *If yes, ask the administrator with whom a team member would speak to further discuss information about how and where feeding assistants receive their training.* Determine whether the training for the feeding assistant*s* was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training. Request the names of *all* staff (including agency staff) that have successfully completed training for feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks.

NOTE: Paid feeding assistants must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). Therefore, if a facility has a nursing waiver, that facility cannot use paid feeding assistants when a licensed nurse is not available.

- Inform the administrator that there will be interviews with individual residents, groups of residents, family members, *visitors*, and legal representatives, and that these interviews are conducted privately, unless the interviewees request the presence of *an Ombudsman or* a staff member. Ask the administrator to ensure that *during the survey, there are times when residents, families or resident representatives may* contact the survey team without facility staff present and without having to ask facility staff to leave or to allow access to the team.

- Determine if the facility has a functioning Q*uality* A*ssurance* & A*ssessment (QA&A)* committee and:
  - *Who* participate*s* on the committee;
  - Who leads the committee;
  - How often the committee meets; and
  - *With whom should* the survey team discuss QA&A concerns.

- Ask the administrator to provide the following *information within an hour or as soon as possible following the Entrance Conference:*

1. List of key facility personnel, e.g., directors of nursing services, social services, activities; dietitian or food supervisor; rehabilitation services staff; charge nurses; pharmacy consultant; plant engineer; housekeeping supervisor; persons responsible for infection control, emergency preparedness and quality assurance; health information management professional; and the medical director;

2. *A copy of the facility's admission packet/contract(s) provided to all residents, including payment sources and written information that is provided to residents regarding their rights and facility policies;*

3. Meal times, dining locations, copies of all *current* menus, including therapeutic menus that will be served for the duration of the survey;

4. Medication "pass" times *for each unit, neighborhood, and/or floor*;

5. List of *all* admissions during the past month, and a list of *all* residents transferred or discharged during the past 3 months with *their* destination*(s)*;

6. *List of all residents who are receiving or have received antipsychotic medications over the past 30 days;*

7. A copy of the facility's *building* layout *if not already available*, indicating the location of nurses' stations, individual resident rooms, *storage and* common areas, *etc*.;

8. Facility policies and procedures to *prevent* and investigate allegations of abuse, *neglect and misappropriation of resident's property* and the name of a person *to answer questions regarding these policies and investigations;*

NOTE: *Do not spend unnecessary time examining these policies and procedures. Use the review of these policies and procedure primarily to validate and/or clarify information obtained from observations, interviews or other concerns noted during the survey.*

9. *A completed Roster/Sample Matrix and Resident Census and Conditions of Residents. These are* crucial for the team to have for their sample selection. Stress to the facility that *these* form*s* should be completed first and given to the team coordinator *within an*

hour following the Entrance Conference. After the *initial forms are* delivered to the team, the facility may make modifications for accuracy or add additional information *including any resident on a "bed hold"* within 24 hours*;*

10.List of any residents age 55 and under and any residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility;

11. A completed Long Term Care Facility Application for Medicare and Medicaid;

12. A list of Medicare residents who requested demand bills in the last 6 months (SNFs or dually-participating SNF/NFs only); *and*

*13. T*he staff person responsible for coordinating and implementing the facility's immunization program. *F334 requires each resident to be offered influenza immunization during October 1 - March 31, unless the immunization is medically contraindicated or the resident has already been immunized during this time period. However, the Centers for Disease Control (CDC) has now defined the influenza season by whether or not influenza is circulating in the facility's geographic area. If the facility has not offered the immunization when the influenza is identified within the facilities geographic location, and it is outside of the dates of October 1 through March 31, consider F441, Infection Control rather than citing F334.*

- Also, ask the following questions:
  1. *Which resident rooms, if any:*
     - *Have less square footage than required?(F458)*
     - *Are occupied by more than four residents?(F457)*
     - *Do not have at least one window to the outside?(F461)*
     - *Are not at or above ground level?(F461)*
     - *Do not have direct access to an exit corridor?(F459)*

  2. *Are there variances in effect for any of these rooms and will you continue to request a variance for any such rooms?*

Onsite Preparatory Activities

In areas easily observable by residents and visitors, post, or ask facility *staff* to post, signs announcing that a survey is being performed and that surveyors are available to meet *in private* with residents*, family, visitors or other interested individuals*.

The team coordinator or designee should contact the resident council president *or other council designee* after the *E*ntrance *C*onference to introduce *themselves* and announce the survey. Provide a copy of the group interview questions. Request *his/her* assistance for arranging the group interview and to solicit any comments or concerns. Ask permission to review council minutes for the past 3 months. If there is not an active resident council, or if the council does not have officers, ask for a list of residents who attend group meetings, if any, and select a resident

representative to assist in arranging the group interview. If the *O*mbudsman has indicated interest in attending the group interview, ask *the resident council representative* if that is acceptable to the group, if it is, notify the *O*mbudsman of the time/place of the meeting. The team coordinator, the surveyor assigned to conduct the group interview, or a designee should arrange for a date, time and private meeting space for the group interview.

Task 3 - Initial Tour - *i*s designed to:

- Provide an initial *review and observation* of the facility, residents, and staff;
- Obtain an initial evaluation of the *overall* environment of the facility, *including a brief tour of the kitchen*; and
- Confirm or invalidate the *off-site sample selection and preliminary issues* for pre-selected *resident or facility concerns*, and add *new* concerns *or residents as appropriate*.

*In addition, t*he *I*nitial *T*our is used to gather information about *resident* concerns which have been pre-selected; new concerns discovered onsite; and whether residents pre-selected for the Phase 1 sample offsite are still present in the facility. *Also*, attempt to meet and talk with as many residents, *family members, or visitors* as possible during the tour to identify other *residents* for the sample, *residents that may be able to participate in interviews*, *potential family members or others to consider for interviews*, to get an initial overview of facility*'s* care and services, to observe staff/resident interactions; and to evaluate the impact of the *overall* facility environment on the residents.

Surveyors must accurately document all observations, interviews and conversations with staff, residents, and family members or other individuals. This information must include date and time as well as names of involved individuals and a description of the observation, interview, conversation and/ or record review. This documentation will be used to support survey findings, compliance decisions and subsequent deficiencies as appropriate.

Surveyors should tour individually as assigned by the team coordinator. It is desirable for team members to have a facility staff person who is familiar with the residents accompany them during the tour to answer questions and provide introductions. However, do not delay the *t*our if facility staff *is* not available. Begin the tour as soon as possible after entering the facility.

The surveyors may allow, or refuse to allow, facility personnel to accompany them during a survey. Facility personnel may be helpful. They may answer questions or point out certain concerns to the survey team, thus making the entire process easier. Conversely, facility personnel may hinder the surveyor, argue about observed problems, and make the survey more difficult. This is not to be tolerated. The surveyors may refuse to allow facility staff to accompany the team if such behavior occurs. The surveyors should make a decision based on the circumstances at the time of the survey.

Phase 1-- Pre-selected Concerns and Potential Residents: During the *Initial T*our, determine whether resident*s'* pre-selected offsite *are still residing at the facility, and are able to participate in a Quality of Life Assessment Resident Interview or Group Interview*.

Do not rely solely on the information that facility *staff* provides concerning which residents are interviewable. The survey team should determine *which* residents are able to participate in a Quality of Life Assessment *Resident or Group I*nterview.

For non-interviewable residents identified in the pre-selected Phase 1 sample determine if there are family members or other individuals familiar with the resident that can be selected for a Quality of Life Assessment Family Interview. Also note other non-interviewable residents among the facility population whose family members *or other appropriate representative* could be selected for interviews.

For consideration in the resident sample selection for Phase I and/or Phase II, ask staff to identify all residents:

- Who have no family, *significant others or no or infrequent visitors*.
- Admitted *or readmitted* within the past 14 days.
- For whom transfer or discharge is planned within the next 30 days.
- *Receiving dialysis or hospice services.*

During the Initial Tour:

- Observe *for* possible quality of care and*/or* quality of life concerns. *When* concerns involve specific residents *and/or staff*, note the resident's name *and/or staff involved*, and the date/time when the observed concern *was identified*. Include the details of the observation in documentation, including any *effect* on the residents involved. *Things to consider include:*
  - Resident grooming, dress, and appropriate footwear, *eyeglasses, hearing aids etc.*;
  - Staff *to* resident interaction related to residents' dignity, privacy and care needs including staff availability and responsiveness to residents' requests for assistance;
  - The way staff *respond* to residents, *family or visitors*, the nature and manner of *these* interactions, and whether residents *and staff have conversations* when care is given; and
  - *Communication, interactions and approach/techniques used by staff when addressing residents' emotional and behavioral needs, such as crying out, pacing, etc. including staff availability and response time and the resident's reaction to these interventions.*

- *Observe and* identify the licensed and registered nursing staff currently on duty. At the end of the tour, compare the observed staff with the duty roster *provided by* the facility. If there are discrepancies between the duty roster and the staff observed onsite, ask the person in charge to explain the discrepancies. This information will be used in Task 6 to determine if the facility *meets* the requirements for licensed and registered nursing staff at 42 CFR §483.30(a)(2), F353 and 42 CFR §483.30(b)(1).

- *Observe how care is provided including any special care needs that may warrant further investigation, such as;*
  - *Clinical conditions, e.g., excessive skin dryness, wetness, edema, emaciation, contracture, amputation, skin tears, bruising, poor positioning, use of physical restraints, evidence of fractures, pressure ulcers, evidence of surgical wounds, feeding tubes, ventilators, use of indwelling catheters, etc.;*

- Dehydration risk factors including the availability of water *or other fluids* for residents *and their ability to readily access these liquids*, and other indicators, e.g., the amount and color of urine in tubing and collection bags, the presence of strong urinary odors, resident complaints of dry mouth and lips, *etc*;

- *Possible* side effects of antipsychotic *medications* such as *falls, Parkinsonism, tardive dyskinesia, sedation, etc,; and*

- Infection control prevention and control practices, e.g., hand washing, glove use, isolation procedures, etc.

- *Observe the general* facility environment, *such as:*
  - Functional, *safe* and clean equipment, including kitchen *and food service areas*; *and*
  - Presentation and maintenance of *a safe*, homelike and clean environment.

If the *I*nitial *T*our *occurs* during a mealtime *consider conducting a brief* observation of the dining areas. *Focus on what is naturally occurring in the dining areas and observe for any potential concerns for resident choices and dignity.*

Task 4 - Sample Selection - *s*elect a case-mix stratified sample of facility residents based on QMs and other offsite and onsite sources of information in order to assess compliance with the resident-centered long term care requirements.

NOTE: The statute*/law* requires a "case mix stratified" sample *for the total resident sample selected. CMS defines this to include* residents who are interviewable and non-interviewable, and residents who require heavy and light care.

The Phase 1 sample is pre-selected during Task 1, "Offsite Survey Preparation," based on *QMs* and other areas of concern. The pre-selected sample is reviewed during the sample selection *team* meeting and residents are retained for the sample unless they are discharged, or the survey team has another reason to substitute, e.g., to select interviewable residents. Each team member is assigned a certain number of residents, completing all facets of review that have been selected including any quality of life assessment protocols selected for these residents.

The Phase 2 sample is selected onsite, part way through the survey when surveyors have collected enough information to determine the focus of the remainder of the survey. The Phase 2 sample residents are selected to represent new concerns and/or to continue further investigation of Phase 1 concerns when Phase 1 reviews proved inconclusive or when necessary to determine scope of a problem.

All residents selected for comprehensive reviews are selected by the team during Phase 1 sample selection. Residents selected for focused reviews, closed record reviews, individual and family interviews may be selected during Phase 1 or Phase 2.

NOTE: If the team is conducting sample selection during meal time, delay or interrupt this task to conduct brief observations of the dining areas. Note if there are any concerns with meal service, quality of life, positioning, sufficient space, etc.

Definitions:

- Interviewable Resident --This is a resident who has sufficient memory and comprehension to be able to answer coherently the majority of questions contained in the Resident Interview. These residents can make day-to-day decisions in a fairly consistent and organized manner.

To assist in determining if a resident is "interviewable" consider the results of the resident's MDS - Brief Interview for Mental Status (BIMS). The BIMS is a brief screening tool that aids in detecting cognitive impairment, but does not assess all possible aspects of cognitive impairment. For resident interview purposes, the results of the BIMS are as follows. If a resident's BIMS score is:

- *8-15, the resident may be identified as "Interviewable"; and*
- *0-7 or 99, the resident may be identified as a "Family Interview Candidate."*

If a resident has language barriers, the surveyor should ask staff if there is someone who serves as an interpreter to talk directly with the resident in order to screen the resident for the interview status. If the resident is interviewable and gives permission, the interpreter could subsequently assist with the interview. If an interpreter is not available, record the resident as "Not Interviewable." The lack of an interpreter may highlight potential concerns with the facility's ability to communicate with the resident. If there are concerns with communication, the team could initiate the resident for investigation in either Phase 1 or Phase 2.

Other barriers could make it challenging to confirm the interview status, such as hearing loss or aphasia. Do not ask the facility staff to identify or confirm a resident's interview status, but if necessary, find a staff person to assist you in talking with the resident.

- Comprehensive Review -- For Task 5C, "Resident Review," this includes observations, interviews, and record reviews for all care areas for the sampled residents, as applicable. *For Phase 1: Observations, interviews and record reviews concerning all highlighted areas of concern and all un-highlighted areas pertinent to the resident must be investigated. For Phase 2: Observations, interviews and record review for all highlighted areas of concern pertinent to the resident must be reviewed and investigated as appropriate..*

- Focused Review -- For Task 5C, "Resident Review," this includes, for Phase 1 *and Phase 2*: Observations, interviews and record reviews *relating to* all areas of concern pertinent to the resident.

- Closed Record Review -- For Task 5C, "Resident Review," this includes a record review of residents' care issues and transfer and discharge.

- Roster/Sample Matrix -- This worksheet is used by the survey team during Offsite Survey Preparation, and at the Phase 1 and Phase 2 *s*ample *s*election meetings to note areas of concern for the survey, and to select residents for the sample. There are separate sets of instructions for the use of this form by the survey team and the facility.

Phase 1 - Sample Selection - The Phase 1 sample is pre-selected during Task 1, Offsite Survey Preparation, based on the facility's *QM reports and other sources of information*. Final Phase 1 sample selection occurs after the *Initial T*our and the facility has provided the completed Roster/Sample Matrix, or provided this information in some other format, e.g., computer-generated list. However, do not delay Phase 1 sample selection if the facility's Roster/Sample Matrix has not arrived. The team will complete the sample selection for Phase 1 by performing the following:

NOTE: For facilities with a *large number* of "short-stay" residents, the team may not have been able to pre-select concerns or potential sampled residents. In that instance, Phase 1 sample selection will occur during this task.

First determine if any pre-selected concerns should be dropped due to the QM data not representing the conditions of current residents. For example, there was a pre-selected QM concern *of* residents with *urinary tract infections*, but the tour has verified there are no residents in the facility who *have urinary tract infections*. Note new concerns and determine if some pre-selected residents can be evaluated for the new concerns as well as those originally selected.

Review the Roster/Sample Matrix *information*, provided by the facility and compare it to the findings from the tour to determine if there is a reason to substitute another resident for any of the residents *originally selected* from the offsite sample. A pre-selected resident who is no longer in the facility can be considered for the closed record review. *The team may substitute other residents if necessary using information from the QM reports, the tour, or the facility's Roster/Sample Matrix.*

Use the list of names of residents, who over the past 30 days, received or are receiving antipsychotic medications. Compare the list to the resident sample in order to assure that at a minimum, 4 of the residents on the list who are receiving an antipsychotic medication are in the sample.

If any resident is substituted for a pre-selected resident, record a short explanation on the Offsite Roster/Sample Matrix next to that person's name, e.g., "discharged." Check "Phase 1" on the copy of the Roster/Sample Matrix that will be used to denote the resident sample for Phase 1 of the survey.

- Highlight the column for each identified concern for Phase 1.

- Use Table 1 in this section and the number of the total resident census to determine the number of comprehensive and focused reviews, number of closed records, number of resident and family interviews, and the minimum number of residents who have conditions of weight loss, hydration risk and/or pressure *ulcers*, i.e., the WHP group. The

number in the WHP column represents the minimum total of residents who must be selected for the Phase 1 sample to represent any or all of these conditions. For example, in a facility with 96 residents, out of 12 residents selected for the Phase 1 sample, a minimum of 6 will be those who have any of the conditions mentioned above.

On the Roster/Sample Matrix worksheet, in the section block above the Resident Name, fill in the number of residents in the Total Sample and for Phase I and II. Also enter the number of residents selected for Individual and Family Interviews, Closed Record, Comprehensive and Focused Reviews. Use the unnumbered blocks to the right of Resident Name to fill in the total number of residents in each sub-sample for the entire survey as listed in Table 1. For example, in a facility with a census of 100, the total number of individual interviews is 5. Enter that number in the small block below that title. All residents selected for comprehensive reviews are selected by the team during the Phase 1 sample selection. Residents selected for focused reviews, closed record reviews, individual and family interviews may be selected during Phase 1 or Phase 2 sample selection.

- Each resident the team selects is entered on the worksheet. Note the following about each resident:
  - *Resident Identification* number and room number;
  - Surveyor assigned to complete the resident review and any quality of life assessment protocols that are selected for the resident;
  - Check any columns that pertain to *each* resident. Resident*s should* be reviewed for each area checked and any other concerns that are discovered during this review; and
  - If there is anything about this resident that the team decides to investigate that is not one of the numbered columns on the worksheet, use a blank column at the far right to write the item that will be assessed and check that column for that resident. For example, if the team wants to assess a *resident who is comatose write "comatose"* in one of the blank columns and make a check mark in that column for that resident.

Phase 2 Sample Selections - *Once* team *members have* obtained enough information to decide what concerns need further investigation, the team meets *together* to *discuss these* concern*s*. *Generally, this team meeting should occur no later than the second day of the survey. However, there may be circumstances where this would not be reasonable such as when the first survey day was only a few hours or when the survey team spent a considerable amount of time following up on a potential immediate jeopardy situation.*

It is not necessary to complete all the reviews of all residents in Phase 1 before this meeting. Determine which Phase 1 concerns are ruled out as these do not need to be carried over into Phase 2 sample selections. *Based on the teams' discussions, select concerns and/or additional residents for the Phase 2 sample. Consider the following:*

- Initial concerns noted during Offsite Survey Preparation or the Initial Tour that have not yet been reviewed;
- Currently un-reviewed concerns that are related to those under investigation, e.g., adding residents who are receiving *hospice services or psychopharmacological medications, specifically antipsychotic medications*;
- Current concerns for which the information gathered is *incomplete* or inconclusive;

- *Determine if at least one heavy care and one light care resident is included in the sample;*
- If no residents have been selected for the Phase 1 sample for hydration, and if any residents are seen during Phase 1 of the survey who appear to have risk factors for dehydration, e.g., such as residents who are dependent on staff for activities of daily living, are immobile, receive tube feedings, or have dementia in which the resident *may* no longer recognize thirst, select at least one of these residents and review the care area of dehydration; *and*
- *If the group interview has not yet occurred, discuss what special concerns to ask of the group.*

During Phase 2 sample selection, *use* a clean copy of the *Roster/*Sample Matrix worksheet as follows:

- *Note the total number of residents selected for the Phase 2 sample;*
- *List each resident selected on the worksheet and note the following about each resident:*
  - Resident *Identification* number and room number;
  - Surveyor assigned to complete the resident review and any quality of life assessment protocols selected for the resident;
  - *Check any columns that pertain to each resident. Resident should be reviewed for each area checked*, and any other concerns that are discovered during this review; *and*
  - Be sure that the required number of resident interviews, family interviews, and closed record reviews are completed.

If there are no outstanding areas of concern and the team has already selected interviewable, non-interviewable, heavy care and light care residents, then select remaining residents *as needed* using the "Special Factors to Consider" section below.

Special Factors to Consider in Sample Selection – *For each sample, select residents who represent the concerns to be investigated and who fulfill the case mix stratified requirement*. If during sample selection, *there are no outstanding areas of concern or more* residents are identified than can be selected to represent the concerns of interest, consider the *following when* determining which residents to select:

- New admissions *or residents readmitted* during the previous 14 days, *for possible inclusion in the sample for investigation of decline or deterioration that may have occurred before all MDS, other resident assessment information, and care planning is completed.*
- *Residents who have no or infrequent visitors.*
- *Residents with psychosocial, interactive, and/or behavioral needs.*
- *Residents who are bedfast and totally dependent on care.*
- *Residents receiving dialysis or hospice services.*
- *Residents receiving psychopharmacological medications, specifically antipsychotic medications.*
- Residents in rooms in which variances have been granted for room size or number of beds in room.
- Residents with mental illness or intellectual*/developmental disabilities.*

- Residents who communicate with non-oral communication devices, *American S*ign *L*anguage, or who speak *or understand* a language other than the dominant language of the facility.

Other Phase 2 Tasks *to consider, these are not mandatory and should only be reviewed when concerns are identified:*

- If there are any concerns about residents' funds, check that the amount of *the facility's* surety bond is at least equal to the amount of residents' funds the facility is managing as of the most recent quarter.

- If concerns have been identified in the area of infection *prevention and* control, review *the facility's* policies, procedures *and practices. Identify any resident specific outcomes.*

- If the facility has or has requested a nurse staffing waiver, review the requirements at 42 CFR §483.30.

- If the team has identified quality of care problems, use the investigative protocol Nursing Services, Sufficient Staffing to gather information and to determine compliance with 42 CFR §483.30(a), F353 Nursing services, Sufficient Staff.

Substituting Residents - If the team has found it necessary to remove a resident from the sample, replace this resident with another who best fulfills the reasons the first person was selected. For example, *a* resident was selected because *records indicated that the resident* was *on an antipsychotic medication however it was later determined through interview and record review that this resident had never received antipsychotic medications.* Select another resident who meets *the original criteria used to select the resident being replaced.* Make the substitution as early in the survey as feasible. Note on the Roster/ Sample Matrix *worksheet why the previous resident was changed and a new resident was substituted.*

Supplementary Sample - If sampled residents are found not to provide enough information to make deficiency determinations concerning specific requirements under review, or to determine if there is *Substandard Quality of Care (SQC)*, supplement the sample with residents who represent the areas of concern under investigation. Focus review for these *additional* residents only on the concern under investigation and any other concerns that are discovered during this review. Add the names of these residents to the Phase 2 Sample Matrix worksheet, checking the relevant categories. Use the Resident Review Worksheet to complete these investigations.

Review the Resident Census and Condition of Residents that the facility has completed. Note any areas of concern and determine if there appears to be *any* discrepancies between what is recorded by the facility and what the team has observed. For example, the team has noted 13 residents with pressure *ulcers* and the facility has listed 3. If there are discrepancies, ask the facility to verify their totals.

Table 1 - Long Term Care Facilities - Resident Sample Selection

Resident Census	Phase 1/ Phase 2	Comprehensive Reviews *	Focused Reviews *	Closed Rec. Reviews *	Res./ Family Interviews	W, H, P Group **
1 - 4	All / 0	2	2	0	1/1	All
5 - 10	3 / 2	2	2	1	1 / 1	2
11 - 20	5 / 3	2	5	1	2 / 2	3
21 - 40	6 / 4	2	7	1	3 / 2	3
41 - 44	7 / 4	2	8	1	3 / 2	4
45 - 48	7 / 5	2	9	1	3 / 2	4
49 - 52	8 / 5	3	9	1	4 / 2	4
53 - 56	8 / 6	3	9	2	4 / 2	4
57 - 75	9 / 6	4	9	2	4 / 2	5
76 / 80	10 / 6	4	9	3	4 / 2	5
81 - 85	10 / 7	4	10	3	4 / 2	5
86 - 90	11 / 7	4	11	3	4 / 2	6
91 - 95	11 / 8	4	12	3	4 / 2	6
96 - 100	12 / 8	5	12	3	5 / 2	6
101 - 105	13 / 8	5	13	3	5 / 2	7
106 - 110	13 / 9	5	14	3	5 / 2	7
111 - 115	14 / 9	5	15	3	5 / 2	7
116 - 160	14 / 10	5	16	3	5 / 2	7
161 - 166	15 / 10	5	17	3	5 / 2	8
167 - 173	16 / 10	5	18	3	5 / 2	8
174 - 180	16 / 11	5	19	3	5 / 2	8
181 - 186	17 / 11	5	20	3	5 / 2	9
187 - 193	17 / 12	5	21	3	5 / 2	9
194 - 299	18 / 12	5	22	3	5 / 2	9
300 - 400	18 / 12	5	22	3	6 / 3	9
401 -	18 / 12	5	22	3	7 / 3	9

* Comprehensive reviews plus focused reviews plus closed record reviews added together equals the total sample size (Phase 1 plus Phase 2).

** For any survey in which there are identified concerns in the areas of (W) unintended weight loss, (H) hydration, and/or (P) pressure *ulcers*, this is the minimum total of residents who must be selected for the Phase 1 sample to represent any or all of these conditions.

Task 5 - Information Gathering - provides an organized, systematic, and consistent method of gathering information necessary to make decisions concerning whether the facility has met the requirements reviewed during the survey. Task 5 includes the following sub-tasks:

5A **General Observations of the Facility:** Assessment of the *overall* environment of the facility affecting the resident's life, health and safety;

5B **Kitchen/Food Service Observations:** Assessment of the facility's food storage, preparation and service;

5C **Resident Review:** An integrated, holistic assessment of the sampled residents which includes the assessment of: drug therapies, the quality of life of the resident, daily interactions with staff, and assessment of those pertinent care concerns identified for each sampled resident by the survey team. Closed record reviews and dining observations are integrated into the resident review;

5D **Quality of Life Assessment:** Assessment of residents' quality of life through individual interviews, group and family interviews, and observations of *all* residents;

5E **Medication Pass and Pharmacy Services:** An assessment of the pharmaceutical services provided in the facility, including the medication pass observation; the application of the medication error detection methodology; *the review of the recommendations, implementation and provision of* services by a licensed pharmacist; and facility procedures and processes in place regarding the acquiring, receiving, dispensing and administering medications, use of controlled medications, and medication access and storage.

5F **Quality Assessment and Assurance Review:** An assessment of the facility's Quality Assessment and Assurance program to determine if the facility identifies and addresses specific care and *other* issues and implements *a program to resolve those issues through a systems approach*; and

5G **Abuse Prohibition Review:** An *assessment* of whether the facility has developed and operationalized policies, procedures *and practices* designed to protect residents from abuse, neglect, and misappropriation of their property. This includes policies and procedures for hiring practices, and ongoing *education and* supervision for employees, *contractors* and volunteers.

General *Survey* Procedures - *D*evote as much time as possible during the survey to performing observations and conducting formal and informal interviews. Limit record reviews to obtaining specific information, i.e., look at what is needed, not the whole record. The information gathering tasks are interrelated. Information acquired *during* observations and interviews will direct the record review. Likewise, information obtained *during* the record review may help direct what observations or interviews are needed. Acquire the information that is necessary to make deficiency decisions in Task 6.

Surveyor documentation *and findings* should be resident-centered. For example, if the lack of a reading light near the resident's bedroom chair is *being documented as a potential problem, the*

surveyor should note that this resident has said he/she prefers to read in his/her chair, and that the light over the chair is inadequate.

Surveyor documentation must relate to the *regulations* and provide clear evidence, as appropriate, of the facility's failure to meet a *regulation*. As information is collected, keep in mind that the information written on *the individual surveyor's* worksheet *must* be used by the *entire* team to determine if there are any deficiencies, and, if so, the degree of severity and scope. Include information about how the facility*'s deficient* practice affected residents, the number of residents affected, and the number of residents at risk. This documentation will be used *by the team* to make deficiency determinations and to categorize deficiencies for severity and scope. The SOM *Appendix PP* Guidance to Surveyors *is intended as a reference* to assist *surveyors in asking questions to* gather information in order to determine whether the facility has met the requirements *of the regulations*.

Regardless of the task, *surveyors should* be alert at all times to the surrounding care environment and activities. For example, while conducting the dining observations observe the environment and *all* residents, e.g., care being given, staff interactions with residents, etc.

The team should meet on a daily basis, *even if only briefly* to share information, e.g., findings to date, areas of concern, and any changes needed in the focus of the survey. These meetings should include discussions of concerns observed, possible requirements to which those problems relate, and strategies for gathering additional information to determine whether the facility is meeting the requirements.

Throughout the survey, discuss observations, as appropriate, with team members, facility staff, residents, family members, and the *O*mbudsman. Maintain an open and ongoing dialogue with facility *staff* throughout the survey process. This gives facility *staff* the opportunity to provide additional information *to* surveyors in considering any alternative explanations before making deficiency decisions*. However, survey teams should not be providing negative findings to the facility on a daily basis (such as a daily exit conference). Some negative findings may require further investigation over time to determine whether noncompliance with a requirement exists. Such further observation and information gathering should be completed before notifying the facility of the concern.*

Verify information and observations in terms of credibility and reliability. If the credibility or reliability of information is doubted, validate that information *with individuals familiar with the issue* or gather additional information before using it to make a compliance decision.

Observations - The observational portion*s of the survey are* to gather *overall facility* and resident specific information for *all* residents *especially those* included in the sample*. Surveyors should observe the provision of care, staff-resident interactions, and quality of life for all residents' and verify observations through interviews and record review as appropriate for residents in the sample.*

Interviews - Collect and*/or* verify information obtained from other survey *sources* and provide the opportunity for *all interested parties (residents, family, facility staff, etc.) to present what*

they believe is pertinent information relative to a surveyors concern. Verify and confirm information with individuals, including staff knowledgeable on the subject or matter being reviewed.

*R*esidents, staff, family, *O*mbudsman, family council representatives, and other appropriate persons *are all interviewed as available and appropriate*. Informal interviews are conducted throughout the duration of the survey. Formal structured interviews are also done as part of the Quality of Life Assessment protocols. Use the information obtained from interviews to assist in deciding what additional observations and record review information is necessary. Avoid asking leading questions, use the Guidance to Surveyors *in Appendix PP as "probes"* to focus questions and determine the *relevance* of the answers.

***NOTE:** Residents, members of their family, or legal guardians have the right to refuse to be interviewed. Surveyors must respect the confidentiality of information provided by residents or members of their families. Staff personnel should not accompany the surveyors during resident interviews unless their presence is requested by the resident being interviewed, the family, or guardian. During the interviews surveyors should refrain from moving or handling residents. This is to be done by a member of the facility staff.*

In general, *an* individual who provides information during an interview *should* not be identified as providing that information. However, it is possible that their identity may be revealed *unless otherwise asked not to,* if a deficiency is cited based on their information, and that deficiency citation is *disputed and/or* appealed. If residents appear reticent in providing information or express concern about retaliation:

- *Offer them* information on whom to contact in the event they *believe* they become the object of retaliation by facility *staff;* and
- With the resident's permission, notify the *O*mbudsman of the resident's concerns.

Record Review - Do not spend *unnecessary* time gathering and recording information from *facility records*. Use the record review to obtain information necessary to validate and/or clarify information obtained through observation and interviews. Ask facility staff to assist in finding any information that has not been found or that requires *confirmation*. The objectives of the record review are to:

- Acquire information to *validate* observations and interviews;
- Provide a *general* picture of the current *clinical and psychosocial* status *of* residents as assessed *and monitored* by facility *staff*; and
- *Assist in the* evaluat*ion of the accuracy and effectiveness of* assessments, plans of care, and outcomes of care interventions for residents included in the sample.

Sub-Task 5A - General Observations of the Facility - Use the General Observations of the Facility worksheet to complete this task when observing and assessing the affect of the facility's overall environment on the resident's *quality of* life, health and safety.

Begin observations as soon as possible after entering the facility. *S*urveyor*s* should note and document any concerns *observed* in resident rooms, *common areas* and the general environment. Some non-resident areas should also be reviewed due to their potential negative effect on

residents, e.g., utility *or storage* rooms. Plan to observe the facility's environment at different times during the survey, e.g., first and second shift, common areas when in use by residents, *etc.*

Review the condition of the *facility* environment, e.g., cleanliness, sanitation, presence or absence of pests, accident hazards, functioning of equipment, and the proper and safe storage of drugs, biologicals, housekeeping compounds and equipment. Any concerns should be investigated and followed up either through the resident review for sampled residents or during the General Observation task. *Generally*, one surveyor is assigned to complete the General Observation of the Facility worksheet for the team. This surveyor assures that all items on this worksheet are completed *with input from all team members*. All surveyors should share concerns regarding the environment with other team members to determine the possible need to gather additional information. *Surveyors must document all observations of potential concerns to include the date and time of the observation, the individuals involved or being observed, and the concerns noted at the time of observations.*

Sub-Task 5B - Kitchen/Food Service Observation - To determine if the facility is storing, preparing, distributing, and serving food according to **42 CFR §483.35(*i*)** to prevent food borne illness. *Refer to Appendix PP of the SOM, F371 for further guidance. Also, be sure that the surveyor assigned to this task practices appropriate food sanitation protocols when conducting their observations and tour.*

Generally, one surveyor is assigned to conduct the Kitchen/ Food service observation begin*ning* with a brief visit to the kitchen as part of the initial tour, to observe:

- *The sanitation practices and cleanliness of the kitchen;*
- *Whether potentially hazardous foods have been left on counter tops or steam tables;*
- *The manner in which foods are being thawed; and*
- *The cleanliness, sanitary practices, and appearance of kitchen staff, e.g., appropriate attire, hair restraints.*

Use the Kitchen/Food Service Observation worksheet to direct *and record* observations of food storage, food preparation, and food service/sanitation. Also evaluate:

- The availability of food in relation to the number of residents; and
- Whether food being prepared is consistent with the written, planned menu *for residents.*

During team meetings, if surveyors, identified concerns, such as the provision of meals that are not consistent in quality (such as color and texture of vegetables or meats, the preparation and presentation of mechanically altered foods); complaints regarding taste or texture of food and foods with an "off" or bad odor; or residents being at nutritional risk, including high prevalence of residents with unintended weight loss; then the surveyor assigned to Task 5(b) should review the following as appropriate.

Direct observations to determine *if*:

- *R*ecipes are available and consistent with the menu and followed by employees;
- *A*ppropriate equipment is available and used to prepare, *store* and serve foods;
- *F*ood is held for *no* more than 30 minutes prior to *being served*, e.g., in the steam table, oven, refrigerator rather than freezer for frozen foods, etc.; and

- *L*eftovers used during food preparation were stored and used within the appropriate time frames, and reheated to at least 165 degrees F.

Sub-Task 5C - Resident Review*s* - Specific residents in the sample are assigned by the team coordinator to *individual* surveyors *on the team*. *Whenever possible, the same surveyor* should conduct the entire Resident Review for *each* assigned resident. *These reviews include observations, interviews and record reviews as necessary.* If the resident has been chosen for a Quality of Life Assessment protocol, this same surveyor should also complete that protocol *if possible*. If a surveyor has not passed the Surveyor Minimum Qualifications Test (SMQT) or if the complexity of a resident's care requires expertise of more than one *professional* discipline, surveyors should work jointly to complete *this* review.

There are a designated number of comprehensive, focused and closed record care reviews completed, depending on the size of the *survey* sample. *All reviews in this sub-task include observations, interviews, and a record review.* For each resident in the sample determine:

- How resident outcomes and the resident's quality of life are related to the provision of care *provided* by facility *staff*;

- If the care provided by facility *staff* has enabled residents to reach or maintain their highest practicable physical, mental, and psychosocial well-being;

- If residents *accommodation of needs are met to assist them to have their highest practicable level of well-being and quality of life that is possible*. Include aspects of the environment, staff interactions, and provision of services that affect sampled residents in their daily lives; and

- If facility *staff* has properly *and accurately* assessed residents through the completion of the Resident Assessment Instrument (RAI), including accurate coding and transmitting of the MDS and has properly assessed *individual* care needs, *developed a plan of care to address a residents strengths and needs*, conducted proper care planning, implemented the plan and evaluated *and reassessed* the care provided to the residents *to assure their needs are met.*

For all sampled residents except closed records, parts A, B, and C (Resident Room Review, Daily Life Review, and Assessment of Drug Therapies) on the Resident Review Worksheet are completed. The difference between the two reviews is that the focus of the part D Care Review is more extensive for Comprehensive Reviews. Determine, as appropriate, if there has been a decline, maintenance or improvement of the resident in the identified focused care areas and/or Activities of Daily Living (ADL) functioning. If there has been a lack of improvement or a decline, determine if the decline or lack of improvement was avoidable or unavoidable.

Comprehensive Care Review - After observing and talking with the resident, the surveyor conducts a comprehensive review, which includes the following:

- A check of specific items on the MDS for accurate coding of the resident's condition. The specific items to be checked will be based on *QMs* identified for the resident on the

Resident Level *QM Report*. At least 2 of the *QMs* identified for the resident must be matched against the QM definitions and against evidence other than the MDS to verify that the resident's condition is accurately recorded in the MDS. What is being verified is that the resident's condition was accurately assessed at the time the MDS was completed;

- An overall review of the facility's completion of the RAI process including their:
  - Use of the *Care Area* Assessment *Process* (*CAA*);
  - Evaluation of assessment information not covered by the *CAA*s ;
  - Identification of risks and causes of resident conditions;
  - Completion of *Item V0200 CAAs and Care Planning*; and
  - Development of a care plan that meets the identified needs of the resident.

- A review of the implementation of the *resident's* care plan, *the resident's response to the desired goals and interventions*, and the relationship of the resident's drug regimen to the resident's condition *as well as the use of psychopharmacological medications, specifically antipsychotic medications*;

- A review of any of the following conditions that apply to the resident: weight loss, dehydration, pressure *ulcers*. *If concerns are noted, u*se the investigative protocols as a guide *to assist you in your evaluation*.

Focused Care Review Phase 1 - This review focuses on care areas that were checked for the resident on the Resident Level *QM Report* and any additional items checked as pertinent to the resident, e.g., all areas that are checked on the Roster/Sample Matrix for the resident are reviewed, whether or not they have been highlighted as concerns. Th*is* includes all care areas the team has checked for the resident: a review of the MDS, the facility's use of the *CAA Process,* care planning, implementation and *evaluation* of the care plan, and the resident's response to the care provided. The dining observation is done for a resident if there are any *concerns* related to dining as *expressed by the resident or family member* or *if there are* concerns about the resident such as *unplanned* weight loss.

Focused Care Review Phase 2 - This review focuses only on those areas of concern for which the team requires additional information. For example, if the team needs additional information concerning facility compliance with the requirements for tube feeding, review only those RAI areas related to tube feeding; make observations of nutritional status, complications, and techniques of tube feeding, and interview residents, family and staff concerning related areas.

Conducting the Resident Review - The Resident Review consists of 4 main sections: Resident Room Review, Daily Life Review, Assessment of Drug Therapies, and Care Review. See Resident Review Worksheet and instructions or specific areas to review.

1. Resident Room Review assesses aspects of accommodation of needs, environmental quality, and quality of life in the resident's room. Through observations and interviews, evaluate how the resident's environment affects his/her quality of life.

2. Daily Life Review is a review of the resident's daily quality of life, especially in the areas of staff responsiveness to resident grooming and other needs, staff interactions *with residents* and *resident* choices, *including* activities. Through ongoing observations and interviews, evaluate the resident's daily life routines and interactions with staff.

3. Assessment of Drug Therapies is a review of *all of* the medications the resident is receiving to *assess* whether the effectiveness of the *medication* regimen is being *managed and* monitored *to help promote or maintain the resident's highest practicable mental, physical and psychological well-being*. Review and record all non-prescription and prescription medications taken by the resident during the past *30* days. In addition follow the guidance in Appendix PP, Tag F329 for the determination of unnecessary medications.

4. Care review is an assessment of *the* quality of care areas at 42 CFR §483.25 that are pertinent to the resident. Us*ing* the *information from the* Roster/Sample Matrix, determine wh*ich* care areas will be reviewed for each sampled resident. Additional areas for evaluation may be identified during th*is* review *and through interviews and observations.*

Care Observations and Interviews – *Conduct ongoing* resident observations and interviews *as necessary and appropriate*. For example, if *a* resident was chosen because he/she is receiving *antipsychotic medications* observe the care, i*ncluding individualized, person-centered, non-pharmacologic interventions and conduct interviews with the resident and facility staff. Evaluate the interventions and outcomes for the resident including ongoing monitoring and assessment by facility staff* and *the individual* needs/adequacy related to *the resident*. In addition, complete the following tasks:

- Observe the resident and caregivers during care and treatments, at meals, and various times of the day, including early morning and evening, over the entire survey period. Observe residents *and staff interactions with residents* in both informal and structured settings, e.g., receiving specialized rehabilitation services, participating in formal and informal activities, *etc*. Gather *and document* resident-specific information, including information on the resident's functional ability, potential for increasing ability, and any complications *or concerns that may affect a resident's* special care needs; *and*

- *Determine if the facility used the CAA process in developing an individualized care plan for the resident. Evaluate if the resident's* care plan is consistently implemented by all personnel at all times of the day, and *assess through interviews and record review the resident's response to the care provided*. *Confirm that the facility evaluates the effectiveness of the goals and interventions identified for the resident and that changes or revisions are made as necessary and appropriate. Based on observations, interviews and record review d*etermine if the facility's assessment of the resident *coincides with the information gathered.*

NOTE: Do not continue to follow residents once enough information has been *collected* to determine whether the resident has received care *and services* in accordance with *their needs* and the regulatory requirements.

If there are indicators to suggest the presence of a quality of care problem that is not readily observable, e.g., a leg ulcer covered with a dressing, or a sacral pressure *ulcer*, ask facility staff to assist in making observations by removing a dressing or bedclothes. *Surveyors should never remove dressings or bedclothes. A surveyor is not to touch or examine a patient by himself or herself.* Resident care observations should be made by those persons who have the clinical knowledge and skills to evaluate compliance.

When observing residents, respect *his/her* right to privacy, including the privacy of *his/her* bodies. If the resident's genital or rectal area or female breast area must be observed in order to document and confirm suspicions of a care problem, a member of the *facility's* nursing *or medical* staff must be present at this observation, and the resident *or the residents Health Care Proxy or legal representative as provided by State law* must give *his/her* consent.

An observation of a resident's rectal or genital area (and for females, the breast area) may be made without a resident's or legal surrogate's consent, *only* under the following conditions:

1. It is determined that there is a strong possibility that the resident is receiving less than adequate care, which can only be confirmed by direct observation;
2. The resident is unable to give clear consent; and
3. A legal surrogate is not *available to give consent*.

Only a surveyor who is a licensed nurse, nurse practioner, physician's assistant or a physician may make an observation of a resident's genitals, rectal area, or, for females, the breast area.

Record Review - Conduct a record review *to gather additional information and to verify information already obtained* of the current status of the resident as assessed by the facility; information on changes in the resident's status over the last 12 months for those areas identified for review; and information on planned care, resident goals, and expected outcomes. It is not necessary to review the entire resident record. Review only those sections that are necessary to verify and clarify the information *needed* to make compliance *decisions. These sections may include, for example, laboratory reports, progress notes, and drug regimen review reports.*

Do not spend unnecessary time reviewing records, use the record review *to help validate or confirm* whether the *MDS* assessments *and care planning interventions* accurately reflect the resident's status *and identified needs and choices*. An example of inconsistency may be that the facility assessed the resident's ADLs as being independently performed yet had indicated that the resident requires *full* supervision *with oversight, encouragement or cueing* for performing ADLs.

For sampled residents selected for either a comprehensive or a focused review, conduct a review of the RAI information including:

- *Section F of* the MDS *provides* information including *preferences for daily* routines and *activities* to provide an understanding of the resident's *desires while in the facility*.

Because there is no look-back period for this item, this information may also be used to ascertain a resident's life-long preferences. Knowing this information can assist in assessing *the resident's current* quality of life. *Preferences may change over time and extend beyond those included in Section F. Therefore, the assessment of activity preferences is intended as a first step in an ongoing informal dialogue between the care provider and resident.*

- The latest *comprehensive* MDS *noting all triggered areas* to determine which *CAA(s)* were triggered. Also, review the facility's assessment of the resident's level of functioning, i.e., cognition, behavior and ADL and *pay particular attention to the resident's medication regimen, including the use of psychopharmacological medications, specifically antipsychotic medications*. For a resident receiving a focused review in Phase I, review both the areas of concern specific to the resident and the other care areas that have been identified *throughout the survey*. For Phase 2, review only those areas that have been identified by the *survey* team as areas of concern.

If the most current comprehensive MDS assessment is less than 9 months old, review and compare *it* with the previous *comprehensive MDS assessment* and the most recent quarterly review *assessment*. If the *most current comprehensive MDS assessment* is 9 months or older, *compare it* with the most recent quarterly review *assessment*. *Item V0200 provides a summary that identifies which care areas have been triggered and the date and location of the CAA documentation. Through interviews, observations and record reviews evaluate* the following:

- The information summarizing the *CAA Process for each triggered CAA* and decision to proceed or not to proceed to care planning. Determine if the *CAA documentation* indicate*s* that the facility used the *CAA Process* and considered the nature of the problem, the risk factors, need for referrals, complications, and decisions for care planning. If this is a reassessment, *determine through interview and record* review whether the facility determined if the care plan required revision or was effective in moving the resident toward his/her goals;

- The *resident's individualized* care plan to identify whether the facility used the RAI to make sound care planning decisions. Determine whether the facility identified *and addressed* resident *choices*, strengths, needs, and problems to assist the resident to maintain or improve his/her current *medical, physical and psychosocial* status. Determine whether the facility identified *and implemented* resident-centered, measurable goals and specific interventions to achieve those goals; *and*

- Whether the facility*'s supporting* documentation and resident status as observed indicate *that a* decision to proceed or not to proceed to care planning *for a particular care area* was appropriate. In any care area in which it is determined that there has been a lack of improvement, a decline, or failure to reach highest practicable well-being, assess if the change for the resident was avoidable or unavoidable. Note both the facility practice and its effect on resident(s). Determine if a reassessment based on significant change should have been conducted, and if the absence of reassessment contributed to the resident's decline or lack of improvement.

EXHIBIT 259

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

MINIMUM DATA SET *(MDS)* AUTOMATION CONTRACT/AGREEMENT APPROVAL
R*egional* O*ffice (RO)* CHECKLIST

Background: All certified nursing homes are required to encode and transmit MDS records to a repository maintained by the State in accordance with *the Centers for Medicare & Medicaid Services* (CMS) established record specifications and time frames. Provider costs will be compensated through the Medicare and Medicaid programs according to the rules for such reimbursement effective in each State. It is expected that overall responsibility for fulfilling requirements to operate the State MDS data system will rest with the State survey agency *(SA)*. However, the State *SA* may enter an agreement with the State Medicaid agency, another State component or a private contractor to perform day-to-day operations of the system. Before entering an agreement with a subcontractor, i.e., if the State MDS system is operated by an entity other than the *SA*, the *SA* must receive CMS RO approval. Such agreements must include the following provisions:

1. Meets confidentiality requirements: Federal Privacy Act, 5 U.S.C. Section 522a; HIPAA of 1996; other applicable Federal data acts; Section 1902 (a)(7) of the Social Security Act; applicable State standards; and industry security standards.

2. Gives State *SA* real-time access to the system to fully support all MDS-driven functions which will be required of the *SA* (e.g., quality *measure* reporting, survey targeting), or if contractor is performing analysis for State *SA* details how.

3. Complies with need for high capacity, fault-tolerant network connections to ensure reliable support for the State *SA*, CMS's national database and any other daily operations (e.g., MAC Medical Case Review, OIG or DOJ Fraud and Abuse activities), which will be affected by this system. Assures hardware will be properly maintained and upgraded as necessary to meet any future CMS or State *SA* requirements. Assures adequate backup of all data.

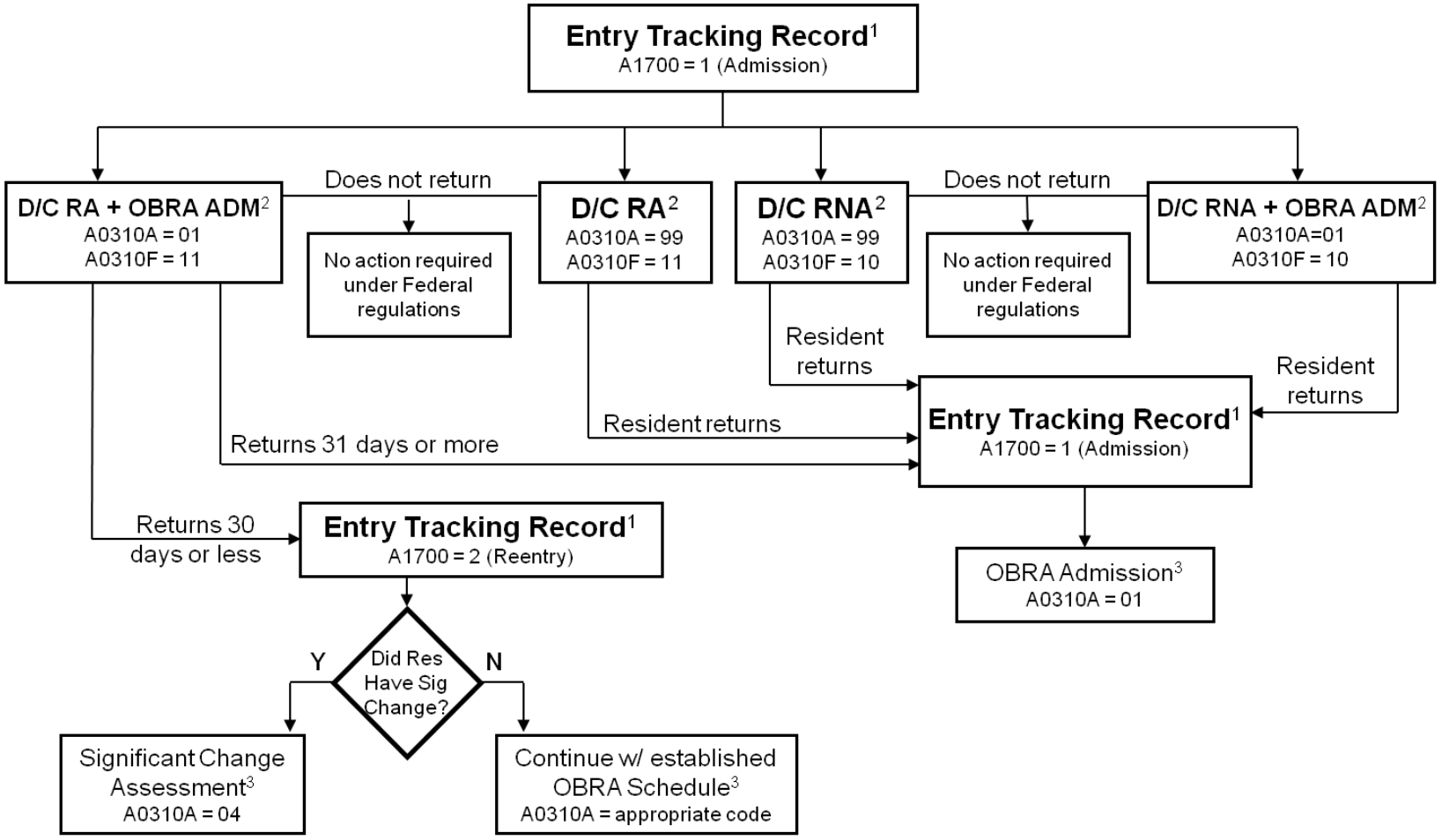
4. Designates responsibilities for edits and "cleanness" of data. Designates responsibilities for generating and communicating facility error reports. Describes what kinds of communication will be established, e.g., a State-specific Internet and/or Intranet web pages, newsletters, their content, and who will produce/maintain/distribute these communications. If there is a separate database, designates who is responsible for operating and maintaining the CMS-provided equipment and who will assure the viability of the CMS database.

5. Covers responsibilities of contractor and/or State for training and support operations: Including at least who will provide facility and MDS software vendor startup training, and ongoing customer/facility support/troubleshooting; provide internal training and daily user support within the State *SA*; work with program staff to integrate the MDS system into State *SA* function; train State *SA* staff on aspects of analytical system (e.g., ASPEN upgrades and performance measure reports); handle *s*ystem *o*perations – functions associated with transmission logging, error tracking and resolution, system archival and process reporting; designates who is responsible for determining facility transmissions schedules.

6. Delineates how State will fund the monthly line charges associated with installation, maintenance, and transmission of the MDS data from the facilities to the contractor and between the contractor and State, e.g., built into contract costs or is an outside ongoing cost to the State *SA*.

7. Specifies whether it is the contractor's or the State *SA*'s responsibility for systems maintenance for commercial "off-the-shelf" MDS hardware and software components. For example, are these covered under typical umbrella service agreements that the State or contractor may already have in place for maintenance of data processing equipment? If not, what is the process?

Exhibit 260
Entry, Discharge, and Reentry Algorithms
(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)



[1]A0310A = 99 A0310B = 99 A0310C = 0 A0310D = 0 or blank A0310E = 0 A0310F = 01

[2]A0310B – E = appropriate code [3]A0310B – F = appropriate code

When A1700 = 1, the first OBRA assessment should be an admission assessment unless D/C prior to completion.

ADM	Admission
D/C	Discharge
RA	Return Anticipated
RNA	Return Not Anticipated

EXHIBIT 261
(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

PRIVACY ACT STATEMENT – HEALTH CARE RECORDS
Long Term Care-Minimum Data Set (MDS) System of Records revised 04/28/*200*7

THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C.A. 552a). THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY. *Authority for maintenance of the system is given under* Sections *1102(a),* 1819*(b)(3)(A),* 1819(f), 1919(b)(3)(A), *1919(f)* and 1864 of the Social Security Act.

The system contains information on all residents of long-term care (LTC) facilities that are Medicare and/or Medicaid certified, including private pay individuals and not limited to Medicare enrollment and entitlement, and Medicare Secondary Payer data containing other party liability insurance information necessary for appropriate Medicare claim payment.

Medicare and Medicaid participating *LTC* facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. To implement this requirement, the facility must obtain information from every resident. This information *is also* used by the Centers for Medicare & Medicaid Services (CMS) to ensure that the facility meets quality standards and provides appropriate care to all residents. *42 CFR §483.20, requires LTC facilities* to establish a database, *the Minimum Data Set (MDS),* of resident assessment information. *The MDS data are required to be* electronically transmit*ted* to the CMS *National Repository*.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures. These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS LTC System of Records.

2. PRINCIPAL PURPOSES *OF THE SYSTEM* FOR WHICH INFORMATION IS INTENDED TO BE USED. *The primary purpose of the system is to aid in the administration of the survey and certification, and payment of Medicare/Medicaid LTC services which include skilled nursing facilities (SNFs), nursing facilities (NFs) and non-critical access hospitals with a swing bed agreement.*

Information in this system is also used to study and improve the effectiveness and quality of care given in these facilities. This system will only collect the minimum amount of personal data necessary to achieve the purposes of the MDS, reimbursement, policy and research functions.

3. ROUTINE USES *OF RECORDS MAINTAINED IN THE SYSTEM.* The information collected will be entered into the LTC MDS *S*ystem of *R*ecords, System No. 09-70-0528. *This system will only disclose the minimum amount of personal data necessary to accomplish the*

purposes of the disclosure. Information from this system may be disclosed *to the following entities* under specific circumstances (routine uses), which include:

(1) To support Agency contractors, consultants, or grantees who have been contracted by the Agency to assist in accomplishment of a CMS function relating to the purposes for this system and who need to have access to the records in order to assist CMS;

(2) To assist another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent for purposes of contributing to the accuracy of CMS' proper payment of Medicare benefits and to enable such agencies to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds and for the purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State, and determine Medicare and/or Medicaid eligibility;

(3) To assist Quality Improvement Organizations (QIOs) in connection with review of claims, or in connection with studies or other review activities, conducted pursuant to Title XI or Title XVIII of the Social Security Act and in performing affirmative outreach activities to individuals for the purpose of establishing and maintaining their entitlement to Medicare benefits or health insurance plans;

(4) To assist insurers and other entities or organizations that process individual insurance claims or oversees administration of health care services for coordination of benefits with the Medicare program and for evaluating and monitoring Medicare claims information of beneficiaries including proper reimbursement for services provided;

(5) To support an individual or organization to facilitate research, evaluation, or epidemiological projects related to effectiveness, quality of care, prevention of disease or disability, the restoration or maintenance of health, or payment related projects;

(6) To support litigation involving the agency, this information may be disclosed to The Department of Justice, courts or adjudicatory bodies;

(7) To support a national accrediting organization whose accredited facilities meet certain Medicare requirements for inpatient hospital (including swing beds) services;

(8) To assist a CMS contractor (including but not limited to fiscal intermediaries and carriers) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program to combat fraud, waste and abuse in certain health benefit programs; and

(9) To assist another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any state or local governmental agency), that administers, or that has the authority to investigate potential

fraud, waste and abuse in a health benefits program funded in whole or in part by Federal funds.

4. EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION. The information contained in the *LTC MDS System of Records* is generally necessary for the facility to provide appropriate and effective care to each resident.

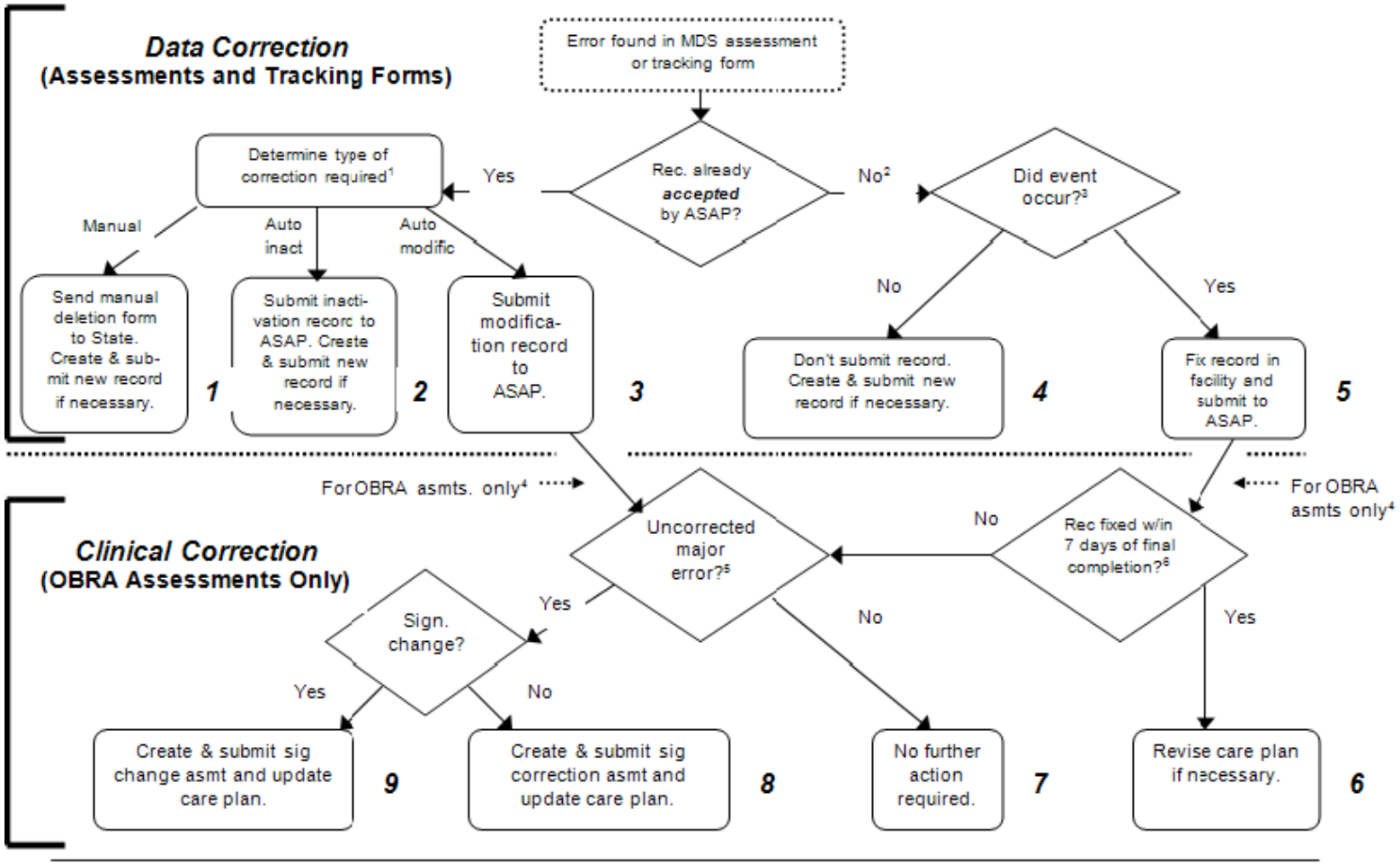
If a resident fails to provide such information, *e.g. thorough* medical history, inappropriate and potentially harmful care may result. Moreover, payment for services *by Medicare, Medicaid and* third parties, may not be available unless the facility has sufficient information to identify the individual and support a claim for payment.

NOTE: *Residents or their representative must be supplied with a copy of the notice. This notice may be included in the admission packet for all new nursing home admissions, or distributed in other ways to residents or their representative(s). Although signature of receipt is NOT required,* providers may request to have the Resident or his or her Representative sign a copy of this notice as a means to document that notice was provided and merely acknowledges that they have been *provided with this* information.

Exhibit 262

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

Correction Policy Flowchart



1Manual deletion request is required if test record submitted as production record, if record contains incorrect FAC_ID, or if record was submitted with an incorrect submission requirement value (A0410), for example send in as federally required (A0410 = 3) but should have been state required (A0410 = 2). Otherwise, automated inactivation or modification required: (a) if event did not occur (see note #3, below), submit automated inactivation, (b) if event occurred, submit automated modification.

2Record has not been data entered, has not been submitted, or has been submitted and rejected by ASAP.

3The event occurred if the record reflects an actual entry or discharge or if an assessment was actually performed for the resident. If a record was created in error (e.g., a Discharge was created for a resident who was not actually discharged), then the event did not occur.

4OBRA assessments. are comprehensive assessments with A0310A=01, 03, 04, 05, or quarterly assessments with A0310B=02, 06.

3The assessment contains a major error which has not been corrected by a subsequent assessment.

6Final completion date is Item V0200C2 for a comprehensive and Z0500B for all other assessments.

Exhibit 263

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

Minimum Data Set (MDS) Submission and Correction

Transmitting Data: *MDS* files are transmitted to the *Quality Improvement Evaluation System* (QIES) using the *Centers for Medicare & Medicaid Services* (CMS) wide area network. Providers must transmit all sections of the MDS 3.0 required for their State-specific instrument, including the Care Area Assessment *(CAA)* Summary (*MDS* - Section V) and all tracking or correction information. Transmission requirements apply to all MDS 3.0 records used to meet both Federal and state requirements. Care plans are not required to be transmitted.

- **Assessment Transmission:** Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days). All other MDS assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days).
- **Tracking Information Transmission:** For Entry and Death in Facility tracking records, information must be transmitted within 14 days of the Event Date (A1600 + 14 days for Entry records and A2000 + 14 days for Death in Facility records).

Submission Time Frame for MDS Records

Type of Assessment/Tracking	Primary Reason (A0310A)	Secondary Reason (A0310B)	Entry/Discharge Reporting (A0310F)	Final Completion or Event Date	Submit By
Admission Assessment	01	All values	10, 11, 99	V0200C2	V0200C2 + 14
Annual Assessment	03	All values	10, 11, 99	V0200C2	V0200C2 + 14
Sign. Change in Status Assessment	04	All values	10, 11, 99	V0200C2	V0200C2 + 14
Sign. Correction to Prior Comprehensive Assessment.	05	All values	10, 11, 99	V0200C2	V0200C2 + 14
Quarterly Review Assessment.	02	All values	10, 11, 99	Z0500B	Z0500B +14
Sign. Correction Prior Quarterly Assessment.	06	All values	10, 11, 99	Z0500B	Z0500B + 14
PPS Assessment	99	01 through 07	10, 11, 99	Z0500B	Z0500B + 14
Discharge Assessment	All values	All values	10 or 11	Z0500B	Z0500B + 14
Death in Facility Tracking	99	99	12	A2000	A2000 + 14
Entry Tracking	99	99	1	A1600	A1600 + 14
Correction Request (Modification or Inactivation)	N/A	N/A	N/A	X1100E	X1100E + 14

Exhibit 263 cont.

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

***Minimum Data Set* (MDS) Submission and Correction**

Table Legend:

Item	Description
V0200C2	Care Plan Completion Date: Date of the signature of the person completing the care planning decision on the Care Area Assessment (CAA) Summary sheet (Section V), indicating which Care Areas are addressed in the care plan. This is the date of care plan completion.
Z0500B	MDS Assessment Completion Date: Date of the RN assessment coordinator's signature, indicating that the MDS assessment is complete.
A2000	Date of discharge or death
A1600	Date of entry
X1100E	Date of the RN coordinator's signature on the Correction Request (Section X) certifying completion of the correction request information and the corrected assessment or tracking information.

- **Assessment Schedule:** A *MDS* assessment (comprehensive or quarterly) is due every quarter unless the resident is no longer in the facility. There should be no more than 92 days between assessments. A comprehensive assessment is due every year unless the resident is no longer in the facility. There should be no more than 366 days between comprehensive assessments. PPS assessments follow their own schedule. See Chapter 6 for details.

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

Provider No.	Medicare F75	Medicaid F76	Other F77	Total Residents F78

ADL	Independent	Assist of One or Two Staff	Dependent
Bathing	F79	F80	F81
Dressing	F82	F83	F84
Transferring	F85	F86	F87
Toilet Use	F88	F89	F90
Eating	F91	F92	F93

A. Bowel/Bladder Status

F94 ____ With indwelling or external catheter

F95 Of the total number of residents with catheters, how many were present on admission ____?

F96 ____ Occasionally or frequently incontinent of bladder

F97 ____ Occasionally or frequently incontinent of bowel

F98 ____ On urinary toileting program

F99 ____ On bowel toileting program

B. Mobility

F100____ Bedfast all or most of time

F101____ In a chair all or most of time

F102____ Independently ambulatory

F103____ Ambulation with assistance or assistive device

F104____ Physically restrained

F105 Of the total number of residents with restraints, how many were admitted or readmitted with orders for restraints ____?

F106____ With contractures

F107 Of the total number of residents with contractures, how many had a contracture(s) on admission ____?

C. Mental Status

F108-114 – indicate the number of residents with:

F108____ Intellectual and/or developmental disability

F109____ Documented signs and symptoms of depression

F110____ Documented psychiatric diagnosis (exclude dementias and depression)

F111____ Dementia: (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases), or Alzheimer's Disease

F112____ Behavioral healthcare needs

F113 Of the total number of residents with behavioral healthcare needs, how many have an individualized care plan to support them ____?

F114____ Receiving health rehabilitative services for MI and/or ID/DD

D. Skin Integrity

F115-118 – indicate the number of residents with:

F115____ Pressure ulcers (exclude Stage 1)

F116 Of the total number of residents with pressure ulcers excluding Stage 1, how many residents had pressure ulcers on admission ____?

F117____ Receiving preventive skin care

F118____ Rashes

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

I certify that this information is accurate to the best of my knowledge.

E. Special Care

F119-132 – indicate the number of residents receiving:

Fl19 ____ Hospice care

F120____ Radiation therapy

F121____ Chemotherapy

F122____ Dialysis

F123____ Intravenous therapy, IV nutrition, and/or blood transfusion

F124____ Respiratory treatment

F125____ Tracheostomy care

F126____ Ostomy care

F127____ Suctioning

F128____ Injections (exclude vitamin B12 injections)

F129____ Tube feedings

Fl30____ Mechanically altered diets including pureed and all chopped food (not only meat)

F131____ Rehabilitative services (Physical therapy, speech-language therapy, occupational therapy, etc.) Exclude health rehabilitation for MI and/or ID/DD

F132____ Assistive devices with eating

F. Medications

F133-139 – indicate the number of residents receiving:

F133____ Any psychoactive medication

F134____ Antipsychotic medications

F135____ Antianxiety medications

F136____ Antidepressant medications

F137____ Hypnotic medications

F138____ Antibiotics

F139____ On pain management program

G. Other

F140____ With unplanned significant weight loss/gain

F141____ Who do not communicate in the dominant language of the facility (include those who use American sign language)

F142____ Who use non-oral communication devices

F143____ With advance directives

F144____ Received influenza immunization

F145____ Received pneumococcal vaccine

Signature of Person Completing the Form	Title	Date

TO BE COMPLETED BY SURVEY TEAM

F146 Was ombudsman office notified prior to survey? ___ Yes ___ No

F147 Was ombudsman present during any portion of the survey? ___ Yes ___ No

F148 Medication error rate _____%

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS
(use with Form CMS-672)

GENERAL INSTRUCTIONS:

THIS FORM IS TO BE COMPLETED BY THE FACILITY AND REPRESENTS THE CURRENT CONDITION OF RESIDENTS AT THE TIME OF COMPLETION

There is no federal requirement to automate the 672 form. A facility may use its MDS data to assist in completing the entry fields for the 672 form, however, facilities should ensure that the MDS information is not simply counted and copied over into the form. **All conditions noted on this form that are not identified on the MDS must be counted manually.** This information is designed to be a representation of the facility during survey; it does not directly correspond to the MDS data in every field. **The information entered on this form must be reflective of all residents as of the day of survey; therefore all information entered must be independently verified.**

Following certain entry fields, the related MDS 3.0 item(s) is noted. Remember, that although MDS items are noted for some fields, the field itself may need to be completed differently to reflect the current status of all residents as of the day of survey. The MDS items are provided only as a reference point, the form is to be completed using the time frames and other specific instructions as noted below.

Where a field refers to the "admission assessment," use only the counts from the first assessment since the most recent admission/entry or reentry (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident).

For the purpose of completing this form the terms: "facility" means certified beds (i.e., Medicare and/or Medicaid certified beds) and "residents" means residents in certified beds regardless of payer source.

INSTRUCTIONS AND DEFINITIONS:

Complete each field by specifying the number of residents in each category. If no residents fall into a category enter a "0".

Provider Number: Facility CMS certification provider number. A0100B; leave blank for initial certifications.

Block F75: Residents whose primary payer is Medicare.

Block F76: Residents whose primary payer is Medicaid.

Block F77: Residents whose primary payer is neither Medicare nor Medicaid.

Block F78: Residents for whom a bed is maintained on the day the survey begins, including those temporarily away in a hospital or on leave. This should be representative of residents in the nursing facility or those who have a bed-hold.

ADLS (F79 – F93): To determine resident status, unless otherwise noted, consider the resident's condition for the 7 days prior to the survey. Horizontal totals across the three columns (Independent, Assist of One or Two Staff, and Dependent) must equal the number in Block F78, Total Residents, for each of the ADL categories (Bathing, Dressing, Transferring, Toilet Use and Eating).

Bathing (F79 – F81): This includes a full-body bath/shower, sponge bath, and transfer into and out of tub or shower. G0120A = 0 for F79, G0120A = 1, 2, OR 3 for F80. OR G0120A = 4 for F81.

Facilities may provide "setup" assistance to residents such as drawing water for a tub bath or laying out clothes, bathing supplies/toiletries, etc. Also, a resident may only need assistance with washing their back or shampooing their hair. If either of these are the case, and the resident requires no other assistance, count the resident as independent.

Dressing (F82 – F84): How the resident puts on, and takes off all items of clothing, including donning/removing prostheses (e.g., braces and artificial limbs) or elastic stockings. G0110G1 = 0 for F82 OR G0110G1 = 1, 2, OR 3 for F83 OR G0110G1 = 4 for F84.

Facilities may set out clothes for residents. If this is the case and this is the only assistance the resident receives, count the resident as independent. However, if a resident receives assistance, such as with dressing, donning a brace, elastic stocking, a prosthesis , or securing fasteners, etc. count the resident as needing the assistance of 1 or 2 staff, as appropriate.

Transferring (F85 – F87): How the resident moves between surfaces, including, to or from bed, chair, wheelchair, or standing position. (EXCLUDES transfers to/from the bath/toilet). G0110B1 = 0 for F85 OR G0110B1 = 1, 2, or 3 for F86 OR G0110B1 = 4 for F87.

Facilities may provide "setup" assistance to residents, such as handing equipment (e.g., quad cane) to the resident. If this is the case and is the only assistance required, count the resident as independent.

Toilet Use (F88 – F90): How the resident uses the toilet, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad(s); manages ostomy or catheter, and adjusts clothing. If all that is done for the resident is to open a package (e.g., a clean incontinence pad), count the resident as independent. G0110I1 = 0 for F88 OR G0110I1 = 1, 2, or 3 for F89 OR G0110I1 = 4 for F90.

Eating (F91 – F93): How a resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, includes IV fluids administered for nutrition or hydration). Facilities may provide "setup" activities, such as opening containers, buttering bread, and organizing the tray; if this is the case and is the only assistance a resident needs, count this resident as independent. G0110H1 = 0 for F91 OR G0110H1 = 1, 2, or 3 for F92 OR G0110H1 = 4 for F93.

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS
(use with Form CMS-672)

A. BOWEL/BLADDER STATUS (F94 – F99) - RESIDENTS

F94: With an indwelling or an external catheter: Whose urinary bladder is constantly drained by a catheter (e.g., an indwelling catheter, a suprapubic catheter or nephrostomy tube) or who wears an appliance that is applied over the penis and connected to a drainage bag to collect urine from the bladder (e.g., condom catheter or similar appliance). H0100A or B = checked.

F95: Of the total number of residents with catheters: Who had a catheter present on admission/entry or reentry. H0100A or B = checked. To complete this field use only the counts from the first assessment since the most recent admission/entry or reentry (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident).

F96: Occasionally or frequently incontinent of bladder: Who have an incontinent episode two or more times per week. Do not include residents with an indwelling or external catheter. H0100A and B = not checked AND H0300 =1, 2, or 3.

F97: Occasionally or frequently incontinent of bowel: Who have a loss of bowel control two or more times per week. H0400 = 2 or 3.

F98: On urinary toileting program: With a systematically implemented, individualized urinary toileting program (i.e. bladder rehabilitation/retraining, prompted voiding, habit training/scheduled voiding) to decrease or prevent urinary incontinence or minimizing or avoiding the negative consequences of incontinence (e.g., pelvic floor exercises). Count all residents on urinary training programs including those who are incontinent. H0200A = 1 OR H200C = 1 OR H0300 = 1, 2 or 3.

F99: On bowel toileting program: With a systematically implemented, individualized bowel toileting program to decrease or prevent bowel incontinence or minimizing or avoiding the negative consequences of incontinence (e.g., use of adequate fluid intake, fiber in the diet, exercise, and scheduled times to attempt bowel movement). Count all residents on toileting programs including those who are incontinent. H0400 = 2 or 3 OR H0500 OR H0600 = 1.

B. MOBILITY (F100 – F107) - RESIDENTS

Total for F100 – F103 should = the number in Block F78, Total Residents. Algorithm to force mutual exclusivity: Test for each resident. If F100 = 1 then add 1 to F100, and go to the next resident; If F101 = 1 then add 1 to F101 and go to the next resident; If F103 = 1 then add 1 to F103 and go to the next resident; If F102 = 1 then add 1 and go to the next resident.

F100: Bedfast all or most of time: Who are bedfast all or most of the time (e.g., in bed or geriatric chair/recliner) includes bedfast with bathroom privileges.

F101: In a chair all or most of time: Who depend on a chair for mobility includes those residents who can stand with assistance to pivot from bed to wheelchair or to otherwise transfer. The resident cannot take steps without extensive or constant weight-bearing support from others and is not bedfast all or most of the time. G0300A or E = 2 OR G0600C = checked.

F102: Independently ambulatory: Who require no help or oversight; or help or oversight was provided only 1 or 2 times during the past 7 days. Do not include residents who use a cane, walker or crutch. G0110C1 or G0110D1 = 0 or 7 and G0110C2 or G0110D2 = 0 or 1 AND G0600A and G0600B = not checked.

F103: Ambulation with assistance or assistive devices: Who require oversight, cueing, physical assistance or who use a cane, walker, or crutch. Count the use of lower leg splints, orthotics, and braces as assistive devices. G0110C1 or G0110D1 = 1, 2, or 3 AND G0110C2 or G0110D2 = 1, 2 or 3 OR G0600A and/or G0600B = checked.

F104: Physically restrained: For whom restraints were used. Restraints include any manual or physical method or mechanical device, material or equipment attached or adjacent to the resident's body in such a way that the individual cannot remove easily and it restricts freedom of movement or normal access to one's body. Do not include devices such as braces which are used for medical/clinical reasons. P0100A through H = 1 or 2.

F105: Of total number of restrained residents: On admission/entry or reentry with an order for restraint(s). P0100A through H = 1 or 2. To complete this field use only the counts from the first assessment since the most recent admission/entry or reentry (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident).

F106: With contractures: With a restriction of full passive range of motion of any joint due to deformity, disuse, pain, etc., includes loss of range of motion in neck, fingers, wrists, elbows, shoulders, hips, knees and ankles. G0400A and/or B = 1 or 2.

F107: Of the total number with contractures, those who had a contracture(s) on admission: To complete this field use only the counts from the first assessment since the most recent admission/entry or reentry (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident). (neck contractures not included in MDS data).

C. MENTAL STATUS (F108 – F114) - RESIDENTS

F108: With Intellectual Disability (ID) (Mental retardation as defined at 483.45(a)) or Developmental Disability (DD): In all of the categories of intellectual or developmental disability regardless of severity, as determined by the State Mental Health or State Mental Retardation Authorities. A1550A, B through E = checked.

F109: With documented signs and symptoms of depression: With documented signs and symptoms of depression. D0200A1 through D1 = 1 for any indicator present OR D0200I1 = 1OR D0200A2 through D2 = 2 or 3 for symptom frequency OR D0300 = 05 - 27 OR D0500A1 through D1 = 1 for any indicator present OR D0500I1 = 1 OR D0500A2 through D2 = 2 or 3 for symptom frequency OR D0600 = 05 - 30.

F110: With documented psychiatric diagnosis (exclude dementias and depression): With primary or secondary psychiatric diagnosis including:

- Schizophrenia
- Schizo-affective disorder
- Schizophreniform disorder
- Delusional disorder
- Anxiety disorder
- Psychotic mood disorders (including mania and depression with psychotic features, acute psychotic episodes, brief reactive psychosis and atypical psychosis). I5700, I5900, I5950, I6000 or I6100 = checked.

F111: Dementia: Non-Alzheimer's Dementia (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases), or Alzheimer's Disease: With a primary or secondary diagnosis of dementia or organic mental syndrome including, Non-Alzheimer's Dementia (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases). I4200 or I4800 = checked

F112: With behavioral health care needs: With one or more of the following indicator(s): wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, and resistive to care. E0200A, B, or C = 1, 2, or 3 OR E0300 = 1 OR E0500A, B, or C = 1 OR E0600A, B, or C = 1 OR E0800 = 1, 2, or 3 OR E0900 = 1, 2, or 3 OR E1000A or B = 1.

F113: Of the total number with behavioral healthcare needs, those having an individualized care plan to support them: With behavior symptoms who are receiving an individualized care plan/program designed to support and manage behavioral needs (as noted in F112).

F114: Receiving health rehabilitative services for Mental Illness (MI) and/or ID/DD: Receiving health rehabilitative services for MI and/or ID/DD.

D. SKIN INTEGRITY (F115 – F118) - RESIDENTS

F115: With pressure ulcers: With localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction (exclude Stage I). M0300B1, M0300C1, M0300D1, M0300E1, M0300F1and/or M0300G1 > 0.

F116: Of the total number of residents with pressure ulcers (excluding Stage 1), those who had pressure ulcers on admission/entry or reentry: M0300B2, M0300C2, M0300D2, M0300E2, M0300F2 and/or M0300G2 > 0. To complete this field, use only the counts from the first assessment since the most recent admission/entry or reentry. (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident.)

F117: Receiving preventive skin care: Receiving non-routine skin care ordered by a physician, and/or included in the resident's comprehensive plan of care (e.g., hydrocortisone ointment to areas of dermatitis three times a day, granulex sprays, etc.). M1200A through I = checked.

Fl18: With rashes: Who have rashes which may or may not be treated with any medication or special baths, etc. (e.g., may include but are not limited to antifungals, corticosteroids, emollients, diphenhydramines or scabicides).

E. SPECIAL CARE (F119 – F132) - RESIDENTS

F119: Receiving hospice care: Who have elected or are currently receiving the hospice benefit. O0100K2 = checked.

F120: Receiving radiation therapy: Who are under a treatment plan involving radiation therapy. O0100B1 or O0100B2 = checked.

F121: Receiving chemotherapy: Who are under a treatment plan involving chemotherapy. O0100A1 or O0100A2 = checked.

F122: Receiving dialysis: Receiving hemodialysis or peritoneal dialysis either within the facility or offsite. O0100J1 or O0100J2 = checked.

F123: Receiving intravenous therapy, IV nutrition and/or blood transfusion: Receiving fluids, medications, all or most of their nutritional requirements and/or blood and blood products administered intravenously. K0510A2, O0100H2, or O0100I2 = checked.

F124: Receiving respiratory treatment: Resceiving treatment by the use of respirators/ventilators, oxygen, IPPB or other inhalation therapy, pulmonary toilet, humidifiers, and other methods to treat conditions of the respiratory tract. This does not include residents receiving tracheostomy care or respiratory suctioning. O0100C2, O0100F2, or O0100G2 = checked.

F125: Receiving tracheostomy care: Receiving care involved in maintenance of the airway, the stoma and surrounding skin, and dressings/coverings for the stoma. O0100E2 = checked.

F126: Receiving ostomy care: Receiving care for a colostomy, ileostomy, uretrostomy, or other ostomy of the intestinal and/or urinary tract. DO NOT include tracheostomy. H0100C = checked.

F127: Receiving suctioning: That require use of a mechanical device which provides suction to remove secretions from the respiratory tract via the oral cavity, nasal passage, or tracheostomy. O0100D2 = checked. (Note: O0100D2 does not include oral suctioning, so residents who receive oral suctioning will have to be counted separately.)

F128: Receiving injections: That have received one or more injections within the past 7 days. (Exclude injections of Vitamin B 12.) Review residents where N0300 > 0. Omit from the count any resident whose only injection currently is B12.

F129: Receiving tube feeding: Who receive all or most of their nutritional requirements via a feeding tube that delivers food/nutritional substances directly into the GI system (e.g., nasogastric tube, gastrostomy tube). K0510B2 = checked.

F130: Receiving mechanically altered diets: Receiving a mechanically altered diet including pureed and/or chopped foods (not only meat). K0510C2 = checked.

F131: Receiving rehabilitative services: Receiving care designed to improve functional ability provided by, or under the direction of a rehabilitation professional (physical therapist, occupational therapist, speech-language pathologist). Exclude health rehabilitation for MI and/or ID/DD. Any minutes > 0 entered in O0400.

F132: Assistive devices with eating: Who are using devices to maintain independence and to provide comfort when eating (i.e., plates with guards, large handled flatware, large handle mugs, extend hand flatware, etc.). O0500C or H > 0.

F. MEDICATIONS (F133 – F139) - RESIDENTS

F133: Receiving psychoactive medications: That receive medications classified as antipsychotics, anxiolytics, antidepressants, and/or hypnotics. Days entered > 0 for N0410A, B, C or D.

Use the following lists to assist you in determining the number of residents receiving psychoactive medications. These lists are **not meant** to be all inclusive; therefore, a resident receiving a psychoactive medication not on this list, should be counted under F133 and any other medication category that applies: F134, F135, F136, and/or F137.

F134: Antipsychotic medications: Days entered for N0410A > 0
- Clozapine
- Haloperidol
- Haloperiodal Deconate
- Droperidol
- Loxapine
- Thioridazine
- Molindone
- Theothixene
- Zyprexa
- Pimozide
- Fluphenazine Deconate
- Fluphenazine
- Quetiapine
- Risperidone
- Mesoridazine
- Promazine
- Trifluoperazine
- Chlorprothixene
- Chlorpromazine
- Acetophenazine
- Perphenazine

F135: Antianxiety medications (anxiolytics): Days entered for N0410B > 0
- Lorazepam
- Oxazepam
- Prazepam
- Diazepam
- Clonazepam
- Hydroxyzine
- Chlordiazepoxide
- Halazepam
- Alprazolam

F136: Antidepressant medications: Days entered for N0410C > 0
- Aripiprazole
- Amoxapine
- Nortriptyline
- Wellbutrin
- Trazodone
- Venlafaxine
- Amtriptyline
- Lithium
- Maprotiline
- Isocarboxazid
- Phenelzine
- Serzone
- Desipramine
- Tranylcypromine Paroxetine
- Fluoxetine
- Sertraline
- Doxepin
- Imipramine
- Protriptyline

F137: Hypnotic medications: Days entered for N0410D > 0
- Flurazepam
- Quazepam
- Estazolam
- Temazepam
- Triazolam
- Zolpidem

F138: Receiving antibiotics: Receiving antibacterial sulfonamides, antibiotics, etc., either for prophylaxis or treatment. Days entered for N0410F > 0.

F139: On a pain management program: With a specific plan for control of difficult to manage or intractable pain, which may include self medication pumps or regularly scheduled administration of medication alone or in combination with non-medication interventions (e.g., massages heat/cold, biofeedback, etc.). J0100A, B, or C = 1.

G. OTHER RESIDENT CHARACTERISTICS (F140 – F145)

F140: With unplanned significant weight loss/gain: Who have experienced unplanned weight loss/gain of > 5% in one month or > 10% over six months. K0300 or K0310 = 2.

F141: Who do not communicate in the dominant language at the facility: Who do not speak or understand the dominant language spoken in the facility and need or want an interpreter to communicate. A1100A = 1.

F142: Who use non-oral communication: Who communicate via non-oral methods, including, picture boards, computers, etc. A1100B, Preferred Language (e.g. American Sign Language).

F143: Who have advance directives: Who have advance directives, such as Physician's Orders for Life-Sustaining Treatment (POLST), a living will or durable power of attorney for health care, recognized under state law and relating to the provisions of care when the individual is incapacitated.

F144: Received influenza immunization: Who received the influenza immunization within the last 12 months. O0250A = 1.

F145: Received pneumococcal vaccine: Who received the pneumococcal vaccine. O0300A = 1.

LEAVE BLANK (F146-F148) – To Be Completed By Survey Team

F146: Ombudsman notice: Indicate whether or not the State Ombudsman was notified prior to the survey.

F147: Ombudsman presence: Indicate whether or not the State Ombudsman was present at any time during the survey.

F148: Medication error rate: Calculate and enter the medication error percentage of the facility.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Offsite _____ Phase I _____ Phase 2 _____ Provider # _____

ROSTER/SAMPLE MATRIX

Resident Number	Resident Room	Surveyor Assigned	**Total Sample:**_____ Phase 1 _____ Phase 2 _____ Individual Interview (I) _____ Family Interview (F) _____ Closed Record (CL) _____ Comprehensive (C) _____ Focused Review (FO) _____	Interview: Individual/Family	Closed Record/Comprehensive/Focused	Privacy/Dignity Issues	Social Services	Self-Determination/Accommodation of Needs	Abuse/Neglect	Clean/Comfort/Homelike	**Moderate/Severe Pain (Constant or Frequent)**	**Hi-Risk Pressure Ulcer (Stage 2-4)**	**New/Worsened Pressure Ulcers (Stage 2-4)**	**Physical Restraints**	**Falls including Falls with Major Injury**	**Psychoactive Meds with Absence of Condition**	**Antianxiety/Hypnotic Medication Use**	**Behavior Symptoms Affecting Others/Self**	**Depressive Symptoms**	**Urinary Tract Infection**	**Indwelling Urinary Catheter**	**Lo-Risk Resident Lose Bowel/Bladder Control**	**Excessive Weight Loss/Gain**	**Need for Increased ADL Help**	Hospice	Dialysis	Admittance/Transfer/Discharge	MI (Non-Dementia) or ID/DD	Language/Communication	Vision/Hearing/Other Assistive Devices	ROM/Contractures/Positioning	Specialty Care (Tube Feeding, Central Lines, Ventilators, O_2)	Hydration/Swallowing/Oral Health	Infections	Specialized Rehab Services (OT, PT, Speech, etc.)				
			Resident Name			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

Form CMS-802 (04/12)

ROSTER/SAMPLE MATRIX INSTRUCTIONS FOR PROVIDERS
(use with Form CMS-802)

The Roster/Sample Matrix form (CMS-802) is used to list all current residents (including residents on bed-hold) and to note pertinent care categories. The facility completes the resident name, resident room, and columns 6–30, which are described below. Columns 1–5 and blank columns 31–34 are for Surveyor Use Only.

For the purpose of completing this form the terms: "facility" means certified beds (i.e., Medicare and/or Medicaid certified beds) and "residents" means residents in certified beds regardless of payer source.

There is no federal requirement to automate the CMS-802 form. A facility may use its MDS data to assist in completing the fields; however, **all conditions noted on this form that are not identified on the MDS must be entered manually**. Facilities should ensure that MDS information is not simply copied over into the form. **All information entered by computer should be verified by a staff member knowledgeable about the resident population. Information must be reflective of all residents as of the day of survey.**

Following the definition of certain fields, related MDS item(s) are noted. Although the MDS item(s) are noted for some fields, the field itself may need to be completed differently or manually to reflect the current status of all residents as of the day of survey. The MDS items are provided only as a reference point. The form is to be completed using the time frames and other specific instructions noted below.

For each resident mark all columns that are pertinent.

1. – 5. Surveyor Use Only

6. **Moderate/Severe Pain (constant or frequent):** Needs pain medication, comfort measures or is on a pain management program. J0100A, B, or C = 1 OR J0300 = 1 or 9 OR J0400 = 1, 2, or 3 OR J0500A, B = 1 OR J0600A = 01–10 OR J0600B = 1, 2, 3, or 4 OR J0700 =1 OR J0800A, B, C, or D = checked OR J0850 = 1, 2, or 3.

7. **Hi-Risk Pressure Ulcers (Stage 2-4):** Has stage 2, 3 or 4 pressure ulcer(s) and/or unstageable pressure ulcer(s); M0300B1, M0300C1, M0300D1, M0300E1, M0300F1, or M0300G1 > 0.

8. **New/Worsened Pressure Ulcers (Stage 2-4):** Has stage 2, 3 or 4 pressure ulcer(s) that are new or worsened. M0800A > 0 and M0800A ≤ M0300B1 OR M0800B > 0 and M0800B ≤ M0300C1 OR M0800C > 0 and M0800C ≤ M0300D1.

9. **Physical Restraints:** Has a physical restraint. Enter **N** for non-side rail devices and **S** for side rails. Enter the appropriate letter for **all** possible responses. P0100A = 1 or 2, enter **S**; P0100B, C, D, E, F, G, or H = 1 or 2, enter **N**.

10. **Falls and/or Falls with Major Injury:** Has fallen within the past 30 days and/or has fallen within the past 180 days **and** incurred a major injury. Enter **F** if fall without injury or fracture; Enter **Fx** if resident has had a fall with major injury (including fracture). Enter the appropriate letter for **all** possible responses. I3900 or I4000 = checked, enter **Fx**. J1700A or B = 1, enter **F**. J1700C = 1, enter **Fx**. J1800 = 1, enter **F**. J1900A and/or J1900B = 1 or 2, enter **F**. J1900C = 1 or 2, enter **Fx**.

11. **Psychoactive Medications with Absence of Condition:** Receives any psychoactive medications but has no psychiatric condition. If N0410A through D = ≥ 1 AND I5700 – I6100 = not checked, and/or I8000 = no psychiatric/mood diagnoses (i.e., no ICD-9 codes between 295-299 inclusive).

12. **Antianxiety/Hypnotic Medications:** Receives anxiolytics and/or hypnotics. Enter **A** for anti-anxiety and **H** for hypnotic. Enter the appropriate letter for all possible responses. N04010B = ≥ 1, enter **A**. N0410D = ≥ 1, enter **H**.

13. **Behavioral Symptoms Affecting Others or Self:** Has behavioral health care needs. E0200A, B, or C = 1, 2 or 3 OR E0500A, B, or C = 1 OR E0600A, B, or C = 1 OR E0800 = 1, 2, or 3 OR E0900 = 1, 2, or 3 OR E1000A and/or B = 1.

14. **Depressive Symptoms:** Has symptoms of depression. I5800 or I5900 = checked OR D0300 = 05 – 27 OR D0600 = 05 – 30 OR D0350 or D0650 = 1.

15. **Urinary Tract Infection:** I2300 = checked.

16. **Indwelling Urinary Catheter:** H0100A = checked.

17. **Lo-risk Residents Who Lose Bowel/Bladder Control–Incontinence/Toileting Programs:** Incontinent of bladder/bowel, enter **I**. If the resident is on a bladder/bowel toileting program, enter **T**. Enter the appropriate letter for **all** possible responses. H0200A = 1 or H0200C = 1, enter **T**. H0300 = 1, 2, or 3, enter **I**. H0400 = 2 or 3, enter **I**. H0500 = 1, enter **T**.

18. **Excessive Weight Loss/Gain:** Has had an unintended weight loss/gain of >5% in one month or >10% in six months, or is at nutritional risk. K0300 or K0310 = 2.

19. **Need for Increased ADL Help:** Has shown a decline in ADL areas.

20. **Hospice:** Has elected or is currently receiving hospice care. O0100K2 = checked.

21. **Dialysis:** Is receiving hemo- or peritoneal dialysis either within the facility or offsite. O0100J1 or O0100J2 = checked.

22. **Admission/Transfer/Discharge:** Enter the appropriate letter in this column if the resident was admitted within the past 30 days or is scheduled to be transferred or discharged within the next 30 days. Enter **A** for an initial admission or for the first assessment after initial admission/entry or reentry after discharge without expectation of return. Enter **T** for a transfer. Enter **D** for a discharge. Enter the appropriate letter for **all** possible responses. A0310E = 1, enter **A**. A0310F = 11, enter **T**. A0310F = 10 or 12, enter **D**. If today's date minus A1600, (Entry Date), is less than or equal to 30 days, enter **A**.

23. **Mental Illness (MI) (Non-Dementia) or Intellectual Disability (ID) or Developmental Disability (DD) (Mental retardation as defined at 42 CFR 483.45(a)):** Resident has a diagnosis of MI or ID/DD. Enter **MI** for mental illness not classified as dementia, **ID** for intellectual disability or **DD** for developmental disability. A1500 =1 and A1510A = checked, enter **MI**. A1510B = checked, enter **ID**. A1550A, B, C, D, or E = checked, manually enter **ID** and/or **DD** as appropriate. I5700, I5800, I5900, I5950, I6000, I16100 = checked, enter **MI**. I8000 psychiatric/ mood disorder diagnosis listed, enter **MI**.

24. **Language/Communication:** Does not speak or understand the dominant language spoken in the facility and needs or wants an interpreter to communicate, or exhibits difficulty communicating his/her needs. A1100A = 1, enter **L**. If a resident uses American Sign Language, consider this an alternate language and enter **L**. If B0600 = 1 or 2 OR B0700 = 2 or 3 OR B0800 = 2 or 3, enter **C**.

25. **Vision/Hearing/Other Assistive Devices:** Has significant impairment of vision or hearing, or uses devices to aid vision or hearing. Enter **V** for visual impairment, **H** for hearing impairment, and **D** for use of devices (glasses or hearing aids). B0200 = 2 or 3, enter **H** and/or B0300 = 1, enter **D**. B1000 = 2, 3, or 4, enter **V** and/or B1200 = 1, enter **D**.

    Other Assistive Devices: Uses special devices to assist with eating or mobility (e.g., tables, utensils, hand splints, canes, crutches, etc.) and other assistive devices. O0500C = > 1 OR G0600A through D = checked, enter **D**.

26. **ROM/Contractures/Positioning:** Has functional limitations in range of motion. G0400A and/or B = 1 or 2 OR M1200C = checked.

27. **Special Care (Tube Feeding, Central Lines, Ventilators, O_2):** Has special treatments. K0510B2 = checked OR O0100C2 or F2 = checked.

28. **Hydration/Swallowing/Oral Health:** Has nutrition, hydration or oral health issues. K0510A2, C2, D2 = checked, enter **H** for hydration. K0100A-D = checked, enter **S** for swallowing. L0200A-F = checked, enter **O** for oral health.

29. **Infections:** Has infections or infectious disease. I1700 – I2500 = checked OR I8000 = infection diagnosis (i.e. ICD-9 codes between 001-139 inclusive) OR M1040A = checked OR O0100M2 = checked.

30. **Specialized Rehabilitation (PT, OT, recreational, respiratory, psychological, speech, restorative nursing) or other Services:** O0400A, B, C, D, E, F = minutes > 0 OR O0500 A-J = > 1.

ROSTER/SAMPLE MATRIX INSTRUCTIONS FOR SURVEYORS
(use with Form CMS-802)

The Roster/Sample Matrix form (CMS-802) is used to list all current residents (including residents on bed-hold) and to note pertinent care categories. The facility completes the resident name, resident room, and columns 6–30, all remaining columns are for Surveyor Use Only.

For the purpose of completing this form the terms: "facility" means certified beds (i.e., Medicare and/or Medicaid certified beds) and "residents" means residents in certified beds regardless of payer source.

The Roster/Sample Matrix is a tool for selecting the resident sample and may be used for recording information acquired during the tour. When using the form to identify the resident sample, indicate by a check whether this CMS-802 is being used for the sample from Offsite, Phase 1 or Phase 2. The horizontal rows list residents chosen for review (or residents encountered during the tour) and indicate the characteristics/concerns identified for each resident. Use the resident sample selection table in Appendix P of the State Operations Manual (SOM) to identify the number of residents required in the sample.

Mark the *Interview: Individual/Family* column with **'I'** for each resident receiving an interview or with **'F'** for any non-interviewable resident receiving a family interview and/or staff observation. Mark the *Closed Record/Comprehensive/Focused Review* column with **'CL'** for a closed record review, **'C'** for a resident chosen for a comprehensive review or **'FO'** for a resident chosen for a focused review. Use the vertical columns numbered 1 through 30 for each resident, as appropriate. During each portion of the survey (Offsite, Phase 1, Phase 2) highlight the vertical columns for each resident potential concern identified.

Resident Number: Number each line sequentially down the rows continuing the numbering sequence for any additional pages needed. These numbers may be used as resident identifiers for the sample.

Resident Name: List the name of the resident.

Surveyor Assigned: List initials or surveyor number of surveyor assigned to review each resident.

Resident Room: Identify room # for the resident.

Highlight each column that is an area of concern. For each resident entered on the roster/sample matrix, check all columns that pertain to the resident according to the Offsite and Sample Selection Tasks of the Survey.

1. **Privacy/Dignity:** resident's right to privacy, (accommodations, written and telephone communication, visitation, personal care, etc.) or concerns that the facility does not maintain or enhance resident's dignity.
2. **Social Services:** medically related or other social services; e.g., interpersonal relationships, grief, clothing, etc.
3. **Self-Determination/Accommodation of Needs:** resident's ability to exercise their rights as citizens; freedom from coercion, discrimination or reprisal; self-determination and participation; choice of care and schedule, etc.
4. **Abuse/Neglect:** resident abuse, neglect or misappropriation of resident property or how the facility responds to allegations of abuse, neglect or misappropriation of resident property.
5. **Clean/Comfortable/Homelike:** facility's environment including cleanliness, lighting levels, temperature, comfortable sound levels, or homelike environment and the resident's ability to use their personal belongings and individualize their room to the extent possible.
6. **Moderate/Severe Pain (constant or frequent):** timely assessment and intervention with residents needing pain medications or measures to provide comfort, including non-medication interventions, or who are on a pain management program.
7. **Hi-Risk Pressure Ulcers (Stage 2-4):** risk assessment, clinical assessment, treatment, monitoring, evaluation, and prevention of pressure ulcers; or other necessary skin care. Concerns regarding residents identified as having stage 2, 3, or 4 pressure ulcers or unstageable pressure ulcers.
8. **New/Worsened Pressure Ulcers (Stage 2-4):** risk assessment, clinical assessment, treatment, monitoring, evaluation, and prevention of pressure ulcers; or other necessary skin care. Concerns regarding residents identified as having new or worsened stage 2, 3, or 4 pressure ulcers.
9. **Physical Restraints:** residents identified as physically restrained, including side rails.
10. **Falls and/or Falls with Major Injury:** residents that have fallen within the past 30 days and/or have fallen within the past 180 days **and** incurred a major injury.
11. **Psychoactive Medications with Absence of Condition:** residents receiving any psychoactive medications in the absence of a psychiatric or mood related diagnoses or conditions.
12. **Antianxiety/Hypnotic Medications:** residents receiving anxiolytics and/or hypnotics.
13. **Behavioral Symptoms Affecting Others or Self:** residents with behavioral health care needs; e.g., verbal or physical outbursts, withdrawing/isolation, etc.

14. **Depressive Symptoms:** residents with symptoms of depression with or without antidepressant therapy.

15. **Urinary Tract Infections (UTI):** residents having a UTI.

16. **Indwelling Urinary Catheter:** residents with an indwelling urinary catheter.

17. **Lo-Risk Residents Who Lose Bowel/Bladder Control–Incontinence/Toileting Programs:** residents with bowel and/or bladder incontinence and/or on a toileting program.

18. **Excessive Weight Loss/Gain:** residents with an unintended weight loss/gain of >5% in one month or >10% in six months, or is at nutritional risk.

19. **Need for Increased ADL Help:** concerns about residents identified as having ADL decline.

20. **Hospice:** residents who have elected or are receiving hospice care.

21. **Dialysis:** care and coordination of services for residents receiving hemo- or peritoneal dialysis either within the facility or offsite.

22. **Admission/Transfer/Discharge:** care/treatment for residents admitted within the past 30 days or is scheduled to be transferred or discharged within the next 30 days. Including but not limited to, resident preparation and procedures for transfer or discharge, such as:

    - Relevant clinical and psychosocial information provided to next care providers, (i.e., Home Health, Hospital, Primary Care Provider, etc.) and,

    - Appropriate arrangements for necessary services to meet resident needs upon transfer and/or discharge.

23. **Mental Illness (MI) (Non-Dementia) or Intellectual Disability (ID) and/or Developmental Disability (DD). (Mental retardation as defined at 42 CFR 483.45(a)):** care and treatment of residents with a diagnosis of MI, ID and/or DD.

24. **Language/Communication:** residents with communication challenges to communicate at their highest practicable level, or residents identified as speaking and/or understanding other than the dominant language of the facility, or using non-oral communication such as, picture boards, computers, American Sign Language, etc.

25. **Vision/Hearing/Other Assistive Devices:** residents with visual or hearing impairments to function at their highest practicable level, including those residents who have glasses or hearing aids. Include residents needing other special devices to assist with eating or mobility.

26. **ROM/Contractures/Positioning:** occurrence, prevention or treatment of contractures, staff provision or lack of provision of appropriate application/use of splints, ROM exercises, or positioning. Concerns about residents identified as having a decline in ROM.

27. **Special Care (Tube Feeding, Central Lines, Ventilators, O_2, etc.)**: residents receiving nutrition via a feeding tube; residents with tracheostomies or ventilators; residents needing suctioning, and/or residents receiving oxygen, IPPB or other inhalation therapy, pulmonary toilet, humidifiers, etc., or have special care areas, (e.g., prosthesis, ostomy, injection, IV's, including total parenteral nutrition, etc.).

28. **Hydration/Swallowing/Oral Health:** residents, who show signs or symptoms or have risk factors for dehydration. Residents with chewing or swallowing problems. Provision or lack of provision for oral health care for residents.

29. **Infections:** residents receiving antibiotics or have an infectious disease or residents under strict isolation precautions.

30. **Specialized Rehabilitation:** provision or lack of provision of specialized rehabilitative services including, but not limited to:

    - Physical therapy

    - Speech/language pathology

    - Occupational therapy

    - Nursing restorative programs

    - Health rehabilitative services for MI and/or ID/DD

31–34. Note any other concerns; e.g., residents who are comatose, have delirium, have special skin care needs other than pressure ulcers, fecal impaction or observed to spend most of their time in bed or a chair, such as a geriatric chair, recliner, etc. If during offsite preparation, concerns arise about the accuracy of the MDS information, enter MDS accuracy as a concern.

Exhibit 268

(Issued: XX-XX-12: Implementation/Effective Date: XX-XX-12)

Facility Characteristics Report

Facility Name	LISA01	**Run Date**	01/19/12 09:12:26
City/State	Boston, MA	**Report Period**	12/01/09 – 05/31/10
Provider Number	855134	**Comparison Group**	11/01/10 – 04/30/11
Login/Facility ID	LISA01/LISA01	**Report Version Number**	1.07
Data was calculated on	01/16/2012		

	Facility			Comparison Group	
	Num	Denom	Observed Percent	State Average	National Average
Gender					
Male	14	31	45.2%	40.1%	31.6%
Female	17	31	54.8%	59.9%	68.4%
Age					
<25 years old	0	31	0.0%	0.3%	0.5%
25-54 years old	2	31	6.5%	10.2%	5.7%
55-64 years old	3	31	9.7%	11.7%	6.8%
65-74 years old	7	31	22.6%	17.1%	13.3%
75-84 years old	14	31	45.2%	31.9%	32.6%
85+ years old	5	31	16.1%	28.8%	41.1%
Diagnostic Characteristics					
Psychiatric diagnosis	2	31	6.5%	7.5%	13.1%
Intellectual or Developmental Disability	0	31	0.0%	3.0%	2.7%
Hospice	1	31	3.2%	0.5%	3.3%
Prognosis					
Life expectancy of less than 6 months	1	31	3.2%	2.1%	2.8%
Discharge Plan					
Not already occurring	3	31	9.7%	8.3%	9.5%
Already occurring	28	31	90.3%	91.7%	90.5%
Referral					
Not needed	5	31	16.1%	21.1%	18.2%
Is or may be needed but not yet made	11	31	35.5%	40.0%	42.3%
Has been made	15	31	48.4%	38.9%	39.5%
Type of Entry					
Admission	10	31	32.3%	26.1%	31.0%
Reentry	21	31	67.7%	73.9%	69.0%
Entered Facility From					
Community	17	31	54.8%	31.0%	25.4%
Another nursing home	5	31	16.1%	11.8%	10.3%
Acute Hospital	8	31	25.8%	29.9%	31.1%
Psychiatric Hospital	0	31	0.0%	0.9%	1.2%
Inpatient Rehabilitation Facility	0	31	0.0%	11.1%	12.4%
ID/DD facility	0	31	0.0%	0.6%	0.8%
Hospice	0	31	0.0%	9.5%	8.0%
Long Term Care Hospital	1	31	3.2%	4.0%	3.0%
Other	0	31	0.0%	1.2%	7.8%

Exhibit 269
(Issued: XX-XX-12: Implementation/Effective Date: XX-XX-12)

CASPER Report
MDS 3.0 Facility Quality Measure Report

Facility ID: THFR01
CCN: 123456
Facility Name: SUNNY HILLS
City/State: WALTHAM, MA
Data was calculated on: 12/01/2011

Report Period: 04/01/11-09/30/11
Comparison Group: 02/01/11-07/31/11
Run Date: 12/16/11
Report Version Number: 1.00

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: * is an indicator used to identify that the measure is flagged

	Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	10	23	43.5%	43.5%	37.0%	22.9%	**79***
Self-Reported (SR) Moderate/Severe Pain (L)	0677	8	52	15.4%	10.4%	31.7%	19.0%	38
High-Risk Residents with Pressure Ulcers (L)	0679	3	38	7.9%	7.9%	15.0%	10.5%	62
New/Worsened Pressure Ulcers (S)	0678	0	24	0.0%	0.0%	16.0%	4.3%	0
Physical Restraints (L)	0687	1	68	1.5%	1.5%	17.3%	5.7%	67
Falls (L)		25	68	36.8%	36.8%	36.5%	41.2%	48
Falls with Major Injury (L)	0674	1	68	1.5%	1.5%	39.2%	39.6%	19
Psychoactive Medication Use in Absence of Psychotic or Related Condition (L)		1	52	1.9%	1.9%	26.9%	24.8%	21
Antianxiety/Hypnotic Medication Use (L)		3	43	7.0%	7.0%	32.0%	32.8%	17
Behavior Symptoms Affecting Others (L)		18	64	28.1%	28.1%	28.6%	23.5%	63
Depressive Symptoms (L)	0690	2	65	3.1%	3.1%	21.2%	9.6%	41
Urinary Tract Infection (L)	0684	5	67	7.5%	7.5%	18.5%	10.3%	62
Catheter Inserted and Left in Bladder (L)	0686	1	54	1.9%	3.0%	16.4%	7.8%	29
Low-Risk Residents Who Lose Bowel/Bladder Control (L)	0685	6	16	37.5%	37.5%	30.6%	36.1%	41
Excessive Weight Loss (L)	0689	5	67	7.5%	7.5%	21.8%	11.2%	61
Need for Help with ADLs Has Increased (L)	0688	4	41	9.8%	9.8%	25.3%	18.1%	35

Exhibit 270
(Issued: XX-XX-12: Implementation/Effective Date: XX-XX-12)

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

Facility ID: THFR01
Facility Name: SUNNY HILLS
CCN: 123456
City/State: WALTHAM, MA
Data was calculated on: 12/01/2011

Report Period: 04/01/11-09/30/11
Run Date: 12/16/11
Report Version Number: 1.00

Note: S = short stay, L = long stay; X=triggered, b = not triggered or excluded

Resident Name	Resident ID	A0310A/B/F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	Hi-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychoactive Meds Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavior Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res Lose Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
Active Residents																			
DOE, JOHN	4566544	02/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	5
DOE, JOHN	3214789	02/99/99	b	X	b	b	b	X	X	X	b	b	X	b	b	b	b	b	5
DOE, JOHN	8765432	02/99/99	b	b	b	b	b	b	b	b	b	X	b	b	b	X	b	b	2
DOE, JOHN	4567891	99/99/11	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	1
DOE, JOHN	12343567	02/99/99	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
DOE, JOHN	7788997	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
DOE, JOHN	1231231	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
DOE, JOHN	9632147	02/99/99	b	b	b	b	b	b	b	X	b	b	b	X	b	b	b	b	2
DOE, JOHN	7654321	02/99/99	b	X	b	b	b	X	X	b	b	b	b	b	b	X	b	b	4
DOE, JOHN	8877665	03/99/99	b	b	b	b	b	b	b	X	b	X	b	b	b	b	b	b	2
DOE, JOHN	2345678	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	X	b	b	1
Discharged Residents																			
DOE, JOHN	7531595	04/99/99	b	b	b	b	b	X	X	b	X	b	X	b	b	b	X	b	5
DOE, JOHN	3456789	02/99/99	b	b	b	b	b	X	X	X	X	X	b	b	b	b	X	b	6
DOE, JOHN	7849516	99/99/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
DOE, JOHN	9876543	99/99/10	b	b	b	b	b	X	X	X	b	b	b	b	b	b	b	b	3

Exhibit 271
(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

QM Reports Technical Specifications: Version 1.0

Introduction

The measures contained on the Quality Measure (QM) Reports are calculated in two major steps. In the first step, two samples of assessments are selected: a long-stay sample and a short-stay sample. In the second step, logic is applied to the two samples of assessments to produce the short-stay and long-stay measures. The purpose of this document is to describe the technical details that are involved in these two steps.

This document is divided into two major sections. The first section describes the logic that is used to calculate each of the measures on the QM reports, and the second section describes the criteria that are used to select the assessment records for the short-stay and long-stay resident samples.

Calculation Logic

The table below[1] lists all of the measures that are on the QM reports and describes the logic that is used to calculate each measure. The table contains three columns and the contents of these columns are described below:

- Measure description
- Measure specifications
- Covariates

Measure Description Column is a brief description of the measure.

Measure Specifications Column

- **Numerator.** The numerator entry gives the logic used to determine whether a resident triggers the QM (if the resident is included in the numerator for the QM rate in the facility).
- **Denominator.** The denominator entry defines whether a resident has the necessary records available to be a candidate for the QM (inclusion of the resident in the denominator for the QM rate for the facility).
- **Exclusions.** The exclusions entry provides clinical conditions and missing data conditions that preclude a resident from consideration for the QM. An excluded resident is excluded from both the numerator and denominator of the QM rate for the facility.

Covariates Column

- **Covariates.** The "Covariates" entry defines the calculation logic for covariates. Covariates are always prevalence indicators with a value of 1 if the condition is present and a value of 0 if the condition is not present.

[1] This table is based upon information presented in the *MDS 3.0 QM User's Manual*.

Exhibit 271 cont.

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

QM Reports Technical Specifications: Version 1.0

MDS 3.0 Measure (#0676): Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure captures the percent of short stay residents, with at least one episode of moderate/severe pain or horrible/excruciating pain of any frequency, in the last 5 days.	***Numerator*** Short-stay residents with a selected target assessment where the target assessment meets ***either*** *or* ***both*** of the following two conditions: 1. Condition #1: resident reports daily pain with at least one episode of moderate/severe pain. ***Both*** of the following conditions must be met: 1.1. Almost constant or frequent pain (J0400=[1,2]) ***and*** 1.2. At least one episode of moderate to severe pain (J0600A=[05,06,07,08,09] OR J0600B=[2,3]). 2. Condition #2: resident reports very severe/horrible pain of any frequency (J0600A= [10] OR J0600B= [4]). ***Denominator*** All short-stay residents with a selected target assessment, except those with exclusions. ***Exclusions*** If the resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) AND ***any*** of the following conditions are true: 1. The pain assessment interview was not completed (J0200= [0,-, ^]). 2. The pain presence item was not completed (J0300= [9,-, ^]). 3. For residents with pain or hurting at any time in the last 5 days (J0300 = [1]), any of the following are true: 3.1. The pain frequency item was not completed (J0400= [9,-, ^]). 3.2. Neither of the pain intensity items was completed (J0600A= [99, ^, -] and J0600B= [9, ^,-]). 3.3. The numeric pain intensity item indicates no pain (J0600A= [00]).	Not applicable.

Exhibit 271 cont.

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

QM Reports Technical Specifications: Version 1.0

MDS 3.0 Measure (#0677): Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure captures the percent of long-stay residents who report either (1) almost constant or frequent moderate to severe pain in the last 5 days or (2) any very severe/horrible in the last 5 days.	***Numerator*** Long-stay residents with a selected target assessment where the target assessment meets ***either*** *or* ***both*** of the following two conditions: 1. Condition #1: resident report almost constant or frequent moderate to severe pain in the last 5 days. ***Both*** of the following conditions must be met: 1.1. Almost constant or frequent pain (J0400=[1,2]), ***and*** 1.2. At least one episode of moderate to severe pain: (J0600A= [05, 06, 07, 08, 09] OR J600B= [2, 3]). 2. Condition #2: resident reports very severe/horrible pain of any frequency (J0600A= [10] OR J0600B= [4]). ***Denominator*** All long-stay residents with a selected target assessment, except those with exclusions. ***Exclusions*** 1. The target assessment is an admission assessment, a PPS 5-day assessment, or a PPS readmission/return assessment (A0310A= [01] or A0310B= [01, 06]). 2. The resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) AND any of the following conditions are true: 2.1. The pain assessment interview was not completed (J0200= [0,-, ^]). 2.2. The pain presence item was not completed (J0300= [9,-, ^]). 2.3. For residents with pain or hurting at any time in the last 5 days (J0300 = [1]), ***any*** of the following are true: 2.3.1. The pain frequency item was not completed (J0400= [9,-, ^]). 2.3.2. Neither of the pain intensity items was completed (J0600A= [99, ^, -] and J0600B= [9, ^,-]). 2.3.3. The numeric pain intensity item indicates no pain (J0600A= [00]).	Independence or modified independence in daily decision making on the prior assessment Covariate = 1 if C1000 = [0, 1] ***or*** if (C0500 ≥ [13] and C0500 ≤ [15]) Covariate = 0 if C1000 = [2, 3] ***or*** if (C0500 ≥ [00] and C0500 ≤ [12]). Covariate = missing if ***either*** of the following are true: 1. C0500 = [99,-, ^] ***and*** C1000 = [-, ^]. 2. No prior assessment is available.

Exhibit 271 cont.

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

QM Reports Technical Specifications: Version 1.0

MDS 3.0 Measure (#0679): Percent of High-Risk Residents With Pressure Ulcers (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure captures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers.	***Numerator*** All residents with a selected target assessment that meets ***both*** of the following conditions: 1. Condition #1: There is a high risk for pressure ulcers, where "high-risk" is defined in the denominator definition below. 2. Condition #2: Stage II-IV pressure ulcers are present, as indicated by ***any*** of the following three conditions: 2.1 M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] ***or*** 2.2. M0300C1 =[1, 2, 3, 4, 5, 6, 7, 8, 9] ***or*** 2.3. M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9], ***or*** 2.4 Any of additional active diagnoses is a Stage II-IV ulcer ICD-9 (I8000 = [707.22, 707.23, 707.24]). ***Denominator*** All residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet ***one or more*** of the following three criteria on the target assessment: 1. Impaired bed mobility or transfer indicated, by ***either or both*** of the following: 1.1. Bed mobility, self-performance (G0110A1) = [3, 4, 7, 8]. 1.2. Transfer, self-performance (G0110B1) = [3, 4, 7, 8]. 2. Comatose (B0100 = [1]) 3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked). ***Exclusions*** 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) AND ***any*** of the following conditions are true: a. M0300B1 = [-] b. M0300C1 = [-] c. M0300D1 = [-].	Not applicable.

Exhibit 271 cont.

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

QM Reports Technical Specifications: Version 1.0

MDS 3.0 Measure (#0678): Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure captures the percentage of short-stay residents with new or worsening Stage 2-4 pressure ulcers.	***Numerator*** Short-stay residents for which a look-back scan indicates one or more new or worsening Stage 2-4 pressure ulcers Where on any assessment in the look-back scan: 1. Stage 2 (M0800A) > [0] and M0800A < = M0300B1, OR 2. Stage 3 (M0800B) > [0] and M0800B < = M0300C1, OR 3. Stage 4 (M0800C) > [0] and M0800C < = M0300D1. ***Denominator*** All residents with one or more assessments that are eligible for a look-back scan, except those with exclusions. ***Exclusions*** Residents are excluded if none of the assessments that are included in the look-back scan has a usable response for M0800A, M0800B, or M0800C. This situation is identified as follows: 1. Examine each assessment that is included in the look-back scan. For each assessment, do the following: 1.1 The response to M0800A is usable if either of the following conditions are true: 1.1.1. M0300B1 = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9] and M0800A = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9] and M0800A ≤ M0300B1. 1.1.2. M0300B1 = [^] and M0800A = [^]. 1.2 The response to M0800B is usable if either of the following conditions are true: 1.2.1. M0300C1 = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9] and M0800B = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9] and M0800B ≤ M0300C1. 1.2.2. M0300C1 = [^] and M0800B = [^]. 1.3 The response to M0800C is usable if either of the following conditions are true: 1.3.1. M0300D1 = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9] and M0800C = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9] and M0800C ≤ M0300D1. 1.3.2. M0300D1 = [^] and M0800C = [^]. 1.4 If ***none*** of the three items M0800A, M0800B, and M0800C is usable, then the assessment is not usable and is discarded. 1. 2. If all of the assessments that are eligible for the look-back scan are discarded and no usable assessments remain, then the resident is excluded from the numerator and the denominator.	1. Indicator of requiring limited or more assistance in bed mobility self-performance dependence on the initial assessment: Covariate = [1] if G0110A1 = [2, 3, 4, 7, 8] Covariate = [0] if G0110A1 = [0, 1, -] 2. Indicator of bowel incontinence at least occasionally on the initial assessment: Covariate = [1] if H0400 = [1, 2, 3] Covariate = [0] if H0400 = [0, 9, - , ^] 3. Have diabetes or peripheral vascular disease on initial assessment: Covariate = [1] if any of the following are true: a. I0900 = [1] (checked) b I2900 = [1] (checked) c I8000A through I8000J contains any of the following peripheral vascular disease diagnosis codes: [250.7, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.31, 440.32, 443.81, and 443.9][2]. Covariate = [0] if I0900 = [0, -] AND I2900 = [0, - -] AND I8000A through I8000J do not contain any of the peripheral vascular disease diagnosis codes listed above. 4. Indicator of Low Body Mass Index, based on Height (K0200A) and Weight (K0200B) on the initial assessment: Covariate = [1] if BMI ≥ [12.0] AND ≤ [19.0] Covariate = [0] if BMI > [19.0] AND ≤ [40.0] Where: BMI = (weight * 703 / height^2) = ((K0200B) * 703) / (K0200A^2) and the resulting value is rounded to one decimal. Covariate = missing if K0200A = [0,-] OR K0200B = [0,-] OR BMI < [12.0] OR BMI > [40.0]. 5. All covariates are missing if no initial assessment is available.

[2] Condition 3c (scanning I8000A through I8000J for a peripheral vascular disease diagnosis codes) will be discontinued for all assessments with a target date on or after April 1, 2012. Scanning will occur only for assessments with target dates on or before March 31, 2012.

Exhibit 271 cont.

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

QM Reports Technical Specifications: Version 1.0

MDS 3.0 Measure (#0687): Percent of Residents Who Were Physically Restrained (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure reports the percent of long-stay nursing facility residents who are physically restrained on a daily basis.	***Numerator*** Long-stay residents with a selected target assessment that indicates daily physical restraints, where: trunk restraint used in bed (P0100B = [2]), OR limb restraint used in bed (P0100C = [2]), OR trunk restraint used in chair or out of bed (P0100E = [2]), OR limb restraint used in chair or out of bed (P0100F = [2]), OR chair prevents rising used in chair or out of bed (P0100G) = [2]). ***Denominator*** All residents with a target assessment, except those with exclusions. ***Exclusions*** Resident is not in numerator and any of the following is true: P0100B = [-], OR P0100C = [-], OR P0100E = [-], OR P0100F = [-], OR P0100G = [-].	Not applicable.

Exhibit 271 cont.

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

QM Reports Technical Specifications: Version 1.0

MDS 3.0 QM Measure: Prevalence of Falls (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure reports the percentage of long-stay residents who have had a fall during their episode of care.	***Numerator*** Long-stay residents with one or more look-back assessments that indicate the occurrence of a fall (J1800 = [1]). ***Denominator*** All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions. ***Exclusions*** Resident is excluded if the following is true for all of the look-back scan assessments: The occurrence of falls was not assessed (J1800 = [-]),	Not applicable.

MDS 3.0 Measure (#0674): Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure reports the percent of long-stay residents who have experienced one or more falls with major injury reported in the target period.	***Numerator*** Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]). ***Denominator*** All long-stay nursing home residents with a one or more look-back scan assessments except those with exclusions. ***Exclusions*** Resident is excluded if one of the following is true for ***all*** of the look-back scan assessments: 1. The occurrence of falls was not assessed (J1800 = [-]), OR 2. The assessment indicates that a fall occurred (J1800 = [1]) AND the number of falls with major injury was not assessed (J1900C = [-]).	Not applicable.

MDS 3.0 Measure: Prevalence of Psychoactive Medication Use, in the Absence of Psychotic or Related Conditions (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure reports the percentage of long-stay residents who are receiving psychoactive drugs but do not have evidence of psychotic or related conditions in the target period.	***Numerator*** Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows: • For assessments with target dates on or before 03/31/2012: N0400A = [1]. • For assessments with target dates on or after 04/01/2012: N0410A= [1, 2, 3, 4, 5, 6, 7]. ***Denominator*** All long-stay residents with a selected target assessment, except those with exclusions. ***Exclusions*** 1. The resident did not qualify for the numerator and any of the following is true: 1.1. For assessments with target dates on or before 03/31/2012: N0400A = [-]. 1.2. For assessments with target dates on or after 04/01/2012: N0410A= [-]. 2. ***Any*** of the following related conditions are present on the target assessment (unless otherwise indicated): 2.1. Schizophrenia (I6000 = [1]). 2.2. Psychotic disorder (I5950 = [1]). 2.3. Manic depression (bipolar disease) (I5900 = [1]). 2.4. Tourette's Syndrome (I5350 = [1]). 2.5. Tourette's Syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available. 2.6. Huntington's Disease (I5250 = [1]). 2.7. Hallucinations (E0100A = [1]). 2.8. Delusions (E0100B = [1]).	Not applicable.

MDS 3.0 Measure: Prevalence of Antianxiety/Hypnotic Use (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure reports the percentage of long-stay residents who are receiving antianxiety medications or hypnotics but do not have evidence of psychotic or related conditions in the target period.	***Numerator*** Long-stay residents with a selected target assessment where any of the following conditions are true: 1. For assessments with target dates on or before 03/31/2012: 1.1. Antianxiety medications received (N0400B = [1]), or 1.2. Hypnotic medications received (N0400D = [1]). 2. For assessments with target dates on or after 04/01/2012: 2.1. Antianxiety medications received (N0410B = [1,2,3,4,5,6,7]), or 2.2. Hypnotic medications received (N0410D = [1, 2, 3, 4, 5, 6, 7]). ***Denominator*** All long-stay residents with a selected target assessment, except those with exclusions. ***Exclusions*** The resident did not qualify for the numerator and any of the following is true: 1. For assessments with target dates on or before 03/31/2012: 1.1. N0400B = [-]. 1.2. N0400D = [-]. 2. For assessments with target date on or after 04/01/2012: 2.1. N0410B = [1]. 2.2. N0410D = [-]. 3. Any of the following related conditions are present on the target assessment (unless otherwise indicated): 3.1. Schizophrenia (I6000 = [1]). 3.2. Psychotic disorder (I5950 = [1]). 3.3. Manic depression (bipolar disease) (I5900 = [1]). 3.4. Tourette's Syndrome (I5350 = [1]).	Not applicable.

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
	3.5. Tourette's Syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available. 3.6. Huntington's Disease (I5250 = [1]). 3.7. Hallucinations (E0100A = [1]). 3.8. Delusions (E0100B = [1]). 3.9. Anxiety disorder (I5700 = [1]). 3.10. Post traumatic stress disorder (I6100 = [1]). 3.11. Post traumatic stress disorder (I6100 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.	

MDS 3.0 Measure: Prevalence of Behavior Symptoms Affecting Others (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure reports the percentage of long-stay residents who have behavior symptoms that affect others during the target period.	***Numerator*** Long-stay residents with a selected target assessment where any of the following conditions are true: 1. The presence of physical behavioral symptoms directed towards others (E0200A = [1,2,3]), or 2. The presence of verbal behavioral symptoms directed towards others (E0200B = [1,2,3]), or 3. The presence of other behavioral symptoms directed towards others (E0200C = [1,2,3]), or 4. Rejection of care (E0800 = [1,2,3]), or 5. Wandering (E0900 = [1, 2, 3]). ***Denominator*** All residents with a selected target assessment, except those with exclusions. ***Exclusions*** Resident is not in numerator and any of the following is true: 1. The target assessment is a discharge (A0310F= [10, 11]. 2. E0200A is equal to [-, ^]. 3. E0200B is equal to [-, ^]. 4. E0200C is equal to [-, ^]. 5. E0800 is equal to [-, ^]. 6. E0900 is equal to [-, ^].	Not applicable.

Exhibit 271 cont.

(Issued: XX-XX-12, Implementation/Effective Date: XX-XX-12)

QM Reports Technical Specifications: Version 1.0

MDS 3.0 Measure (#0690): Percent of Residents Who Have Depressive Symptoms (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
The measure reports the percentage of long-stay residents who have had symptoms of depression during the 2-week period preceding the MDS 3.0 target assessment date.	***Numerator*** Long-stay residents with a selected target assessment where the target assessment meets ***either*** of the following two conditions: *CONDITION A* (The resident mood interview must meet Part 1 ***and*** Part 2 below) PART 1: • Little interest or pleasure in doing things half or more of the days over the last two weeks is equal or greater than two (D0200A2 = [2, 3]) ***OR*** • Feeling down, depressed, or hopeless half or more of the days over the last two weeks (D0200B2 = [2, 3]) PART 2: The resident interview total severity score indicates the presence of depression (D0300 ≥ [10] and D0300 ≤ [27]). *CONDITION B*: (The staff assessment of resident mood must meet Part 1 ***and*** Part 2 below) PART 1: • Little interest or pleasure in doing things half or more of the days over the last two weeks is equal or greater than two (D0500A2 = [2, 3]) ***OR*** • Feeling or appearing down, depressed, or hopeless half or more of the days over the last two weeks (D0500B2 = [2, 3]) PART 2: The staff assessment total severity score indicates the presence of depression (D0600 ≥ [10] and D0600 ≤ [30]).	Not applicable.

MDS 3.0 Measure (#0684): Percent of Residents With a Urinary Tract Infection (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
The measure reports the percentage of long stay residents who have a urinary tract infection	***Numerator*** Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = [1]). ***Denominator*** All long-stay residents with a selected target assessment, except those with exclusions. ***Exclusions*** 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Urinary tract infection value is missing (I2300 = [-]).	Not applicable.

MDS 3.0 Measure (#0686): Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure reports the percentage of residents who have had an indwelling catheter in the last 7 days.	***Numerator*** Long-stay residents with a selected target assessment that indicates the use of indwelling catheters (H0100A = [1]). ***Denominator*** All long-stay residents with a selected target assessment, except those with exclusions. ***Exclusions*** 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Target assessment indicates that indwelling catheter status is missing (H0100A = [-]). 3. Target assessment indicates neurogenic bladder (I1550 = [1]) or neurogenic bladder status is missing (I1550 = [-]). 4. Target assessment indicates obstructive uropathy (I1650 = [1]) or obstructive uropathy status is missing (I1650 = [-]).	1. Frequent bowel incontinence on prior assessment (H0400 = [2, 3]). Covariate = [1] if H0400 = [2, 3] Covariate = [0] if H0400 = [0, 1, 9, -]. 2. Pressure ulcers at stages 2, 3 or 4 on prior assessment: Covariate = [1] if any of the following are true: a. M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9], ***or*** b. M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9], ***or*** c. M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] Covariate = [0] if M0300B1 = [0, ^] ***and*** M0300C1 = [0, ^] ***and*** M0300D1 = [0, ^]. Covariate = missing if M0300B1 = [-] AND M0300C1 = [-] AND M0300D1 = [-]. 3. All covariates are missing if no prior assessment is available.

MDS 3.0 Measure (#0685): Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
The measure reports the percent of long-stay residents who frequently lose control of their bowel or bladder.	***Numerator*** Long-stay residents with a selected target assessment that indicates frequently or always incontinence of the bladder (H0300 = [2, 3]) or bowel (H0400 = [2, 3]). ***Denominator*** All long-stay residents with a selected target assessment, except those with exclusions. ***Exclusions*** 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Resident is not in numerator and H0300 = [-] OR H0400 = [-]. 3. Residents who have **any** of the following high risk conditions: a. Severe cognitive impairment on the target assessment as indicated by (C1000 = [3] and C0700 = [1]) OR (C0500 ≤ [7]). b. Totally dependent in bed mobility self-performance (G0110A1 = [4, 7, 8]). c. Totally dependent in transfer self-performance (G0110B1 = [4, 7, 8]). d. Totally dependent in locomotion on unit self-performance (G0110E1 = [4, 7, 8]). 4. Resident does not qualify as high risk (see #3 above) and ***both*** of the following two conditions are true for the target assessment: a. C0500 = [99, ^, -], ***and*** b. C0700 = [^, -] ***or*** C1000 = [^, -]. 5. Resident does not qualify as high risk (see #3 above) and ***any*** of the following three conditions are true: a. G0110A1 = [-] b. G0110B1 = [-] c. G0110E1E = [-]. 6. Resident is comatose (B0100 = [1]) or comatose status is missing (B0100 = [-]) on the target assessment. 7. Resident has an indwelling catheter (H0100A = [1]) or indwelling catheter status is missing (H0100A = [-]) on the target assessment. 8. Resident has an ostomy (H0100C = [1]) or ostomy status is missing (H0100C = [-]) on the target assessment.	Not applicable.

MDS 3.0 Measure (#0689): Percent of Residents Who Lose Too Much Weight (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
The measure captures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight-loss regimen noted in an MDS assessment during the selected quarter.	***Numerator*** Long-stay nursing home residents with a selected target assessment which indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen (K0300 = [2]. ***Denominator*** Long-stay nursing home residents with a selected target assessment except those with exclusions. ***Exclusions*** 1. Target assessment is an OBRA admission assessment (A0310A = [01]) OR a PPS 5-day or readmission/return assessment (A0310B = [01, 06]). 2. Weight loss item is missing on target assessment (K0300 = [-].	Not applicable.

MDS 3.0 Measure (#0688): Percent of Residents Who's Need for Help with Activities of Daily Living Has Increased (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.	***Numerator*** Long-stay residents with selected target and prior assessment assessments that indicate the need for help with late-loss Activities of Daily Living (ADLs) has increased when the selected assessments are compared. The four late-loss ADL items are self-performance bed mobility (G0110A1), self-performance transfer (G0110B1), self-performance eating (G0110H1), and self-performance toileting (G0110I1). An increase is defined as an increase in two or more coding points in one late-loss ADL item or one point increase in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [7, 8] on either the target or prior assessment, then recode the item to equal [4] to allow appropriate comparison. Residents meet the definition of increased need of help with late-loss ADLs if either of the following are true **1.** ***At least* two** of the following are true (note that in the notation below, [t] refers to the target assessment, and [t-1] refers to the prior assessment): 1. Bed mobility: [Level at target assessment (G0110A1[t]] - [Level at prior assessment (G0110A1[t-1])] > [0], or 2. Transfer: [Level at target assessment (G0110B1[t]] - [Level at prior assessment (G0110B1[t-1])] > [0], or 3. Eating: [Level at target assessment (G0110H1[t]] - [Level at prior assessment (G0110H1[t-1])] > [0], or 4. Toileting: [Level at target assessment (G0110I1[t]] - [Level at prior assessment (G0110I1[t-1])] > [0], ***2. At least one*** of the following is true: 1. Bed mobility: [Level at target assessment (G0110A1[t]] - [Level at prior assessment (G0110A1[t-1])] > [1], or 2. Transfer: [Level at target assessment (G0110B1[t]] - [Level at prior assessment (G0110B1[t-1])] > [1], or 3. Eating: [Level at target assessment (G0110H1[t]] - [Level at prior assessment (G0110H1[t-1])] > [1], or 4. Toileting: [Level at target assessment (G0110I1 [t]] - [Level at prior assessment (G0110I1 [t-1])] > [1].	Not applicable.

QM Sample and Record Selection Methodology

The purpose of this section is to describe the methodology that is used to select the short and long stay samples as well as the key records that are used to compute the QMs for each of those samples. The first section below will present definitions that are used to describe the selection methodology. The second section describes the selection of the two samples. The third and fourth sections describe the selection of the key records within each of the two samples.

Section 1: Definitions

Target period. The span of time that defines the QM reporting period (e.g., a calendar quarter).

Stay. The period of time between a resident's entry into a facility and either (a) a discharge, or (b) the end of the target period, whichever comes first. A stay is also defined as a set of contiguous days in a facility. The start of a stay is either:

- An admission entry (A0310F = [01] and A1700 = [1]), OR
- A reentry (A0310F = [01] and A1700 = [2]).

The end of a stay is the earliest of the following:

- Any discharge assessment (A0310F = [10, 11]), OR
- A death in facility tracking record (A0310F = [12]), OR
- The end of the target period.

Episode. A period of time spanning one or more stays. An episode begins with an admission (defined below) and ends with either (a) a discharge, or (b) the end of the target period, whichever comes first. An episode starts with:

- An admission entry (A0310F = [01] and A1700 = [1]).

The end of an episode is the earliest of the following:

- A discharge assessment with return not anticipated (A0310F = [10]), OR
- A discharge assessment with return anticipated (A0310F = [11]) but the resident did not return (A0310F = [10]) within 30 days of discharge, OR
- A death in facility tracking record (A0310F = [12]), OR
- The end of the target period.

Admission. An admission entry record (A0310F = [01] and A1700 = [1]) is required when ***any one*** of the following occurs:

- resident has never been admitted to this facility before; OR
- resident has been in this facility previously and was discharged return not anticipated; OR
- resident has been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

Reentry. A reentry record (A0310F = [01] and A1700 = [2]) is required when ***all of the following*** occurred prior to this entry, the resident was:

- discharged return anticipated, AND
- returned to facility within 30 days of discharge.

Cumulative days in facility (CDIF). The total number of days within an episode during which the resident was in the facility. It is the sum of the number of days within each stay included in an episode. If an episode consists of more than one stay separated by periods of time outside the facility (e.g., hospitalizations), only those days within the facility would count towards CDIF. Any days outside of the facility (e.g., hospital, home, etc.) would not count towards the CDIF total. The following rules are used when computing CDIF:

- When counting the number of days until the end of the episode, counting stops with (a) the last record in the target period if that record is a discharge assessment (A0310F = [10, 11]), (b) the last record in the target period if that record is a death in facility (A0310F = [12]), or (c) the end of the target period is reached, whichever is earlier.
- When counting the duration of each stay within an episode, include the day of entry (A1600) but not the day of discharge (A2000) unless the entry and discharge occurred on the same day in which case the number of days in the stay is equal to 1.
- While death in facility records (A0310F = [12]) end CDIF counting, these records are not used as target records because they contain only tracking information and do not include clinical information necessary for QM calculation.
- **Special rules for the MDS 2.0/MDS 3.0 transition.** The MDS 3.0 QMs will be based entirely on MDS 3.0 data; no MDS 2.0 data will be used for these measures. Therefore, special rules must be used when constructing episodes and counting days that could span the MDS 3.0 implementation date of 10/1/2010.

    - When computing an episode's CDIF, work backwards from the end of the episode, counting CDIF. If CDIF exceeds 100 before reaching 10/1/2010, stop: the resident is long stay.
    - If an admission entry record is encountered before reaching 10/1/2010, stop and classify the resident as long or short stay depending upon the number of days accumulated.

- If 10/1/2010 is encountered, stop counting CDIF. If 101 or more days have been accumulated, then resident is long stay. If CDIF is less than or equal to 100, then the episode is undetermined, and the episode is excluded from analysis.

Short stay. An episode with CDIF less than or equal to 100 days as of the end of the target period.

Long stay. An episode with CDIF greater than or equal to 101 days as of the end of the target period.

Target date. The event date for an MDS record, defined as follows:

- For an entry record (A0310F = [01]), the target date is equal to the entry date (A1600).
- For a discharge record (A0310F = [10, 11]) or death-in-facility record (A0310F = [12]), the target date is equal to the discharge date (A2000).
- For all other records, the target date is equal to the assessment reference date (A2300).

Section 2: Selecting the QM Samples

Two resident samples are selected for computing the QMs: a short-stay sample and a long-stay sample. These samples are selected using the following steps:

1. Select all residents whose latest episode either ends during the target period or is ongoing at the end of the target period. This latest episode is selected for QM calculation.

2. For each episode that is selected, compute the cumulative days in the facility (CDIF).

3. If the CDIF is less than or equal to 100 days, the resident is included in the short-stay sample.

4. If the CDIF is greater than or equal to 101 days, the resident is included in the long-stay sample.

Note that all residents who are selected in Step 1 above will be placed in either the short- or long-stay sample and that the two samples are mutually exclusive. If a resident has multiple episodes within the target period, only the latest episode is used.

Within each sample, certain key records are identified which are used for calculating individual measures. These records are defined in the following sections.

Section 3: Short Stay Record Definitions

ASSESSMENT SELECTED	PROPERTY	SELECTION SPECIFICATIONS
Target assessment	Selection period	Most recent 6 months (the short stay target period).
	Qualifying RFAs[3]	A0310A = [01, 02, 03, 04, 05, 06] or A0310B = [01, 02, 03, 04, 05, 06] or A0310F = [10, 11]
	Selection logic	Latest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying RFA, and (c) its target date is no more than 120 days[4] before the end of the episode.
	Rationale	Records with a qualifying RFA contain all of the items needed to define the QMs. The target assessment need not have a target date within the target period, but it must occur within 120 days before the end of the resident's selected episode (either the target date of a discharge assessment or death in facility record that is the last record in the target period or the end of the target period if the episode is ongoing). 120 days allows 93 days between quarterly assessments plus an additional 27 days to allow for late assessments. The target assessment represents the resident's status at the end of the episode.
Initial assessment	Selection period	First assessment following the admission entry record at the beginning of the resident's selected episode.
	Qualifying RFAs	A0310A = [01] or A0310B = [01, 06] or A0310F = [10, 11]
	Selection logic	Earliest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying RFA, (c) it has the earliest target date that is greater than or equal to the admission entry date starting the episode, and (d) its target date is no more than 130 days prior to the target date of the target record. The initial assessment cannot be the same as the target assessment. If the same assessment qualifies as both the initial and target assessments, it is used as the target assessment and the initial assessment is considered to be missing.
	Rationale	Records with a qualifying RFA contain all of the items needed to define the QMs. The initial assessment need not have a target date within the target period. The initial assessment represents the resident's status as soon as possible after the admission that marks the beginning of the episode. If the initial assessment is more than 130 days prior to the target assessment, it is not used and the initial record is considered to be missing. This prevents the use of an initial assessment for a short stay in which a large portion of the resident's episode was spent outside the facility. 130 days allows for as many as 30 days of a 100-day stay to occur outside of the facility.
Look-back Scan	Selection period	Scan all assessments within the current episode.

[3] RFA: reason for assessment.
[4] A short stay episode can span more than 100 calendar days because days outside of the facility are not counted in defining a 100-day or less short stay episode.

ASSESSMENT SELECTED	PROPERTY	SELECTION SPECIFICATIONS
	Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] or A0310B = [01, 02, 03, 04, 05, 06] or A0310F = [10, 11]
	Selection logic	Include the target assessment and qualifying earlier assessments in the scan. Include an earlier assessment in the scan if it meets all of the following conditions: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, and (c) its target date is on or before the target date for the target assessment. The target assessment and qualifying earlier assessments are scanned to determine whether certain events or conditions occurred during the look-back period. These events and conditions are specified in the definitions of measures that utilize the look-back scan.
	Rationale	Some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed. The purpose of the look-back scan is to determine whether such events or conditions occurred during the look-back period. All assessments with target dates within the episode are examined to determine whether the event or condition of interest occurred at any time during the episode.

Section 4: Long Stay Record Definitions

ASSESSMENT SELECTED	PROPERTY	SELECTION SPECIFICATIONS
Target assessment	Selection period	Most recent 3 months (the long stay target period)
	Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] or A0310B = [01, 02, 03, 04, 05, 06] or A0310F = [10, 11]
	Selection logic	Latest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying RFA, and (c) its target date is no more than 120 before the end of the episode.
	Rationale	Records with a qualifying RFA contain all of the items needed to define the QMs. The target assessment need not have a target date within the target period, but it must occur within 120 days of the end of the resident's episode (either the last discharge in the target period or the end of the target period if the episode is ongoing). 120 days allows 93 days between quarterly assessments plus an additional 27 days to allow for late assessments. The target assessment represents the resident's status at the end of the episode.
Prior assessment	Selection period	Latest assessment that is 46 to 165 days before the target assessment.
	Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] or A0310B = [01, 02, 03, 04, 05, 06] or A0310F = [10, 11]
	Selection logic	Latest assessment that meets the following criteria: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, and (c) its target date is contained in the window that is 46 days to 165 days preceding the target date of the target assessment. If no qualifying assessment exists, the prior assessment is considered missing.
	Rationale	Records with a qualifying RFA contain all of the items needed to define the QMs. The prior assessment need not have a target date within the target period, but it must occur within the defined window. The window covers 120 days, which allows 93 days between quarterly assessments plus an additional 27 days to allow for late assessments. Requiring a 45 day gap between the prior assessment and the target assessment insures that the gap between the prior and target assessment will not be small (gaps of 45 days or less are excluded).

ASSESSMENT SELECTED	PROPERTY	SELECTION SPECIFICATIONS
Look-back Scan	Selection period	Scan all assessments within the current episode that have target dates no more than 275 days prior to the target assessment.
	Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] or A0310B = [01, 02, 03, 04, 05, 06] or A0310F = [10, 11]
	Selection logic	Include the target assessment and all qualifying earlier assessments in the scan. Include an earlier assessment in the scan if it meets all of the following conditions: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, (c) its target date is on or before the target date for the target assessment, and (d) its target date is no more than 275 days prior to the target date of the target assessment. The target assessment and qualifying earlier assessments are scanned to determine whether certain events or conditions occurred during the look-back period. These events and conditions are specified in the definitions of measures that utilize the look-back scan.
	Rationale	Some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed. The purpose of the look-back scan is to determine whether such events or conditions occurred during the look-back period. These measures trigger if the event or condition of interest occurred any time during a one year period. A 275 day time period is used to include up to three quarterly OBRA assessments. The earliest of these assessments would have a look-back period of up to 93 days which would cover a total of about one year, All assessments with target dates in this time period are examined to determine whether the event or condition of interest occurred at any time during the time interval.

Exhibit 273

(Issued: XX-XX-12, Implementation/Effective date: XX-XX-12)

Correction Policy Summary Matrix

SCENARIO	ACTIONS BY FACILITY								
	1 Manual Assmt Correction/ Deletion Request form to State	2 Automatic Inactivate Record in ASAP (CMS)	3 Automatic Modify Record in ASAP	4 Exclude Record from Submission	5 Correct Orig. Record In-House and Submit	6 Revise Care Plan if Necessary	7 No Sign. Change or Correct. Required	8 Perform and Submit Sign. Correction Assessment and Update Care Plan	9 Perform and Submit Sign. Change Assessment and Update Care Plan
1 Invalid A0410, FAC_ID or PRODN_TEST_CD in record in ASAP (CMS)	√								
2 Event did not actually occur for record in ASAP		√							
3/7 Minor asmt. error in ASAP			√				√		
3/8 Uncorr. Major asmt. error in ASAP, no sign. change			√					√	
3/9 Uncorr. Major asmt. error at State, sign. change			√						√
4 Invalid asmt. or tracking form record in-house				√					
5 Tracking form error in-house					√				
5 Major or minor error in asmt. in edit phase in-house					√	√			
5/6 Major or minor error in asmt. in-house, fixed within 7 days of final completion date					√	√	√		
4/7 Minor asmt. error in-house, not fixed within 7 days of final completion date					√				
4/8 Major asmt. error in-house, not fixed within 7 days of final completion date, no sign. change					√			√	
4/8 Major asmt. error in-house, not fixed within 7 days of final completion date, no sign. change					√				√

Changes to the CMS State Operations Manual (SOM) Appendix P-Survey Tasks 1 thru 5C for the Traditional Survey Process

NOTE: Words in *Red Italics* represent changes

The objectives of this presentation include:

- To provide surveyors with a review of the recent changes made to Tasks 1 thru 5C for the Traditional Survey process;
- To train surveyors on the new Quality Measure (QM) reports and how they are to be used in the sample selection and survey process;
- To review the changes made to CMS forms 672, 802, 802S and 802P and how these are used in the survey process; and
- To discuss the resident sampling changes to accommodate the use of Antipsychotic Medication and non-pharmacological interventions.

Traditional Survey Tasks

Devote as much time as possible during the survey to performing observations and conducting formal and informal interviews. Reviews of records or policies and procedures should be conducted in order to obtain specific information and/or to verify or corroborate potential concerns.

Task 1 - Offsite Survey Preparation

INTENT - *To focus the survey, use t*he following sources of information during the offsite team meeting. **It is important that the QM reports be generated as close to the date of survey as possible, preferably no more than a few days prior to the survey.**

Quality Measure *(QM)* ***Reports*** *- U*sed *to identify indicators* of potential problems or concerns that *may* warrant further investigation. They are not determinations of facility compliance with the long term care requirements. There are three QM reports *that need to be* downloaded from the State *Minimum Data Set (MDS)* database *prior to conducting the survey.*

Facility Characteristics Report provides demographic information about the resident population (in percentages) for a selected facility compared to all the facilities in the State *and nationally*.

Facility Quality Measure Report provides facility status for each of the *MDS* based QMs as compared to state and national averages.

An asterisk is present in any row in which the facility *is* flagged on a QM, which means that the facility is at or above the *national 75*th percentile.

Resident Level Quality Measure Report provide*s* resident specific information generated using current records from the CMS MDS data base. An *"*X*"* appears in a QM column for a resident who has that condition *and a "b" appears in a QM column for a resident where the condition was not triggered or is excluded.*

Other Sources for Off-site Preparation

- ✓ Statements of Deficiencies (CMS-2567) and Statements of Isolated Deficiencies
- ✓ *CASPER* Report 3, History Facility Profile, and *CASPER* Report 4, Full Facility Profile
- ✓ Results of Complaint Investigations *Do not reinvestigate complaints already completed but consider the information to assist in selecting potential residents or concerns.*

Other Sources for Off-site Preparation

- ✓ Information about Waivers or Variances *Final approval of any waiver or variance will be made by the State or Regional Office as appropriate not by the surveyor at the time of the survey.*
- ✓ Information from the State Ombudsman Office
- ✓ Preadmission Screening and Resident Review Reports (PASRR)

Team Coordinator Responsibilities & Offsite Survey Preparation Team Meeting

- Using QM reports for pre-selection of concerns and potential residents
- Using the Roster/Sample Matrix form in the pre-selection process

*A resident is considered a **long stay** when they have been in the facility for 101 days or more.*

*A **short stay** resident is defined as someone who has been in the facility for less than or equal to 100 days.*

Days do not need to be consecutive but are cumulative.

The best residents to select are often those who have multiple care areas that have been selected as potential concerns. Approximately sixty percent (60%) of residents are chosen during Phase 1 and the remaining forty percent (40%) in Phase 2.

If the team has noted concerns with weight loss, dehydration, *and/or* pressure *ulcers*, *there is a minimum number of residents who must be selected for the Phase 1 sample to represent any or all of these conditions. Refer to Table 1-Long Term Care Facilities - Resident Sample Selection.*

For the remaining half of the Phase 1 *off-site* preliminary sample, select residents to represent the remaining areas of *potential* concern.

OSCAR is now CASPER

While CASPER reports and the QM reports can *assist* surveyors, *t*his information may not represent the current condition of residents *or practices* in the facility at the time of the survey. **Keep in mind that the *CASPER* information is approximately 1 year old, and the QM information may be from 2-6 months old.** Resident characteristics that were reported by the facility during the last survey may have changed significantly and may be the source of some discrepancies between *CASPER* and QM information.

Offsite Preparation Worksheet
&
Other Sources of Information

Task 2 - Entrance Conference/Onsite Preparatory Activities

The team coordinator should:

Request a copy of the current actual daily work schedules for licensed and registered nursing staff for all shifts during the survey period.

Advise that facility staff have the opportunity to provide *survey team members* with any information that would clarify an issue brought to their attention.

The team coordinator should:

Provide copies of the QM reports and the *CASPER* 3 and 4 reports that are being used for the survey. Explain these reports and how they were used by the survey team in Task 1.

Ask the administrator *with whom a team member would speak* to, to further discuss any special features of the facility's care and treatment programs and resident case-mix.

Determine if the facility utilizes paid feeding assistants. *If yes, ask the administrator with whom a team member would speak to, to further discuss information about how and where feeding assistants receive their training.*

Ask the administrator to ensure that *during the survey, there are times when residents, families or resident representatives may* contact the survey team without facility staff present and without having to ask facility staff to leave or to allow access to the team.

Determine if the facility has a functioning Q*uality* A*ssurance* & A*ssessment (QA&A)* committee and:

- *Who* participate*s* on the committee;
- Who leads the committee;
- How often the committee meets; and
- *With whom should* the survey team discuss QA&A concerns.

Ask the administrator to provide the following *information within an hour or as soon as possible following the Entrance Conference:*

1. List of key facility personnel;
2. *A copy of the facility's admission packet/ contract(s);*
3. Meal times, dining locations, copies of all *current* menus;
4. Medication "pass" times
5. Admissions, transfers and discharges

6. *List of all residents who are receiving or have received antipsychotic medications over the past 30 days;*

7. A copy of the facility's *building* layout *if not already available*, indicating the location of nurses' stations, individual resident rooms, *storage and* common areas, *etc*.;

Facility policies and procedures:

to *prevent* and investigate allegations of abuse, *neglect and misappropriation of resident's property*

10. A completed Roster/Sample Matrix and Resident Census and Conditions of Residents.

11.List of any residents age 55 and under and any residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility;

12. A completed Long Term Care Facility Application for Medicare and Medicaid;

13. A list of Medicare residents who requested demand bills in the last 6 months (SNFs or dually-participating SNF/NFs only);

Facility's immunization program F334 or F441

According to the Centers for Disease Control (CDC) influenza season is now determined by whether or not influenza is circulating in the facility's geographic area

Also, ask the following questions:

1. *Which resident rooms, if any:*
   - *Have less square footage than required?(F458)*
   - *Are occupied by more than four residents?(F457)*
   - *Do not have at least one window to the outside?(F461)*
   - *Are not at or above ground level?(F461)*
   - *Do not have direct access to an exit corridor?(F459)*

2. *Are there variances in effect for any of these rooms and will you continue to request a variance for any such rooms?*

Other Onsite Preparatory Activities

- Signs announcing the survey
- Arrange for Group Interview

Task 3 - Initial Tour

Intent of the Tour

- Initial opportunity to observe residents, staff and physical environment including kitchen
- Verify whether residents preselected for Phase 1 sample still reside in facility
- Identify other residents or potential concerns for investigation

Initial Tour

- Surveyors should tour individually
- Surveyor assigned will briefly go to kitchen
- When touring units, ask to have a facility staff person accompany you who is familiar with the residents
- Attempt to meet as many residents as possible
- Do not delay tour if staff are not available

Initial Tour

- Suggest record observations on CMS 802 Roster/Sample Matrix or CMS 807 note form
- Record name, location and areas applicable to the resident
- Determine if resident would be interviewable
- Note issues concerning quality of life as well as care issues

Initial Tour

- Ask staff to identify newly admitted or readmitted residents within the past 14 days
- Residents anticipating transfer or discharge
- Those receiving dialysis or hospice services
- Residents receiving psychopharmacological medications

Initial Tour

- Identify licensed & registered nursing staff currently on duty
- Assigned surveyor will compare staff observed with current scheduled duty roster
- Information will be used in Task 6- Deficiency Determination

Task 4 - Sample Selection

Definitions

- Interviewable Resident
- Comprehensive Review
- Focused Review
- Closed Record Review

INTERVIEWABLE RESIDENTS

To assist in determining if a resident is "interviewable" consider the results of the resident's MDS - Brief Interview for Mental Status (BIMS). The BIMS is a brief screening tool that aids in detecting cognitive impairment, but does not assess all possible aspects of cognitive impairment.

INTERVIEWABLE RESIDENTS

If a resident has language barriers, ask staff if there is someone who serves as an interpreter to talk directly with the resident in order to screen the resident for the interview status.

The statute*/law* requires a “case mix stratified” sample *for the total resident sample selected. CMS defines this to include* residents who are interviewable and non-interviewable, and residents who require heavy and light care.

Phase 1 sample

Pre-selected during Task 1, based on *QMs* and other areas of concern.

Residents, who over the past 30 days, received or are receiving antipsychotic medications.

A minimum, of 4 residents are to be included in the sample.

Phase 2 Sample Selections

Determine which Phase 1 concerns are ruled out as these do not need to be carried over into Phase 2 sample selections.

Phase 2 Sample Selections

Based on the teams' discussions, select concerns and/or additional residents for the Phase 2 sample

Roster/Sample Matrix Form

Phase 1 sample

Review the Roster/Sample Matrix *information*, provided by the facility and compare it to the findings from the tour to determine if there is a reason to substitute another resident for any of the residents *originally selected* from the offsite sample.

Phase 2 Sample Selections

During Phase 2 sample selection, *use* a clean copy of the *Roster*/Sample Matrix worksheet

Special Factors to Consider in Sample Selection

- ✓ New admissions *or residents readmitted* during the previous 14 days,
- ✓ *Residents who have no or infrequent visitors.*
- ✓ *Residents with psychosocial, interactive, and/or behavioral needs.*
- ✓ *Residents who are bedfast and totally dependent on care.*

- ✓ *Residents receiving dialysis or hospice services.*
- ✓ *Residents receiving psychopharmacological medications specifically antipsychotic medications.*
- ✓ Residents in rooms in which variances have been granted for room size or number of beds in room.

- ✓ Residents with mental illness or intellectual/ *developmental disabilities.*
- ✓ Residents who communicate with non-oral communication devices, *American* Sign *L*anguage, or who speak *or understand* a language other than the dominant language of the facility.

Substituting Residents
&
Supplementary Sample

Table 1 - Long Term Care Facilities Resident Sample Selection

Task 5 - Information Gathering

Task 5 - Sub-Tasks

5A General Observations of the Facility

5B Kitchen/Food Service Observations

5C Resident Review

5D Quality of Life Assessment

5E Medication Pass and Pharmacy Services

5F Quality Assessment and Assurance Review

5G Abuse Prohibition Review

General *Survey* Procedures *and Surveyor Documentation*

*D*evote as much time as possible during the survey to performing observations and conducting formal and informal interviews. Limit record reviews to obtaining specific information, i.e., look at what is needed, not the whole record.

Surveyor documentation *and findings* should be resident-centered

Surveyor documentation must relate to the *regulations* and provide clear evidence, as appropriate, of the facility's failure to meet a *regulation*

Surveyors should:

- Be alert at all times to the surrounding care environment and activities
- Meet as a team on a daily basis to share information

Surveyors should:

- Discuss observations, as appropriate, with team members, facility staff, residents, family members, and the *O*mbudsman
- Verify information and observations in terms of credibility and reliability

- Observations
- Interviews
- Record Review

Sub-Task 5A - General Observations of the Facility

Surveyors must document all observations of potential concerns to include the date and time of the observation, the individuals involved or being observed, and the concerns noted at the time of observations.

Sub-Task 5B - Kitchen/Food Service Observation

Sub-Task 5C - Resident Reviews

Comprehensive Care Review

Focused Care Review
Phase 1

Focused Care Review
Phase 2

Conducting the Resident Review

- ✓ Resident Room Review,
- ✓ Daily Life Review,
- ✓ Assessment of Drug Therapies, and
- ✓ Care Review

Care Observations and Interviews

Conduct ongoing resident observations and interviews *as necessary and appropriate*.

Care Observations and Interviews

Complete the following tasks:

- Observe the resident and caregivers
- Gather *and document* resident-specific information,
- *Determine if the facility used the CAA process*

Do not continue to follow residents once enough information has been *collected* to determine whether the resident has received care *and services* in accordance with *their needs* and the regulatory requirements.

When observing residents, respect *his/her* right to privacy.

Surveyors should never remove dressings or bedclothes. A surveyor is not to touch or examine a patient by himself or herself. Resident care observations should be made by those persons who have the clinical knowledge and skills to evaluate compliance.

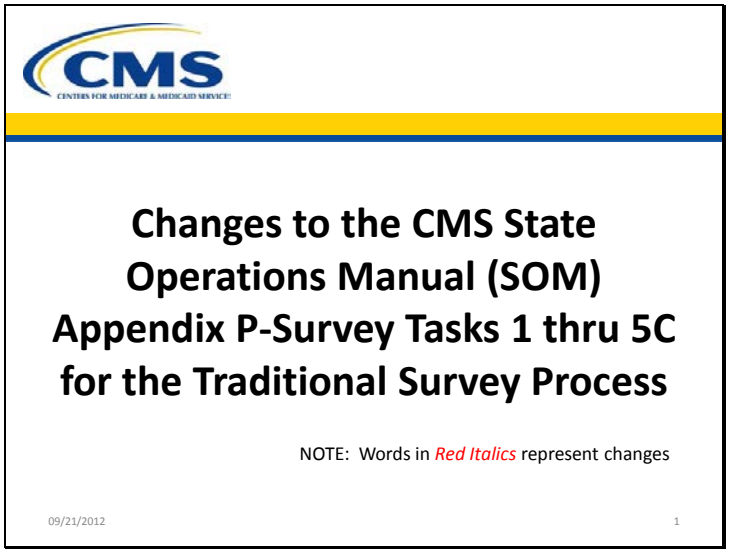
Record Review *to gather additional information and to verify information already attained*

Do not spend unnecessary time reviewing records, use the record review *to help validate or confirm* whether the *MDS* assessments *and care planning interventions* accurately reflect the resident's status *and identified needs and choices*.

For sampled residents selected for either a comprehensive or a focused review, conduct a review of the RAI information

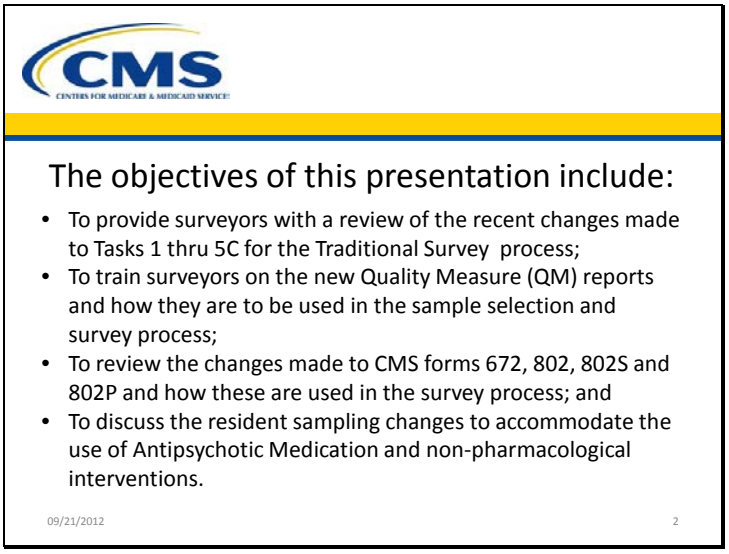
QUESTIONS

Slide 1



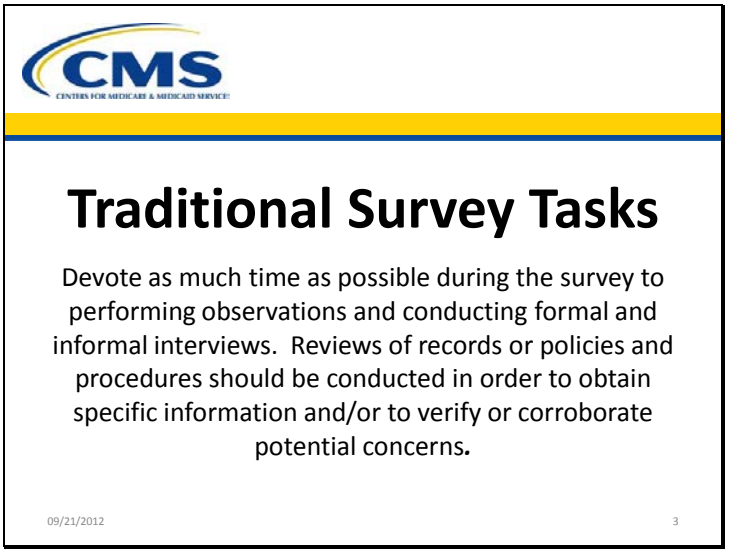
Provide introductions as appropriate.

Slide 2



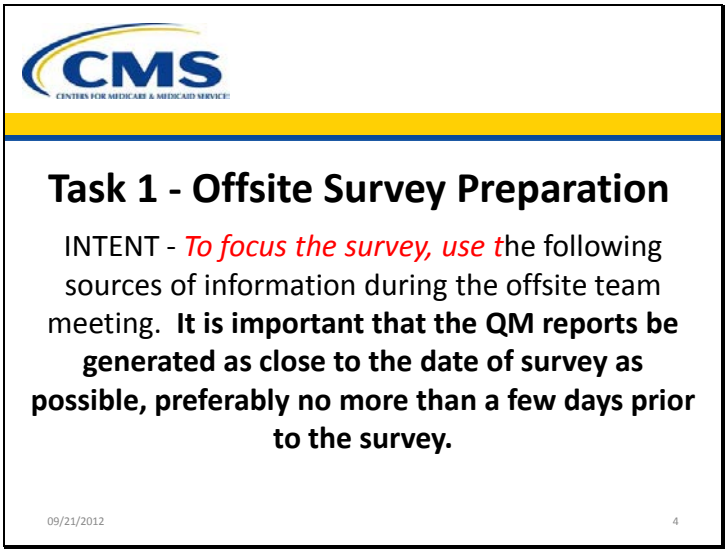
Review these objectives. Be sure that a copy of the Interim Advance guidance for Appendix P, if possible be sure a color copy of this document is provided since the changes are in *red italics* and it is easier to reference and copies/examples of the new QM reports, (Facility Level and Resident Level QM reports and the Facility Characteristics report as well as the new CMS forms 672, 802, 802S and 802 P are provided to the audience for reference during this training.

Slide 3



The primary emphasis of the survey should focus on observations and interview, record reviews should be limited as necessary to obtain information and/or verify concerns that may be noted.

Slide 4



Review the intent of this task, words in italics are changes that have been made *is intended to* analyze various sources of information available about the facility in order to:

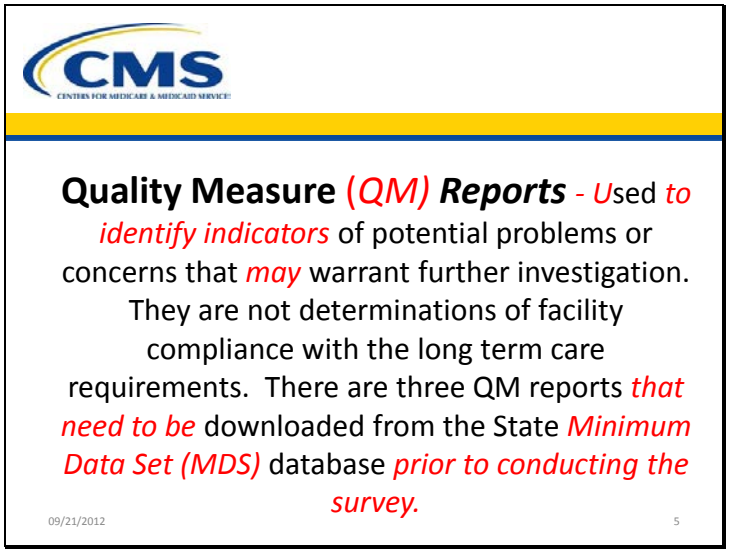
•Identify and pre-select *potential resident's* for Phase 1 of the survey based on the Facility *and Resident Level* Quality Measure *(QM) r*eports. This pre-selection is subject to amendment based on the *information gathered during* the tour, *entrance conference, and facility Roster/Sample Matrix;*

•Note *potential* concerns based on other sources of information listed below and note other potential residents who *may* be selected for the *Phase I* sample; and

•Determine if the areas of potential concerns or special features of the facility require the addition to the team of any specialty surveyors.

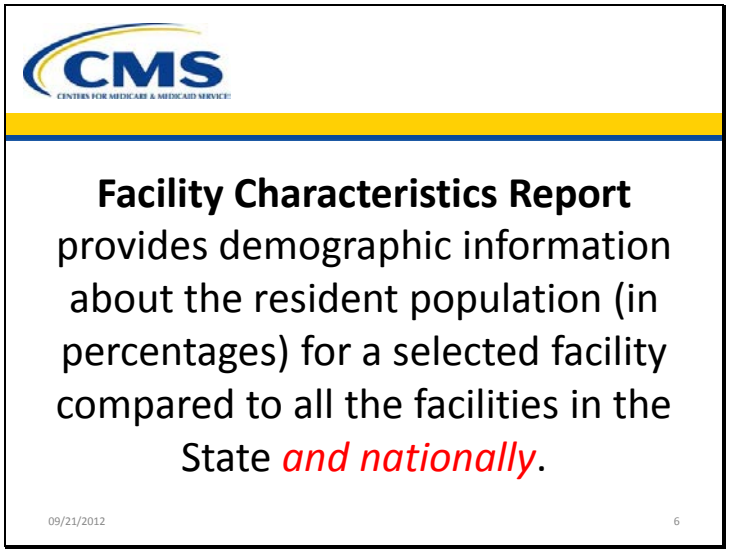
Reiterate the importance of running the QM reports as close to the survey date as possible so that the most current MDS data that is available in the database is pulled.

Slide 5



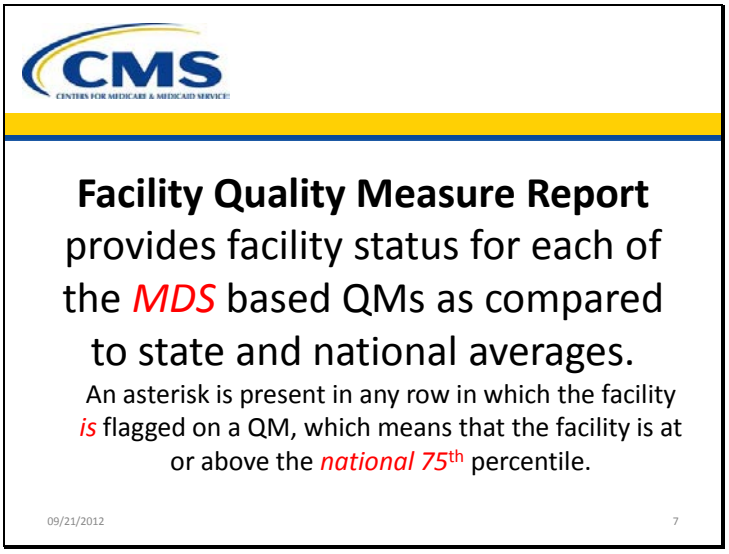
Using the examples of these reports provided as handouts go over the following information for each report. **NOTE: The Resident and Facility Level QM Reports are now available for review and download. The Facility Characteristics Report will be available with the October 2012 systems release.**

Slide 6



This report will be officially available for download by the end of October 2012, until then surveyors will not have access to this report for use in the survey process. Review the example of this report and explain how surveys should use it when it does become available. That is, surveyors should review the Facility Characteristics *R*eport to note the facility's demographics and assist them in noting potential areas to review during the survey, for example the facility has a high rate of individuals whose life expectancy is less than 6 months, the team may then want to look at hospice services provided at the facility.

Slide 7



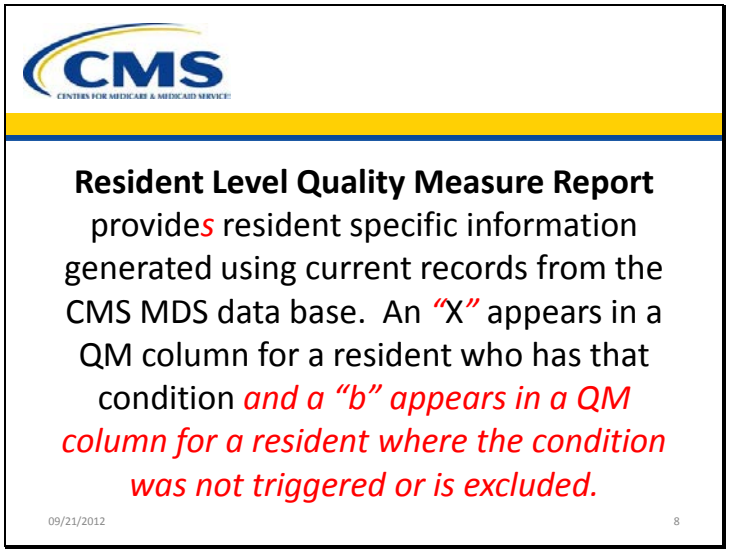
Use the example of this report when discussing this section. Also review, for each QM, (reading across a row from left to right) are:

- *The measure ID - the number assigned to the QM. (Note this column is blank for 4 items that were formerly Quality Indicators which are no longer used however we retained these items for this report although they are not part of the QM set for public reporting.)*
- The numerator - the number of residents in the facility who have the condition.
- The denominator - the number of residents in the facility who could have the condition.
- The facility observed percentage of residents who have the condition.
- The facility adjusted percentage of residents who have the condition.
- The State average percentage of residents who have the condition.
- The national average percentage of residents who have the condition.
- The *national* percentile ranking of the facility on the QM - a descriptor of how the facility compares (ranks) with other facilities *nationally*. The higher the percentile rank, the greater potential there is for a care concern in the facility.
- An asterisk is present in any row in which the facility *is* flagged on a QM, which means that the facility is at or above the *national 75th* percentile.

Highlight the fact that this report is now flagged based on the NATIONAL (as opposed to State as was in the prior QM reports under MDS 2.0) 75th percentile.

Review how surveyors are to use this report as part of the “Off-site Preparation”.

Slide 8



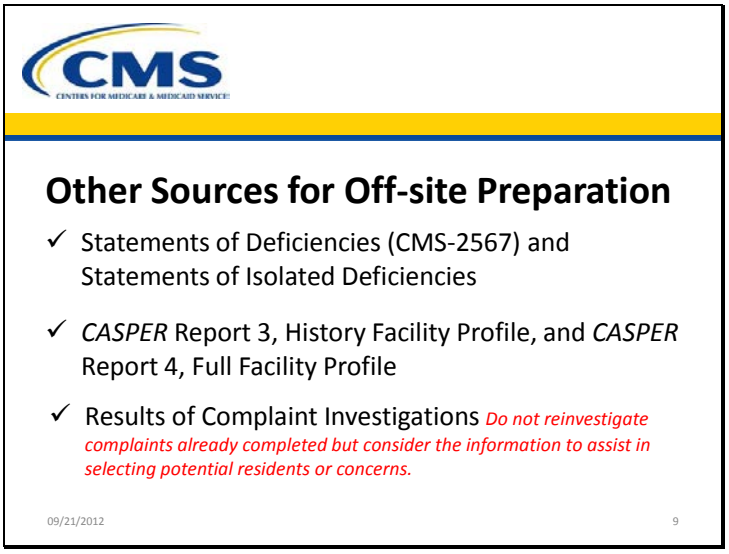
Use the example of this report when discussing this section. *F*or each resident, reading from left to right:

- *Name in alphabetical order*;
- *Resident Identification number*;
- MDS type of assessment (1 = admission, 2 = *quarterly*, 3 = *annual*, 4 = significant *change in status*, and 5 = significant *correction to prior comprehensive*);
- *QMs are listed in the same sequence on each report*; and
- A column that counts how many QMs the resident triggered.

Also emphasize, **NOTE:** Resident-specific information in the Resident Level *QM r*eport must be kept confidential in accordance with the Privacy Act. These reports are only for the use of the State *survey* agency *(SA)*, CMS representatives, and the facility. DO NOT provide this information to the Ombudsman.

Review how surveyors are to use this report in the "Off-site Preparation".

Slide 9



Statements of deficiencies from the previous survey should be reviewed, along with the sample resident identifiers list. Review the specific information under each deficiency and note any special areas of concern. For example, a deficiency was cited for abuse based on surveyor observation of a staff member striking a resident who was combative. Identify this resident *and staff member* and add the resident to the Offsite Preparation Worksheet. *Once onsite determine if this resident is still residing at the facility and evaluate this resident for possible inclusion in the sample after discussion with the team.*

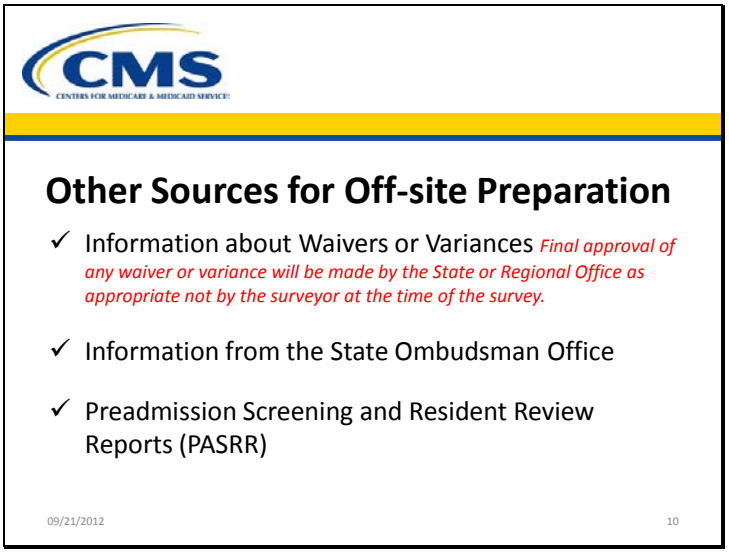
Report 3 contains the compliance history of the facility. Use it to determine if the facility has patterns of repeat deficiencies in particular tags or related tags. This report also lists the history of any complaint investigations and Federal monitoring surveys. Report 4 contains information provided by the facility during the previous survey on the Resident Census.

Review information from complaints investigated since the previous standard survey and complaints filed with the *SA*, but not yet investigated. Note resident and staff names related to the complaints and note patterns of problems relating to *specific living areas, households, neighborhoods, units* or shifts. *Do not reinvestigate complaints already completed but consider the information to assist in selecting potential residents or concerns.*

For efficiency of general State Survey Agency responsibilities and operations procedures, CMS recommends that any outstanding complaints filed with the State and not yet investigated at

the time of the standard survey should be reviewed as part of the standard survey, that is consider including any resident identified in an “outstanding” complaint as part of the resident sample. We understand that some States have separate “Complaint Units” and while we recommend States coordinate efforts among their various survey “units” to achieve efficiency, we do defer to the policies of the States when conducting complaint investigations during a standard survey.

Slide 10



If the facility has, or has requested any staffing waivers or room variances, note these for onsite review. The team will *review these* onsite to *determine if a recommendation for a waiver or variance* should be granted, continued, or revoked due to a negative effect on resident care or quality of life. *Final approval of any waiver or variance will be made by the State or Regional Office as appropriate not by the surveyor at the time of the survey.*

Note any potential areas of concern reported by the *State O*mbudsman office and note resident names reported as potential sample residents, residents for closed record review, or family members *for interviews and the reasons for the State Ombudsman recommendation.*

Some States may have formal mechanisms to share with the *SA* the results of PASRR screens for residents with mental illness *and/*or *intellectual or developmental* disability. If this information is available, evaluate if there are any potential concerns and note names of residents for possible inclusion in the sample.

Other Pertinent Information - At times, the *SA* may be aware of special potential areas of concern that were reported in the news media or through other sources. Evaluate this information to determine if there are potential areas of concern that should be investigated onsite.

Slide 11

Review the responsibilities - The team coordinator and/or designee *are* responsible for completing the following tasks:

1. Contact the *State O*mbudsman office in accordance with the policy developed between the *SA* and State *O*mbudsman *program*. The purpose of this contact is to notify the *O*mbudsman of the proposed day of entrance into the facility and to obtain any information the *O*mbudsman wishes to share with the survey team. *Determine* whether *an O*mbudsman will be available if residents participating in the group or individual interviews wish her/him to be present;

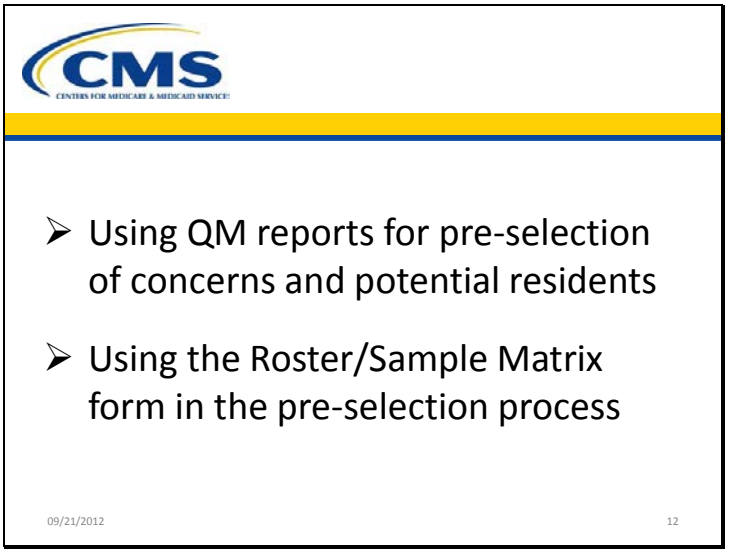
2. Obtain all information sources listed above *(1-8)* for presentation at the offsite team meeting;

3. Copy and distribute to the team the facility's floor plan *if available and* if the team is unfamiliar with the facility's layout;

4. Make extra copies of the *CASPER* Reports 3 and 4, and the QM reports to be given to the facility's administrator; and

5. Obtain an extra copy of the *G*roup *I*nterview *W*orksheet to give to the resident council president *or other council designated individual*.

Slide 12



Using an example copy of the Roster/Sample Matrix form, discuss and demonstrate (maybe good to do a group exercise here using sample QM reports and having participants complete this form) how to use this form as part of the Off-site Preparation in conjunction with the Resident Level QM report and other sources of information available, i.e., names of residents that may have been provided by the Ombudsman, identified in a previous complaint investigated, etc.

The Facility *QM r*eport is generated using the current MDS records in the State *MDS* database at the time the report was generated. However, it excludes residents who have only an initial *admission* MDS record in the system. This was done so that the report reflects the care residents have received while residing in the facility, as opposed to the conditions of residents at the time of admission to the facility. The Resident Level *QM r*eports are calculated using the most recently transmitted MDS record, e.g., annual, significant change, quarterly, or initial *admission* MDS record. Differences could be seen between the Facility and the Resident Level *QM r*eports since the former does not use the admission MDS data. For example, a Resident Level *QM r*eport may indicate a resident had a catheter but the Facility *QM r*eport might show a "0." This *may* not *be* an accuracy problem. *I*t only reflects the use of different data to generate each report.

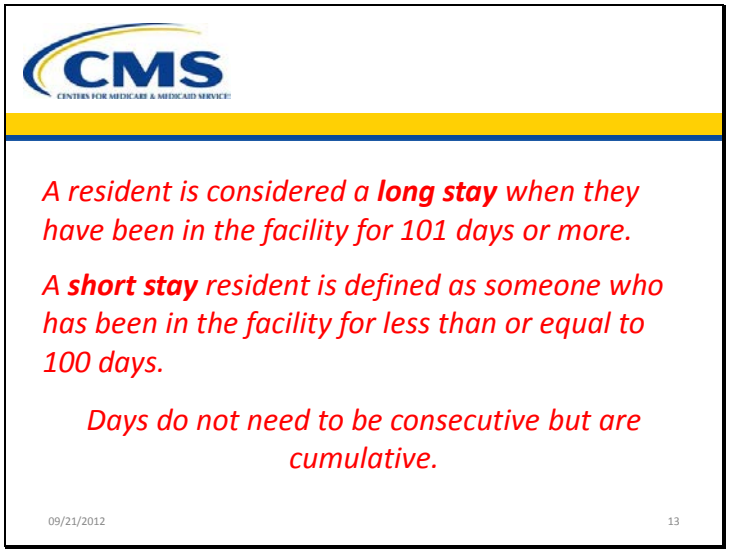
Also discuss possible data inconsistencies - The survey team should be alert to inconsistencies on the Facility *QM r*eport that may indicate facility error in completing and/or transmitting its MDS records, or a problem with State's software or CMS' database. The following are some possible indicators of data quality problems:
The denominator for *QMs* that use "all residents" substantially exceeds or is substantially smaller than the facility bed size;

The number of residents with a QM condition, i.e., the numerator, exceeds the resident population; or

The numerator for a particular QM is zero although other information sources indicate otherwise. For example, the QM report shows zero residents in restraints, but the *State O*mbudsman notified the team that she/he verified complaints about restraints. The most common reason for this type of inconsistency is incorrect MDS coding by the facility.

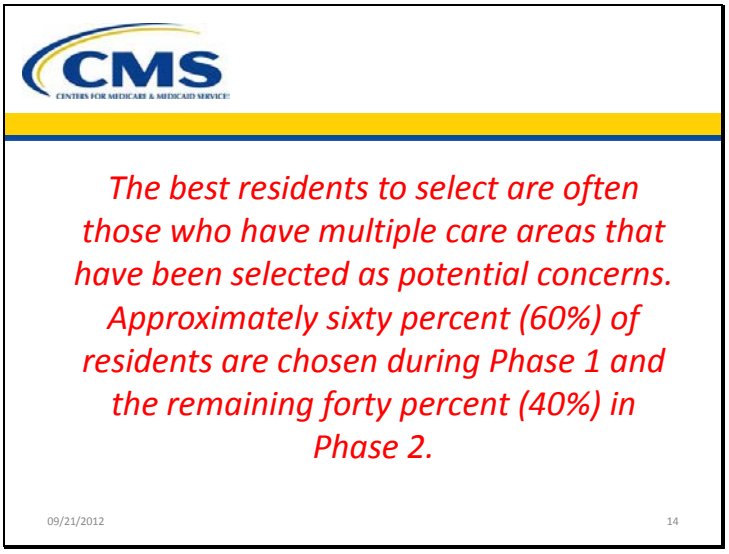
If these or other potential accuracy concerns are noted, the team should add resident assessment accuracy as a concern for the survey. This review need not be done for *those* facilities *where all of the residents are short stay* which will often have unusual values in the numerator and denominator due to rapid turnover of residents.

Slide 13



If the average length of stay for the facility's population is less than 14 days, there may be little information available. Pre-selection of QM-based concerns and/or the full sample may not be possible. Selection of some or all concerns and residents may need to be totally conducted onsite

Slide 14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The best residents to select are often those who have multiple care areas that have been selected as potential concerns. Approximately sixty percent (60%) of residents are chosen during Phase 1 and the remaining forty percent (40%) in Phase 2.
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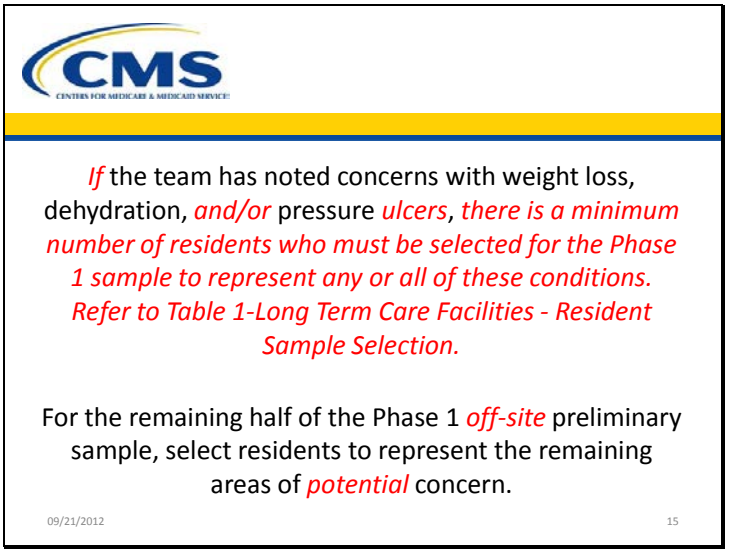

If there are no other *QMs* that have been selected as concerns, the team *should* select residents based on other sources of information, e.g., complaints or a report from the *State O*mbudsman, or may wait to select the remaining Phase 1 residents based on *I*nitial *T*our findings.

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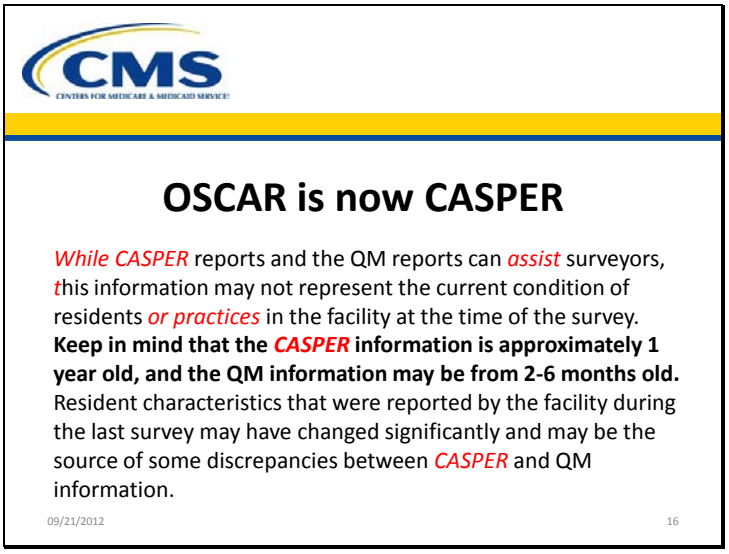

Review the *CASPER* reports after the review of the QM reports to add corroborative information to the QM information, e.g., a pattern of repeat deficiencies in a requirement related to a flagged QM, and/or to point out areas of discrepancies between the QM numerators and the *CASPER r*eports, e.g., the *CASPER* 4 report lists the facility as having triple the average number of residents in restraints, but the QM for restraints shows the facility has less restraints than most facilities. Relate information between *CASPER* reports 3 and 4 such as a pattern of repeat deficiencies in range of motion and a lower than average percentage of residents receiving rehabilitative services.

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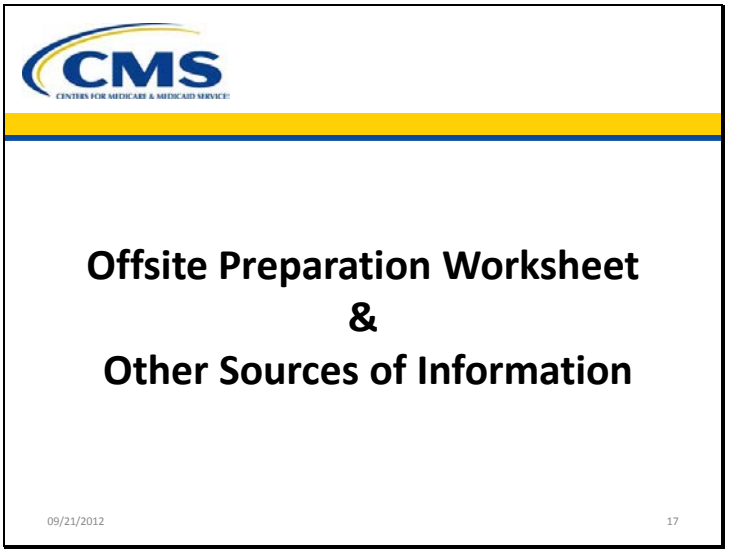

Discuss how to complete this form as part of the Off-site Preparation - Review all other sources of information and record additional information on the Offsite Preparation Worksheet, for example, residents' names for possible inclusion in the Phase 2 sample based on non-QM sources of information, special features of the facility, or special resident populations. Identify any outstanding complaints needing investigation. At this meeting, establish preliminary surveyor assignments and projections of which day's team members will enter early and/or stay late to make observations of resident care and quality of life.

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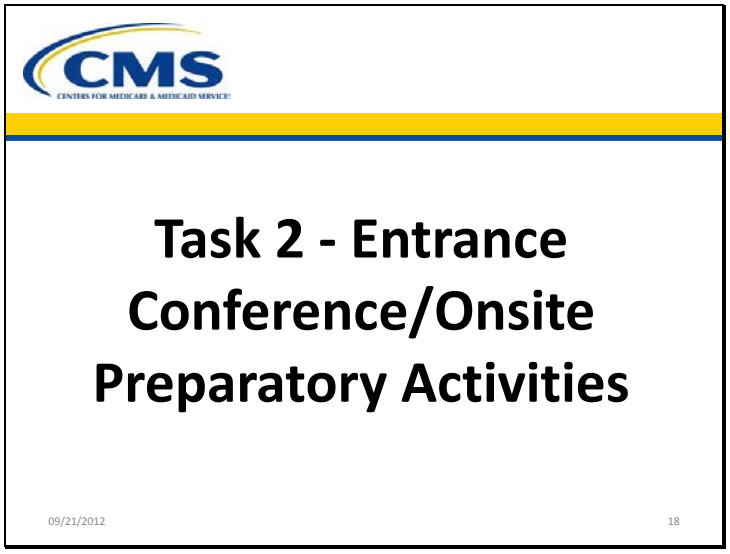

The team coordinator informs the facility's administrator *or designee* about the survey, and introduces team members. *After the introduction, the other team members should immediately proceed to conduct the Initial Tour while the team coordinator conducts the entrance conference*.

If the survey is commencing at times beyond *regular* business hours, or on a Saturday, Sunday *or Holiday*, once onsite, announce the survey, ascertain who is in charge, ask th*is* person to notify the administrator that a survey has begun. Modify the *E*ntrance *C*onference and complete the task*s* and the onsite preparatory activity as appropriate. *Also,* the *I*nitial *T*our *may* need to be modified in recognition of the residents' activity *or personal preference*, e.g., sleep, religious services, and types and numbers of staff available upon entry.

The Initial Tour is not intended to duplicate or replace the "Environmental Assessment" but rather to have surveyors conducting the Initial Tour to simply note areas of concern they may observe and provide this information back to the surveyor(s) assigned to complete the Environmental review.

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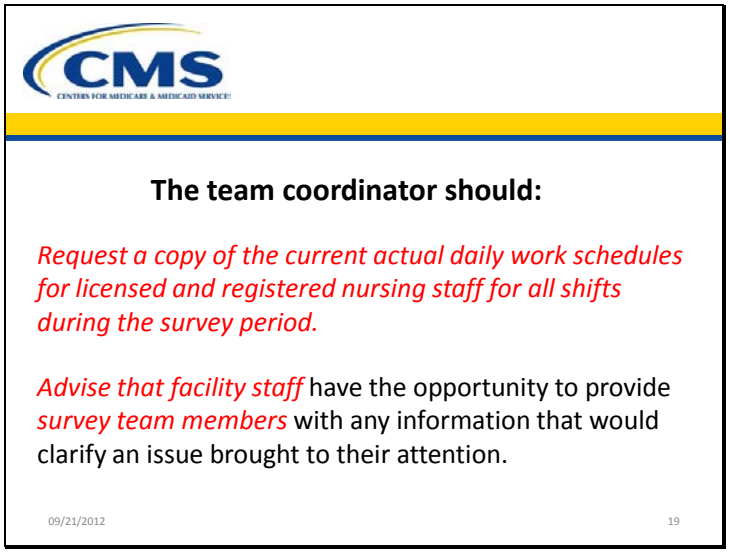

Request that by the end of the Entrance Conference the team coordinator is provided a copy of the current actual daily work schedules for licensed and registered nursing staff for all shifts during the survey period. The facility may need to update this during the course of the survey to reflect actual as opposed to planned work schedules.

Inform that the survey team will be communicating with *facility staff* throughout the survey and will ask for assistance when needed. *Also, advise that facility staff* have the opportunity to provide *survey team members* with any information that would clarify an issue brought to their attention.

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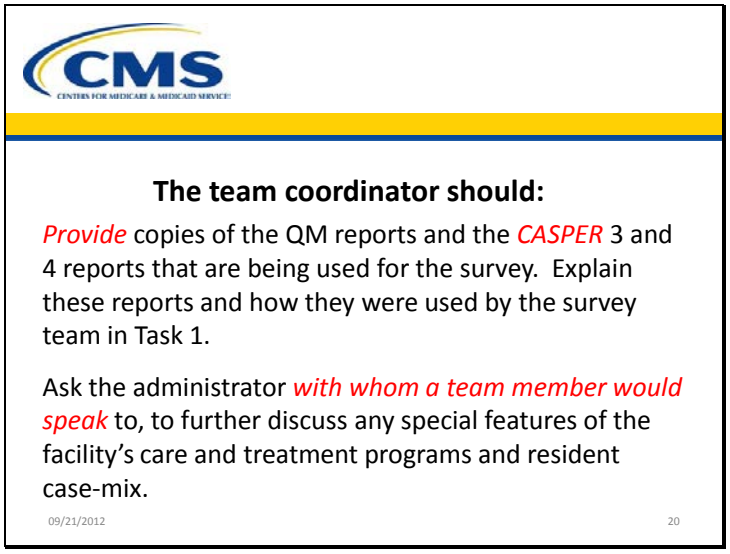

If there are discrepancies between the *CASPER* information and the *QM reports*, ask the administrator, or person designated by the administrator, to explain the discrepancies.

- Does the facility have special care unit*s* for residents *with heavy clinical care needs, people with dementia, or those receiving specialized rehabilitation services*?
- *What individualized care and services are provided for residents with dementia?*
- *How are staff educated and trained to care for people with dementia, including how to prevent or address the behavioral and psychological symptoms of dementia (BPSD)?*
- *How does the facility monitor the use of psychopharmacological medications, specifically antipsychotic medications?*

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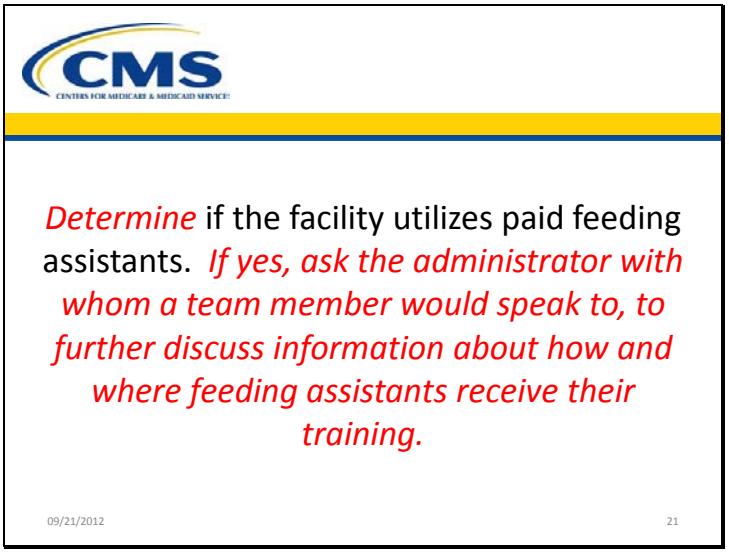

Determine if the facility utilizes paid feeding assistants. *If yes, ask the administrator with whom a team member would speak to further discuss information about how and where feeding assistants receive their training.*
Determine whether the training for the feeding assistant*s* was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training. Request the names of *all* staff (including agency staff) that have successfully completed training for feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks.

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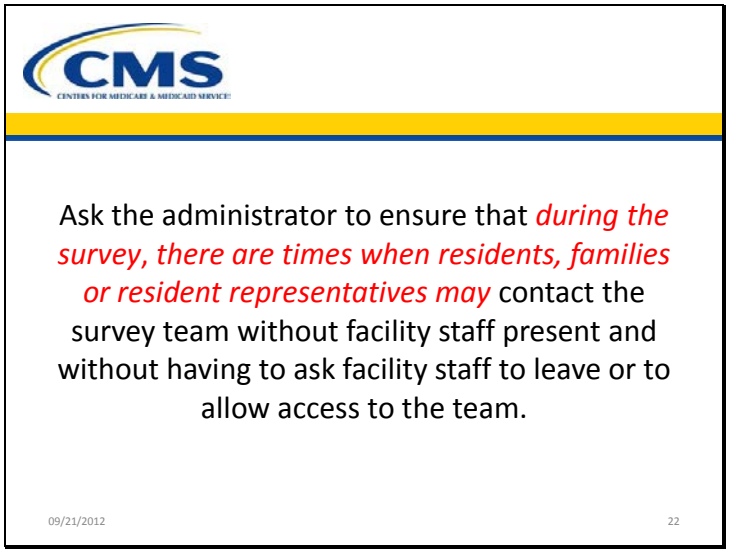
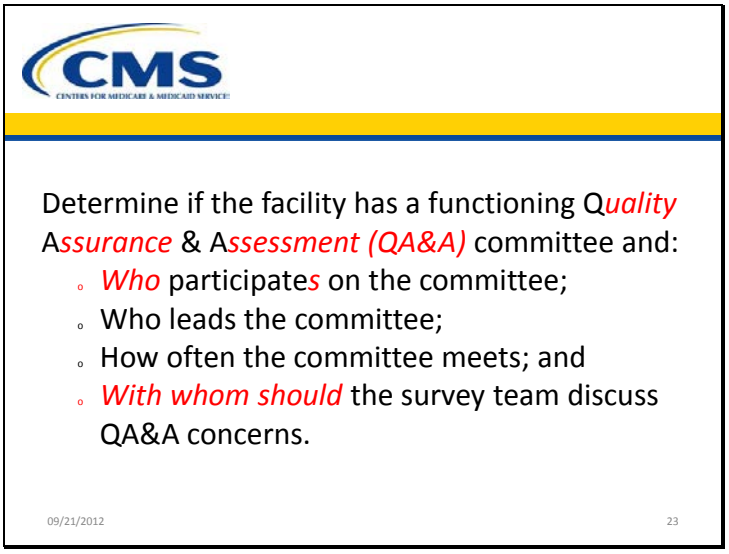


Inform the administrator that there will be interviews with individual residents, groups of residents, family members, *visitors*, and legal representatives, and that these interviews are conducted privately, unless the interviewees request the presence of *an Ombudsman or* a staff member. Ask the administrator to ensure that *during the survey*, *there are times when residents, families or resident representatives may* contact the survey team without facility staff present and without having to ask facility staff to leave or to allow access to the team.

Slide 23


Determine if the facility has a functioning Quality Assurance & Assessment (QA&A) committee and:
Who participates on the committee;
Who leads the committee;
How often the committee meets; and
With whom should the survey team discuss QA&A concerns.
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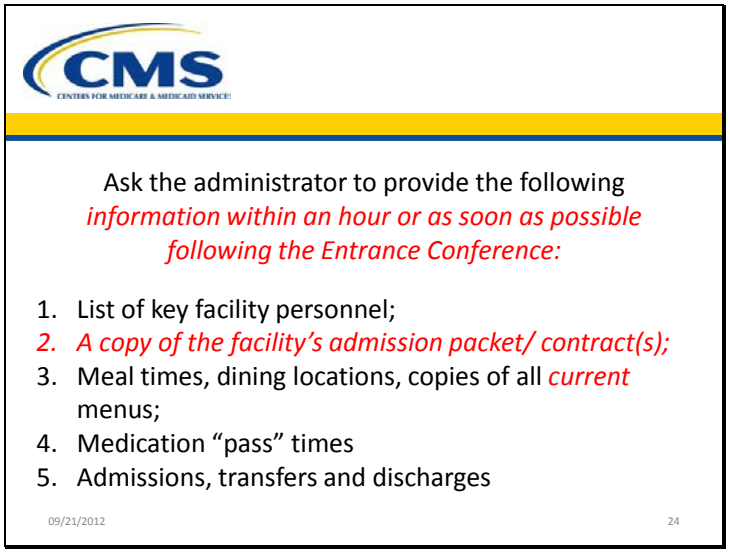

1. List of key facility personnel, e.g., directors of nursing services, social services, activities; dietitian or food supervisor; rehabilitation services staff; charge nurses; pharmacy consultant; plant engineer; housekeeping supervisor; persons responsible for infection control, emergency preparedness and quality assurance; health information management professional; and the medical director;

2. *A copy of the facility's admission packet/contract(s) provided to all residents, including payment sources and written information that is provided to residents regarding their rights and facility policies;*

3. Meal times, dining locations, copies of all *current* menus, including therapeutic menus that will be served for the duration of the survey;

4. Medication "pass" times *for each unit, neighborhood, and/or floor*;

5. List of *all* admissions during the past month, and a list of *all* residents transferred or discharged during the past 3 months with *their* destination*(s)*;

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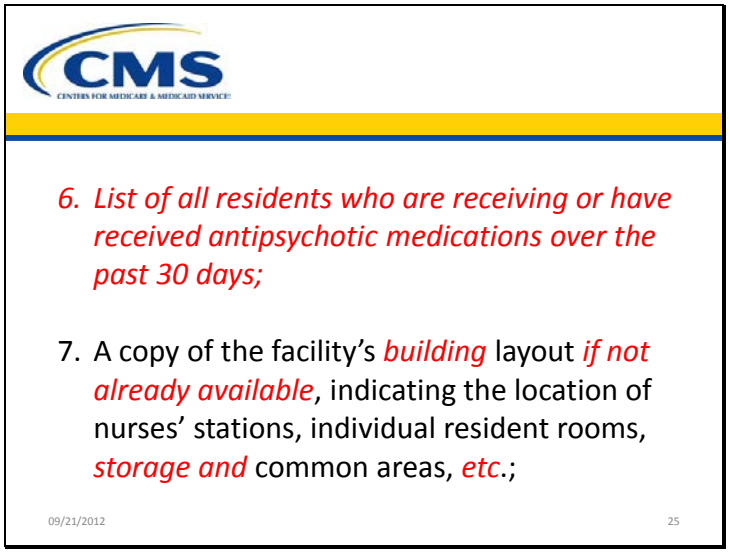
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6. List of all residents who are receiving or have received antipsychotic medications over the past 30 days;
7. A copy of the facility's building layout if not already available, indicating the location of nurses' stations, individual resident rooms, storage and common areas, etc.;
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Facility policies and procedures* to *prevent* and investigate allegations of abuse, *neglect and misappropriation of resident's property* and the name of a person *to answer questions regarding these policies and investigations.*

Do not spend unnecessary time examining these policies and procedures. Use the review of these policies and procedure primarily to validate and/or

clarify information obtained from observations, interviews or other concerns noted during the survey.

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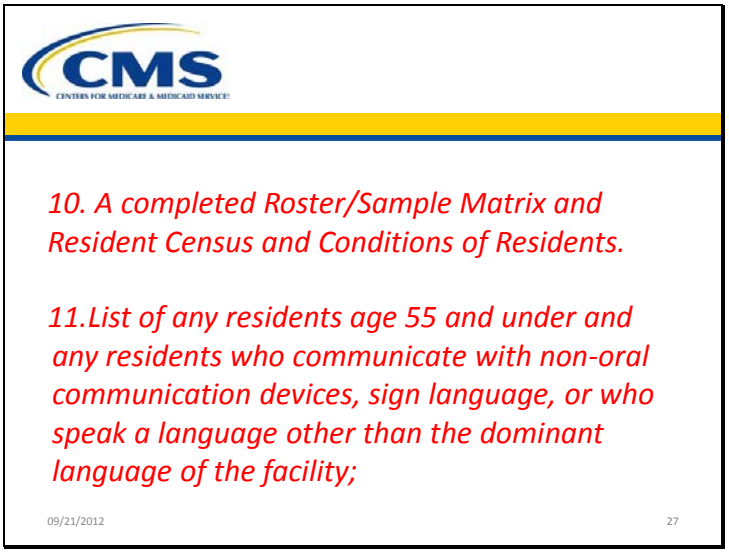

10. A completed Roster/Sample Matrix and Resident Census and Conditions of Residents. These are crucial for the team to have for their sample selection. Stress to the facility that *these* forms should be completed first and given to the team coordinator *within an hour following the Entrance Conference*. After the *initial forms are* delivered to the team, the facility may make modifications for accuracy or add additional information *including any resident on a "bed hold"* within 24 hours*;*

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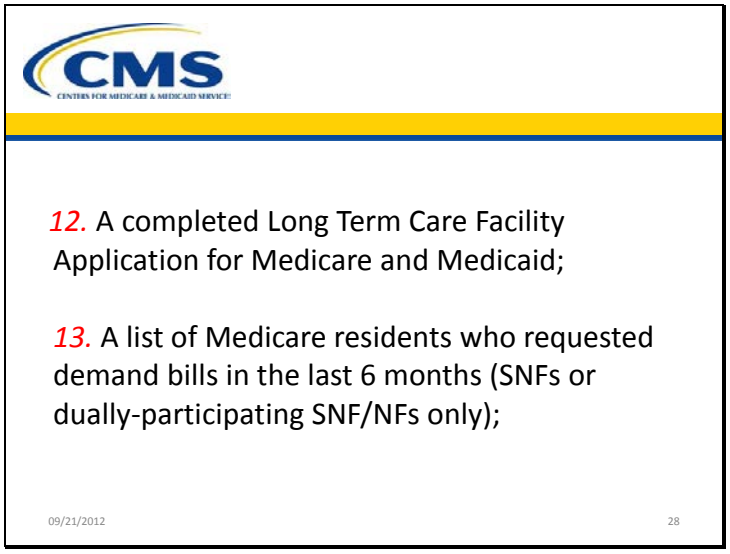
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12. A completed Long Term Care Facility Application for Medicare and Medicaid;
13. A list of Medicare residents who requested demand bills in the last 6 months (SNFs or dually-participating SNF/NFs only);
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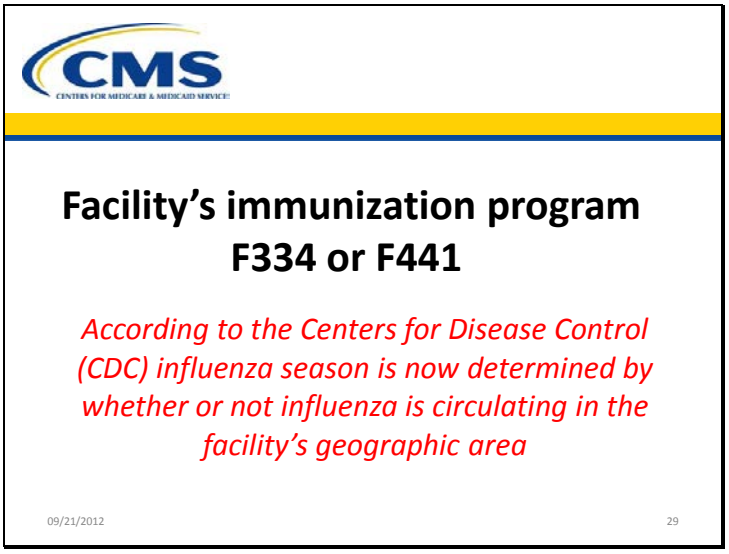

14. Obtain the name of the staff person who is responsible for coordinating and implementing the facility's immunization program to request a list of current residents who were in the facility during the *most recent* influenza season. *(According to the Centers for Disease Control (CDC) influenza season is now determined by whether or not influenza is circulating in the facility's geographic area).*

F334 requires each resident to be offered influenza immunization during October 1 - March 31, unless the immunization is medically contraindicated or the resident has already been immunized during this time period. However, the Centers for Disease Control (CDC) has now defined the influenza season by whether or not influenza is circulating in the facility's geographic area. If the facility has not offered the immunization when the influenza is identified within the facilities geographic location, and it is outside of the dates of October 1 through March 31, consider F441, Infection Control rather than citing F334.

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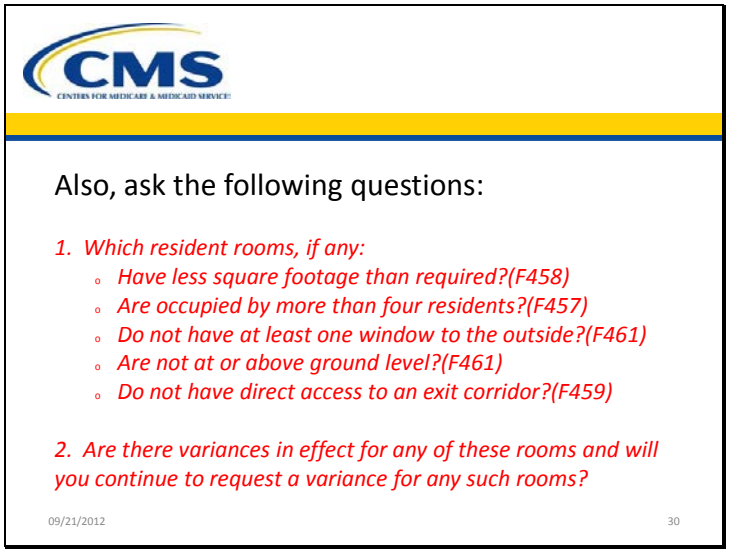
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Also, ask the following questions:
1. Which resident rooms, if any:
Have less square footage than required?(F458)
Are occupied by more than four residents?(F457)
Do not have at least one window to the outside?(F461)
Are not at or above ground level?(F461)
Do not have direct access to an exit corridor?(F459)
2. Are there variances in effect for any of these rooms and will you continue to request a variance for any such rooms?
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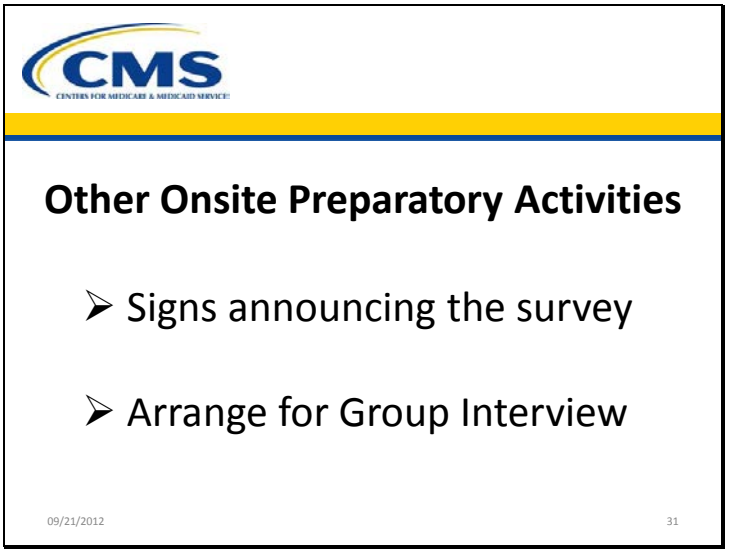

In areas easily observable by residents and visitors, post, or ask facility *staff* to post, signs announcing that a survey is being performed and that surveyors are available to meet *in private* with residents*, family, visitors or other interested individuals*.

The team coordinator or designee should contact the resident council president *or other council designee* after the *E*ntrance *C*onference to introduce *themselves* and announce the survey. Provide a copy of the group interview questions. Request *his/her* assistance for arranging the group interview and to solicit any comments or concerns. Ask permission to review council minutes for the past 3 months. If there is not an active resident council, or if the council does not have officers, ask for a list of residents who attend group meetings, if any, and select a resident representative to assist in arranging the group interview. If the *O*mbudsman has indicated interest in attending the group interview, ask *the resident council representative* if that is acceptable to the group, if it is, notify the *O*mbudsman of the time/place of the meeting. The team coordinator, the surveyor assigned to conduct the group interview, or a designee should arrange for a date, time and private meeting space for the group interview.

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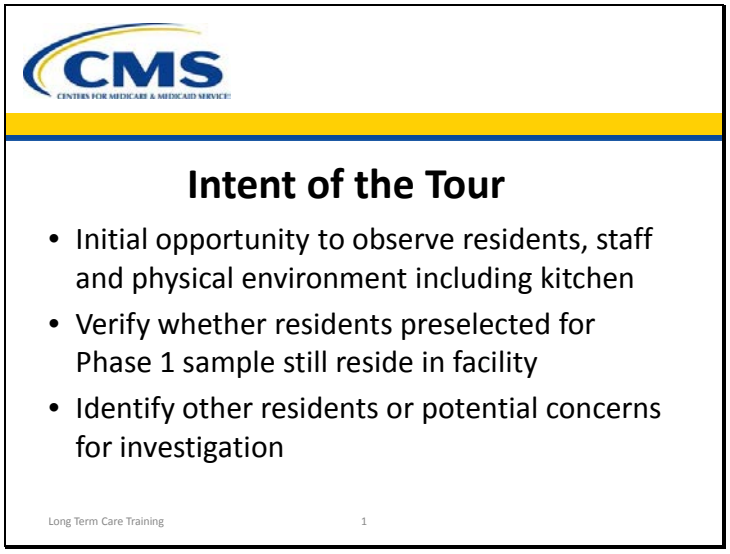
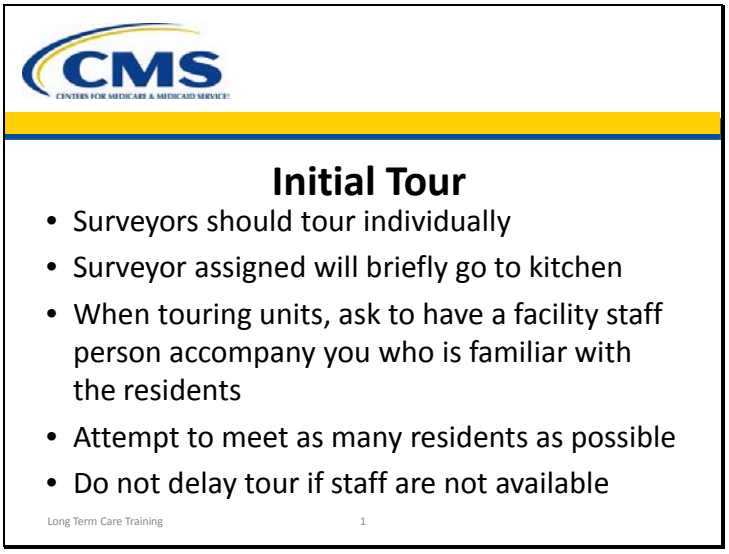


This is where the surveyor will form their first impression of the facility, its general environmental potential concerns and to observe staff interactions as they provide care and services to the residents. The brief stop into the kitchen should note sanitation practices and the cleanliness of the kitchen. Additional investigative activities will be covered during Sub-Task 5B. During the Offsite Preparation task, surveyors reviewed information to identify possible problems. The team also preselected residents for Phase 1 sample. While conducting the tour, the team will begin to determine if the preselected concerns still exist. You will verify if the residents preselected are still in the facility and also to see if there are other residents or environmental issues that should also to be investigated.

Slide 34



The brief stop to the kitchen should document overall cleanliness and sanitation concerns. Note if foods are left out on table tops in a potentially hazardous manner, observe if foods are left out to thaw and the general appearance of kitchen staff.

When possible, it is helpful to have a staff member familiar with the residents' accompany you during the tour to answer any questions you may have. When you are touring, it is not necessary to meet every resident. While you are being accompanied by staff, if at any time the staff interfere or impedes the survey process, the surveyor may refuse to continue the tour with the facility staff member.

If the facility staff indicates that staff are not available to accompany you one tour, the team should proceed with their assignment and tour independently.

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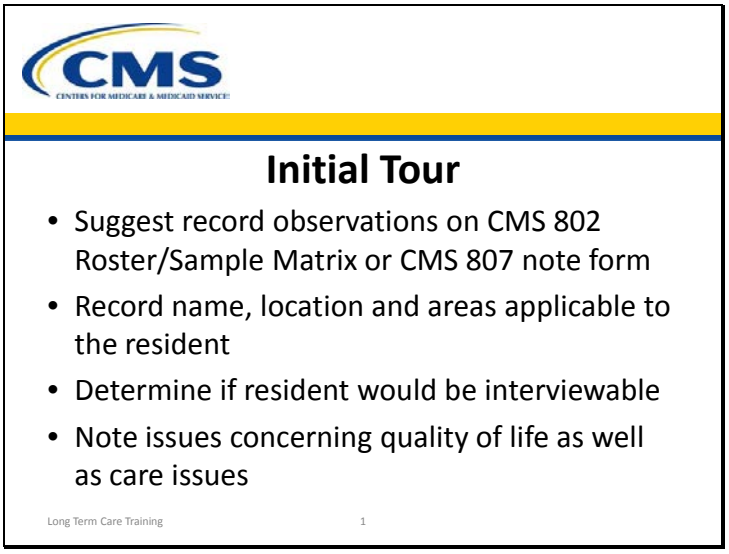

Surveyors must document accurately and thoroughly all potential concerns. In accordance with Principles of Documentation, the notes should include the date and time and the names of those involved.

You should knock before entering a residents room and the introduce yourself with a brief explanation as to the purpose of your visit. Ask the resident about the care they received, and make observations of the residents and their environment. When determining if a resident is interviewable also ask about those residents who have family or visitors that may be included for interviews as well as any residents without family or visitors. Do not solely rely upon staff when determining if the resident is interviewable.

It is also important to note how the resident is groomed, privacy, infection control practices and dignity issues. If applicable, observe adaptive equipment or specialized equipment. Record any concerns with the condition of the equipment or cleanliness for further investigation. Note if any scheduled activities are being conducted, appropriateness to the resident or residents who appear to be sitting without meaningful interactions.

While observing the resident, also note how the staff responds or reacts to the residents. Note potential concerns such as unanswered call lights, or staff entering and leaving resident rooms without communicating with the resident and record your observations accordingly.

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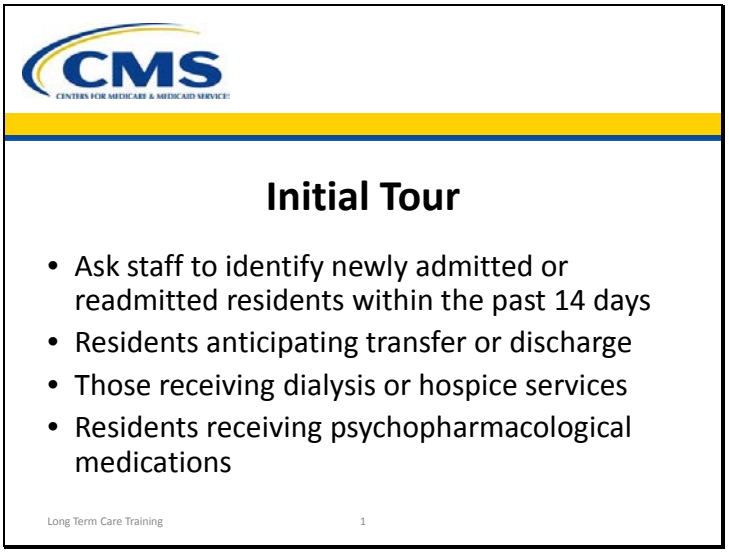

Staff may not know all this information and may refer to their own records and documents as needed during the tour. If during the tour resident behaviors are observed, ask staff to tell you what they know about the resident. Does the staff respond to the behaviors noted? Is this a new behavior? What is the staff expected to do? Note any physical features of the resident that may be indicative of a possible adverse reaction or side effect of medication.

There may also be other special care needs that residents are receiving besides dialysis or hospice. This will include wounds or general skin conditions, feeding tubes, significant weight changes, and dehydration risk factors. Note the availability of fluids/water, urine color for those with catheters and general appearance that may indicate unmet hydration needs.

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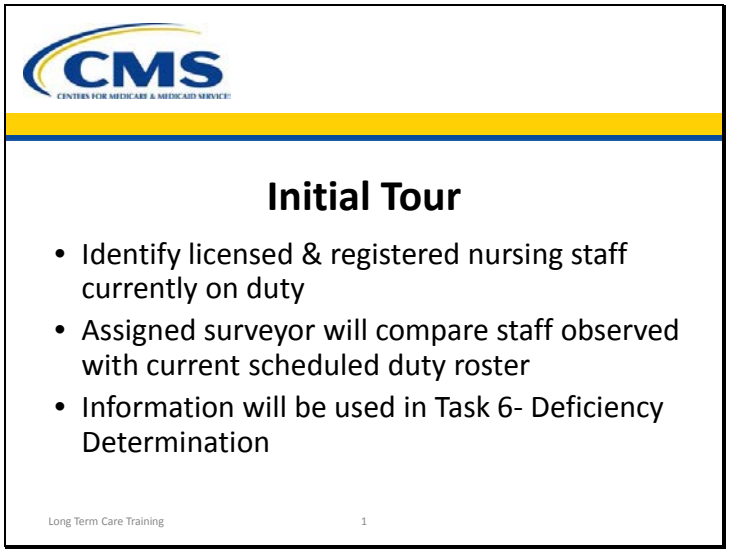

Surveyors must accurately and thoroughly document all observations, interviews and conversations with staff, residents, and family members or other individuals and record review information on all official CMS forms. This information must include date and time as well as names of involved individuals and a description of the observation, interview, conversation and/ or record review and will be used to support all survey findings and subsequent deficiencies as appropriate.

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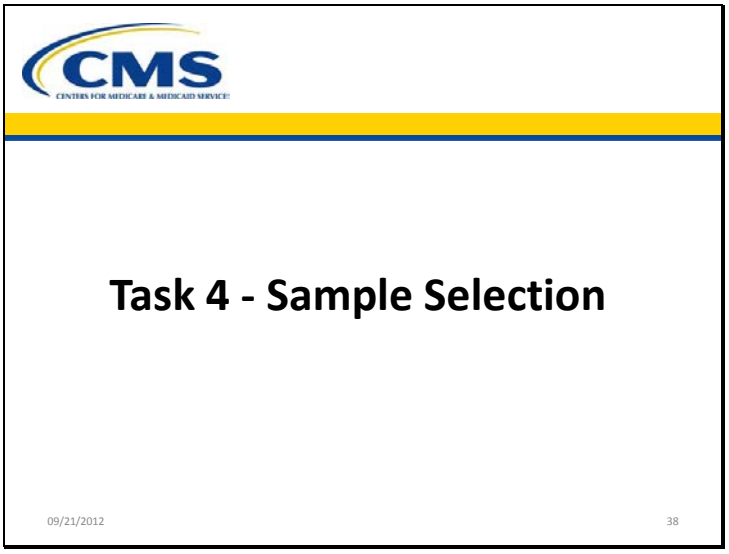
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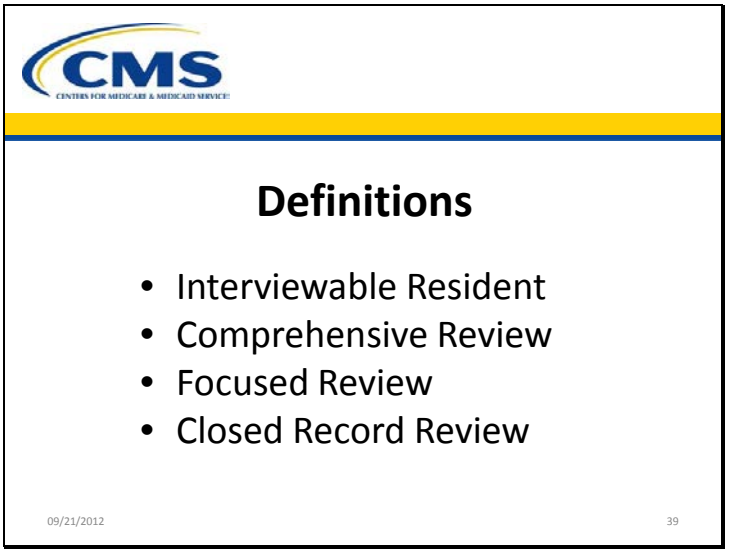

Interviewable Resident --This is a resident who has sufficient memory and comprehension to be able to answer coherently the majority of questions contained in the Resident Interview. These residents can make day-to-day decisions in a fairly consistent and organized manner.

Comprehensive Review -- For Task 5C, "Resident Review," this includes observations, interviews, and record reviews for all care areas for the sampled residents, as applicable. *For Phase 1: Observations, interviews and record reviews concerning all highlighted areas of concern and all un-highlighted areas pertinent to the resident must be investigated. For Phase 2: Observations, interviews and record review for all highlighted areas of concern pertinent to the resident must be reviewed and investigated as appropriate..*

Focused Review -- For Task 5C, "Resident Review," this includes, for Phase 1 *and Phase 2*: Observations, interviews and record reviews *relating to* all areas of concern pertinent to the resident.

Closed Record Review -- For Task 5C, "Resident Review," this includes a record review of residents' care issues and transfer and discharge.

Roster/Sample Matrix -- This worksheet is used by the survey team during Offsite Survey Preparation, and at the Phase 1 and Phase 2 *s*ample *s*election meetings to note areas of concern

for the survey, and to select residents for the sample. There are separate sets of instructions for the use of this form by the survey team and the facility.

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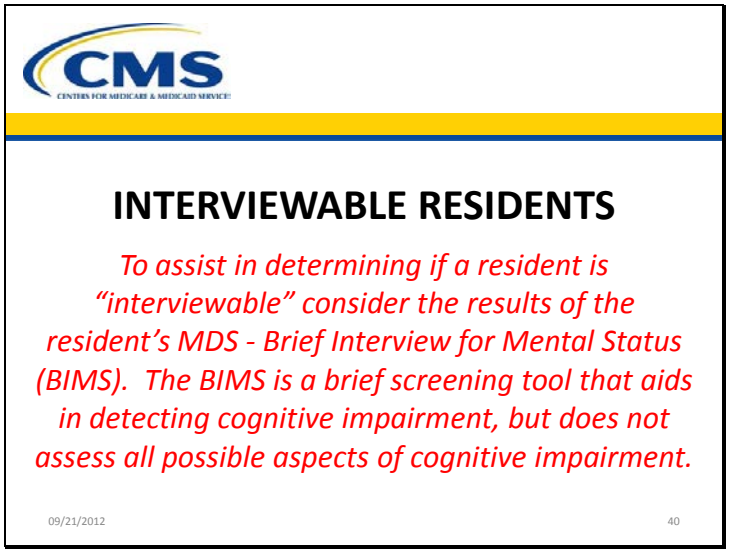
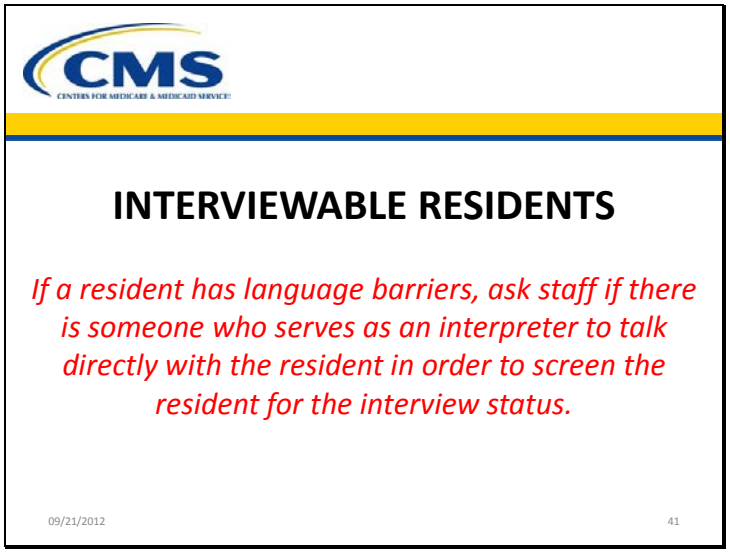


INTERVIEWABLE RESIDENTS

For resident interview purposes, the results of the BIMS are as follows. If a resident's BIMS score is:
8-15, the resident may be identified as "Interviewable"; and 0-7 or 99, the resident may be identified as a "Family Interview Candidate."

NOTE: *If the survey team determines a large degree of inaccuracy in the calculations of resident interview status, the survey team my need to review the accuracy of MDS data as a concern and should investigate further as appropriate.*

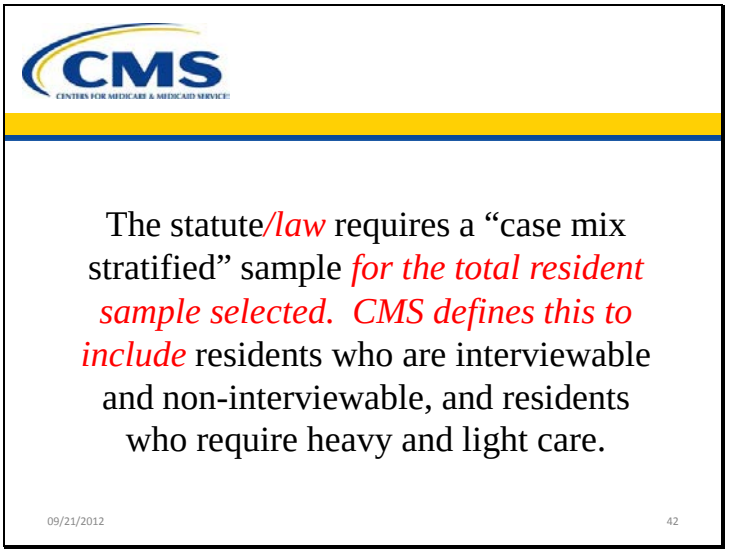
Slide 41



If the resident is interviewable and gives permission, the interpreter could subsequently assist with the interview. If an interpreter is not available, record the resident as "Not Interviewable." The lack of an interpreter may highlight potential concerns with the facility's ability to communicate with the resident. If there are concerns with communication, the team could initiate the resident for investigation in either Phase 1 or Phase 2.

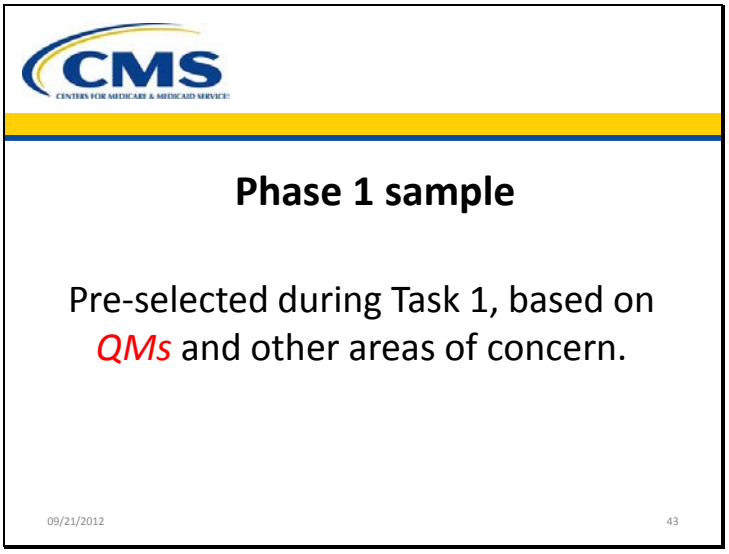
Other barriers could make it challenging to confirm the interview status, such as hearing loss or aphasia. Do not ask the facility staff to identify or confirm a resident's interview status, but if necessary, find a staff person to assist you in talking with the resident.

Slide 42



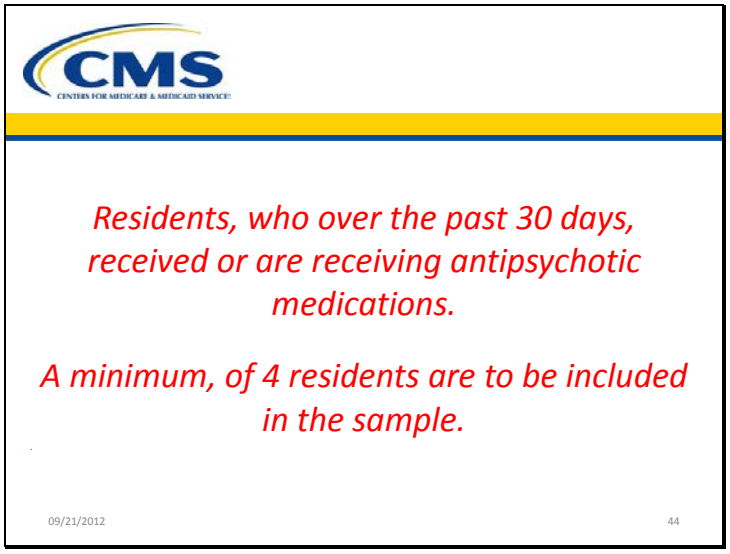
*S*elect a case-mix stratified sample of facility residents based on QMs and other offsite and onsite sources of information in order to assess compliance with the resident-centered long term care requirements. *Approximately sixty percent (60%) of residents are chosen during Phase 1 and the remaining forty percent (40%) in Phase 2.*

Slide 43



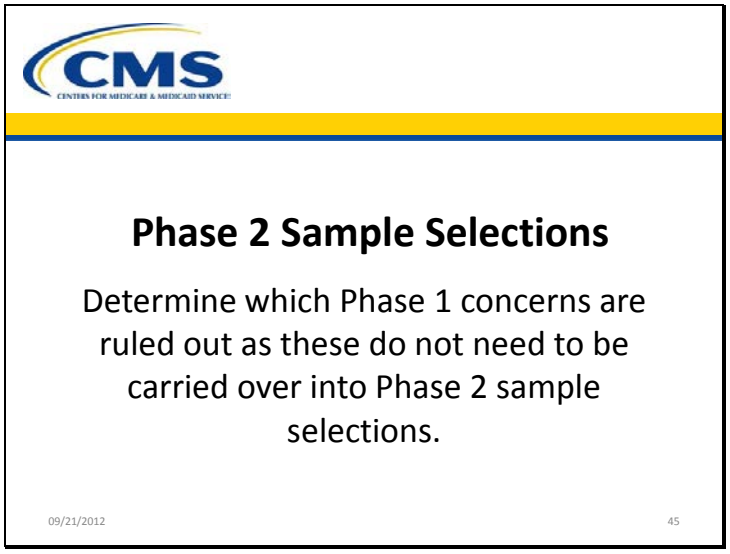
NOTE: For facilities with a *large number* of "short-stay" residents, the team may not have been able to pre-select concerns or potential sampled residents. In that instance, Phase 1 sample selection will occur during this task.

Slide 44



Use the list of names of requested at the Entrance conference and compare the list to the resident sample in order to assure that at ***a minimum, 4 of the residents*** *on the list who are receiving an antipsychotic medication are in the sample.*

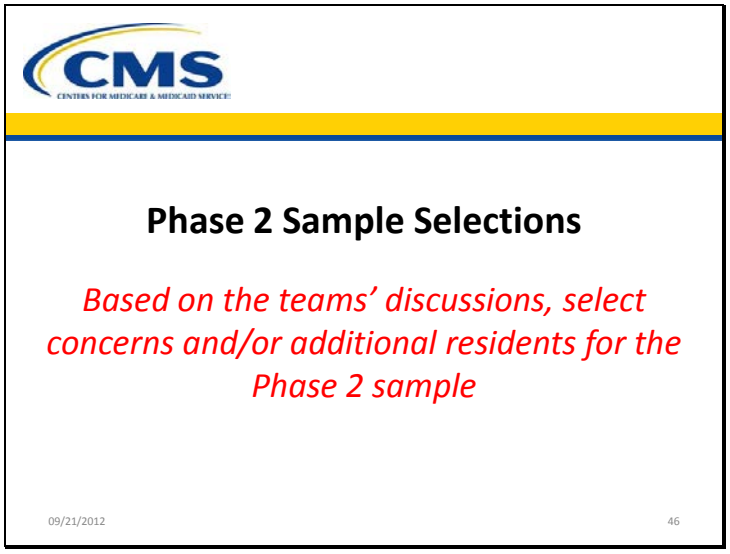
Slide 45



Once team *members have* obtained enough information to decide what concerns need further investigation, the team meets *together* to *discuss these* concerns. *Generally, this team meeting should occur no later than the second day of the survey. However, there may be circumstances where this would not be reasonable such as when the first survey day was only a few hours or when the survey team spent a considerable amount of time following up on a potential immediate jeopardy situation.*

It is not necessary to complete all the reviews of all residents in Phase 1 before this meeting.

Slide 46



Based on the teams' discussions, select concerns and/or additional residents for the Phase 2 sample. Consider the following:

Initial concerns noted during Offsite Survey Preparation or the Initial Tour that have not yet been reviewed;

Currently un-reviewed concerns that are related to those under investigation, e.g., adding residents who are receiving *hospice services or psychopharmacological medications specifically antipsychotic medications*;

Current concerns for which the information gathered is *incomplete* or inconclusive;

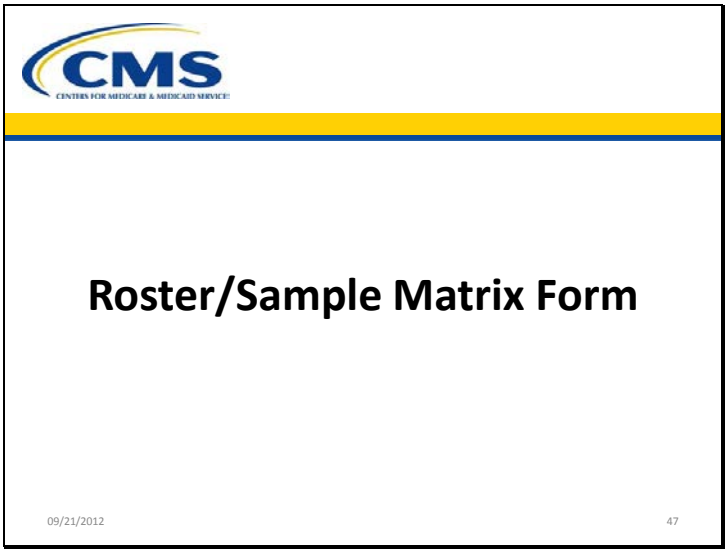
Determine if at least one heavy care and one light care resident is included in the sample;

If no residents have been selected for the Phase 1 sample for hydration, and if any residents are seen during Phase 1 of the survey who appear to have risk factors for dehydration, e.g., such as residents who are dependent on

staff for activities of daily living, are immobile, receive tube feedings, or have dementia in which the resident *may* no longer recognize thirst, select at least one of these residents and review the care area of dehydration; *and*

If the group interview has not yet occurred, discuss what special concerns to ask of the group.

Slide 47



Consider the following as a possible exercise on how to complete and use this form.

If any resident is substituted for a pre-selected resident, record a short explanation on the Offsite Roster/Sample Matrix next to that person's name, e.g., "discharged." Check "Phase 1" on the copy of the Roster/Sample Matrix that will be used to denote the resident sample for Phase 1 of the survey.

Highlight the column for each identified concern for Phase 1.

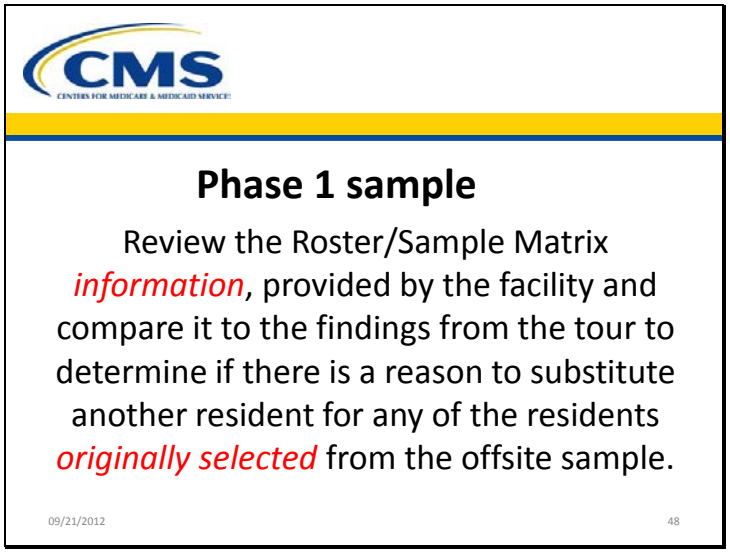
Use Table 1 in this section and the number of the total resident census to determine the number of comprehensive and focused reviews, number of closed records, number of resident and family interviews, and the minimum number of residents who have conditions of weight loss, hydration risk and/or pressure *ulcers*, i.e., the WHP group. The number in the WHP column represents the minimum total of residents who must be selected for the Phase 1 sample to represent any or all of these conditions. For example, in a facility with 96

residents, out of 12 residents selected for the Phase 1 sample, a minimum of 6 will be those who have any of the conditions mentioned above.

On the Roster/Sample Matrix worksheet, in the section block above the Resident Name, fill in the number of residents in the Total Sample and for Phase I and II. Also enter the number of residents selected for Individual and Family Interviews, Closed Record, Comprehensive and Focused Reviews. Use the unnumbered blocks to the right of Resident Name to fill in the total number of residents in each sub-sample for the entire survey as listed in Table 1. For example, in a facility with a census of 100, the total number of individual interviews is 5. Enter that number in the small block below that title. All residents selected for comprehensive reviews are selected by the team during the Phase 1 sample selection. Residents selected for focused reviews, closed record reviews, individual and family interviews may be selected during Phase 1 or Phase 2 sample selection.

Each resident the team selects is entered on the worksheet. Note the following about each resident:
Resident Identification number and room number;
Surveyor assigned to complete the resident review and any quality of life assessment protocols that are selected for the resident;
Check any columns that pertain to *each* resident. Residents *should* be reviewed for each area checked and any other concerns that are discovered during this review; and
If there is anything about this resident that the team decides to investigate that is not one of the numbered columns on the worksheet, use a blank column at the far right to write the item that will be assessed and check that column for that resident. For example, if the team wants to assess a *resident that is comatose write "comatose"* in one of the blank columns and make a check mark in that column for that resident.

Slide 48



First determine if any pre-selected concerns should be dropped due to the QM data not representing the conditions of current residents. For example, there was a pre-selected QM concern *of* residents with *urinary tract infections*, but the tour has verified there are no residents in the facility who *have urinary tract infections*. Note new concerns and determine if some pre-selected residents can be evaluated for the new concerns as well as those originally selected.

A pre-selected resident who is no longer in the facility can be considered for the closed record review. *The team may substitute other residents if necessary using information from the QM reports, the tour, or the facility's Roster/Sample Matrix.*

Using a copy of the Roster/Sample Matrix form go over how to complete and use this form

Phase 1 - Sample Selection –
On the Roster/Sample Matrix worksheet, in the section block above the Resident Name, fill in the number of residents in the Total Sample and for Phase I and II. Also enter the number of residents selected for Individual and Family Interviews,

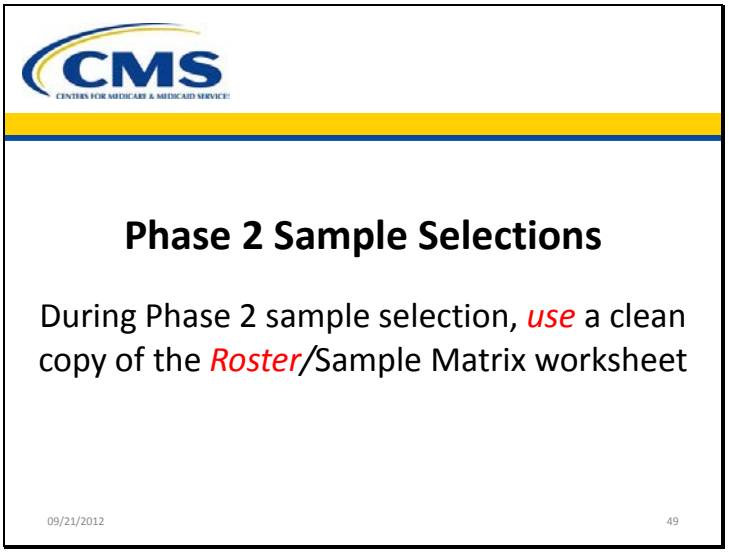
Closed Record, Comprehensive and Focused Reviews. Use the unnumbered blocks to the right of Resident Name to fill in the total number of residents in each sub-sample for the entire survey as listed in Table 1.

For example, in a facility with a census of 100, the total number of individual interviews is 5. Enter that number in the small block below that title. All residents selected for comprehensive reviews are selected by the team during the Phase 1 sample selection. Residents selected for focused reviews, closed record reviews, individual and family interviews may be selected during Phase 1 or Phase 2 sample selection.

Each resident the team selects is entered on the worksheet. Note the following about each resident:
Resident Identification number and room number;
Surveyor assigned to complete the resident review and any quality of life assessment protocols that are selected for the resident;

Check any columns that pertain to *each* resident. Residents *should* be reviewed for each area checked and any other concerns that are discovered during this review; and If there is anything about this resident that the team decides to investigate that is not one of the numbered columns on the worksheet, use a blank column at the far right to write the item that will be assessed and check that column for that resident. For example, if the team wants to assess a *resident that is comatose write "comatose"* in one of the blank columns and make a check mark in that column for that resident.

Slide 49



During Phase 2 sample selection, *use* a clean copy of the *Roster*/Sample Matrix worksheet as follows:

Note the total number of residents selected for the Phase 2 sample;

List each resident selected on the worksheet and note the following about each resident:
Resident *Identification* number and room number;

Surveyor assigned to complete the resident review and any quality of life assessment protocols selected for the resident;

Check any columns that pertain to each resident. Resident should be reviewed for each area checked, and any other concerns that are discovered during this review; *and*

Be sure that the required number of resident interviews, family interviews, and closed record reviews are completed.

If there are no outstanding areas of concern and the team has already selected interviewable, non-interviewable, heavy care and light care residents, then select remaining residents *as needed* using the “Special Factors to Consider”

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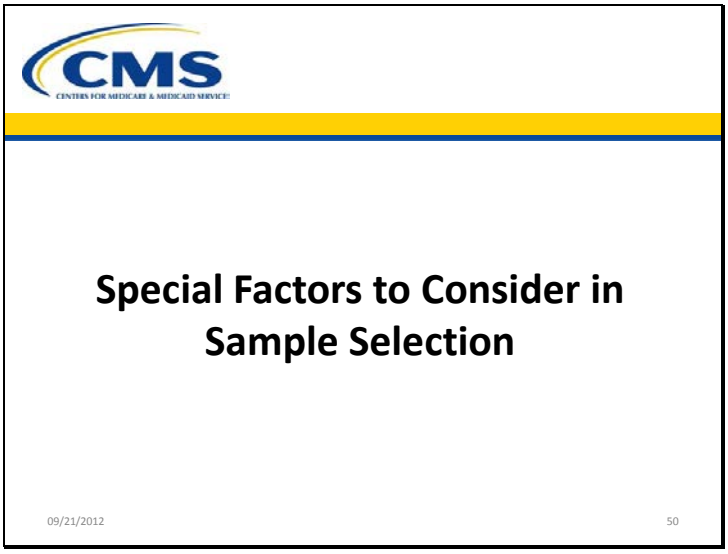
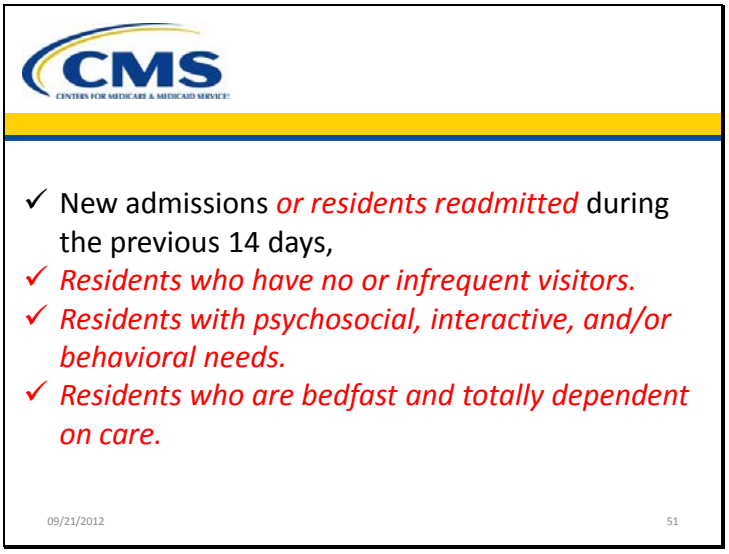
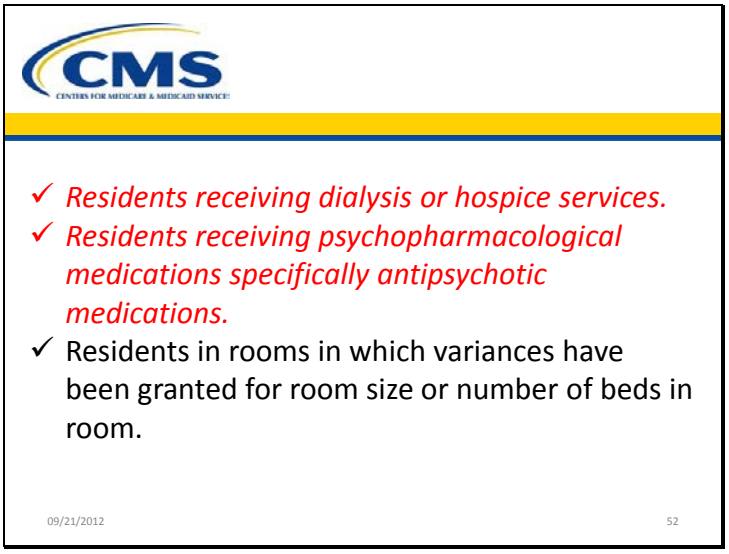


For each sample, select residents who represent the concerns to be investigated and who fulfill the case mix stratified requirement. If during sample selection, *there are no outstanding areas of concern or more* residents are identified than can be selected to represent the concerns of interest, consider the *following when* determining which residents to select:

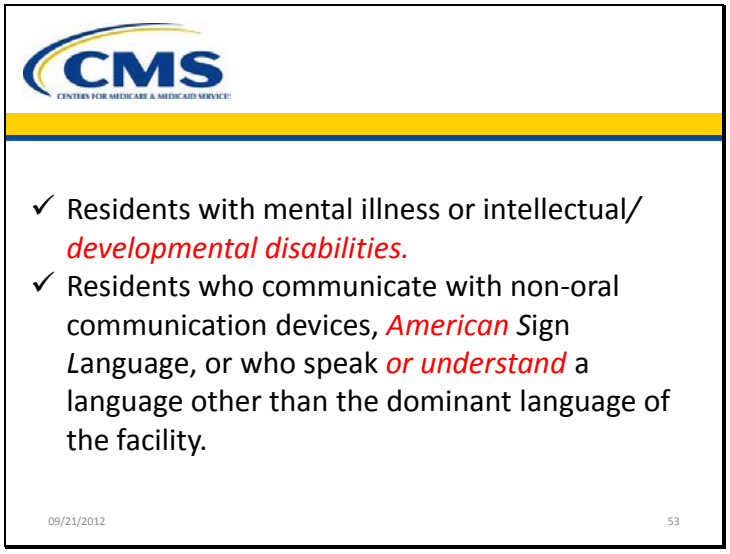
Slide 51


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
✓ New admissions *or residents readmitted* during the previous 14 days,
✓ *Residents who have no or infrequent visitors.*
✓ *Residents with psychosocial, interactive, and/or behavioral needs.*
✓ *Residents who are bedfast and totally dependent on care.*
09/21/2012
51

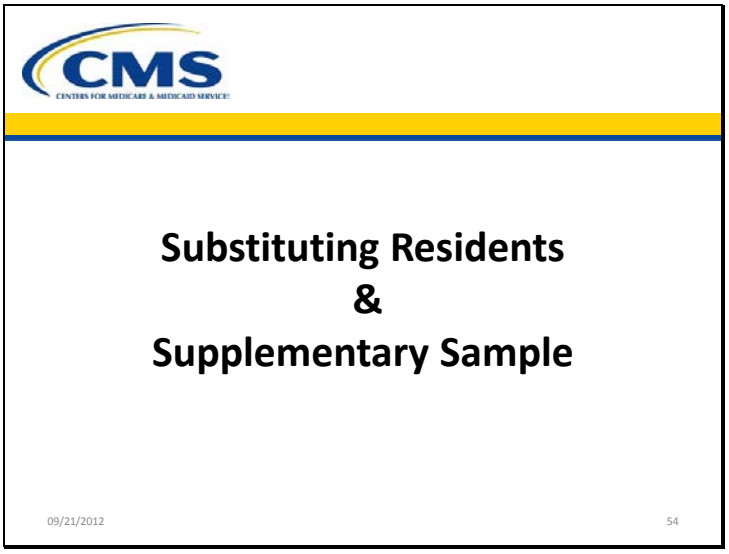
Slide 52


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
✓ Residents receiving dialysis or hospice services.
✓ Residents receiving psychopharmacological medications specifically antipsychotic medications.
✓ Residents in rooms in which variances have been granted for room size or number of beds in room.
09/21/2012
52

Slide 53


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
✓ Residents with mental illness or intellectual/ *developmental disabilities.*
✓ Residents who communicate with non-oral communication devices, *American* Sign *L*anguage, or who speak *or understand* a language other than the dominant language of the facility.
09/21/2012
53

Slide 54



If the team has found it necessary to remove a resident from the sample, replace this resident with another who best fulfills the reasons the first person was selected. For example, *a* resident was selected because *documentation indicated that the resident* was *on an antipsychotic medication however it was later determined through interview and record review that this resident had never received antipsychotic medications.* Select another resident who meets *the original criteria used to select the resident being replaced.* Make the substitution as early in the survey as feasible. Note on the Roster/ Sample Matrix *worksheet why the previous resident was changed and a new resident was substituted.*

If sampled residents are found not to provide enough information to make deficiency determinations concerning specific requirements under review, or to determine if there is *Substandard Quality of Care (SQC)*, supplement the sample with residents who represent the areas of concern under investigation. Focus review for these *additional* residents only on the concern under investigation and any other concerns that are discovered during this review. Add the names of these residents to the Phase 2 Sample Matrix worksheet, checking the relevant categories. Use the Resident Review Worksheet to complete these investigations.

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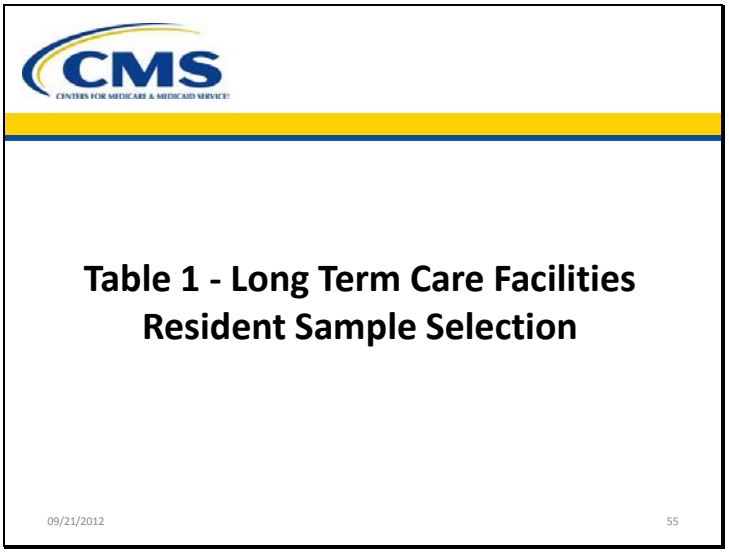
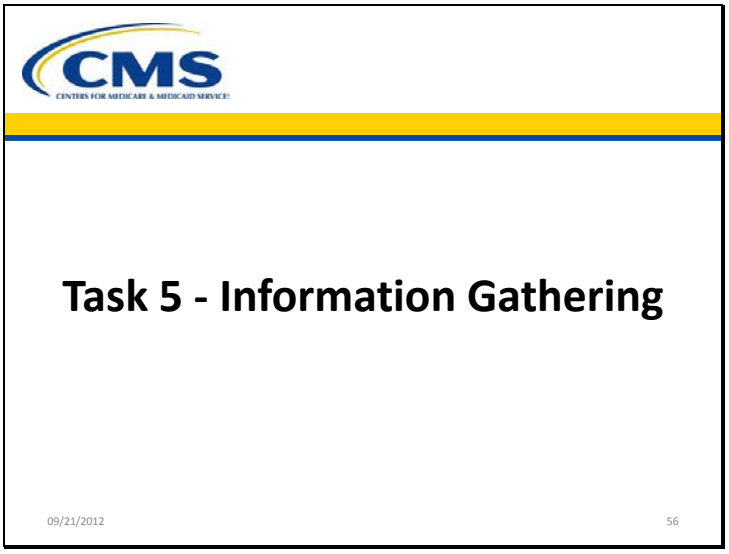


Review this table and how it is used in determining the numbers for sample selection including the WHP group which is included in the sample and NOT an additional sample. Also we are now asking that at least 4 residents receiving or having received antipsychotic medications be included in the total sample.

Slide 56



Provides an organized, systematic, and consistent method of gathering information necessary to make decisions concerning whether the facility has met the requirements reviewed during the survey. Task 5 includes the following sub-tasks:

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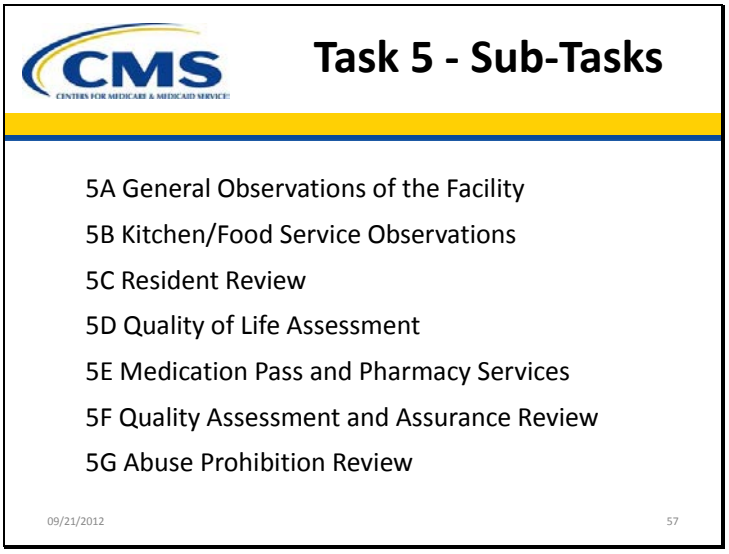

5A **General Observations of the Facility:** Assessment of the *overall* environment of the facility affecting the resident's life, health and safety;

5B **Kitchen/Food Service Observations:** Assessment of the facility's food storage, preparation and service;

5C **Resident Review:** An integrated, holistic assessment of the sampled residents which includes the assessment of: drug therapies, the quality of life of the resident, daily interactions with staff, and assessment of those pertinent care concerns identified for each sampled resident by the survey team. Closed record reviews and dining observations are integrated into the resident review;

5D **Quality of Life Assessment:** Assessment of residents' quality of life through individual interviews, group and family interviews, and observations of *all* residents;

5E **Medication Pass and Pharmacy Services:** An assessment of the pharmaceutical services provided in the facility, including the medication pass

observation; the application of the medication error detection methodology; *the review of the recommendations, implementation and provision of* services by a licensed pharmacist; and facility procedures and processes in place regarding the acquiring, receiving, dispensing and administering medications, use of controlled medications, and medication access and storage.

5F **Quality Assessment and Assurance Review:** An assessment of the facility's Quality Assessment and Assurance program to determine if the facility identifies and addresses specific care and *other* issues and implements *a program to resolve those issues through a quality assessment and performance improvement systems approach*; and

5G **Abuse Prohibition Review:** An *assessment* of whether the facility has developed and operationalized policies, procedures *and practices* designed to protect residents from abuse, neglect, and misappropriation of their property. This includes policies and procedures for hiring practices, and ongoing *education and* supervision for employees, *contractors* and volunteers.

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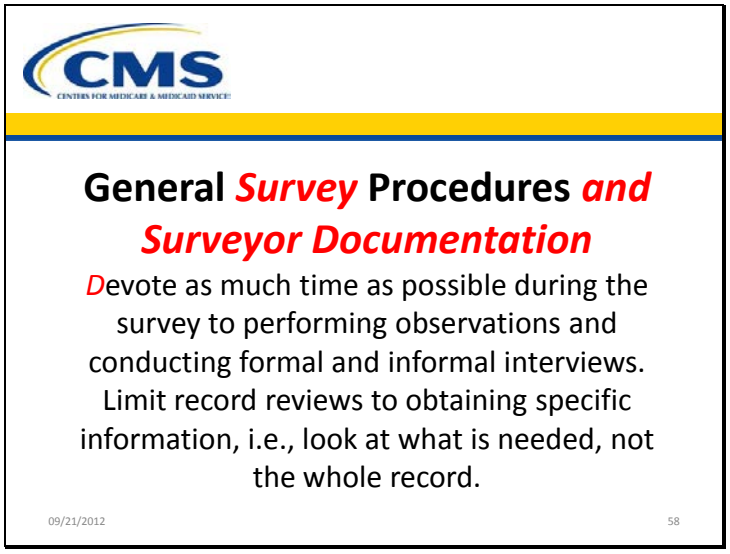

The information gathering tasks are interrelated. Information acquired *during* observations and interviews will direct the record review. Likewise, information obtained *during* the record review may help direct what observations or interviews are needed. Acquire the information that is necessary to make deficiency decisions in Task 6.

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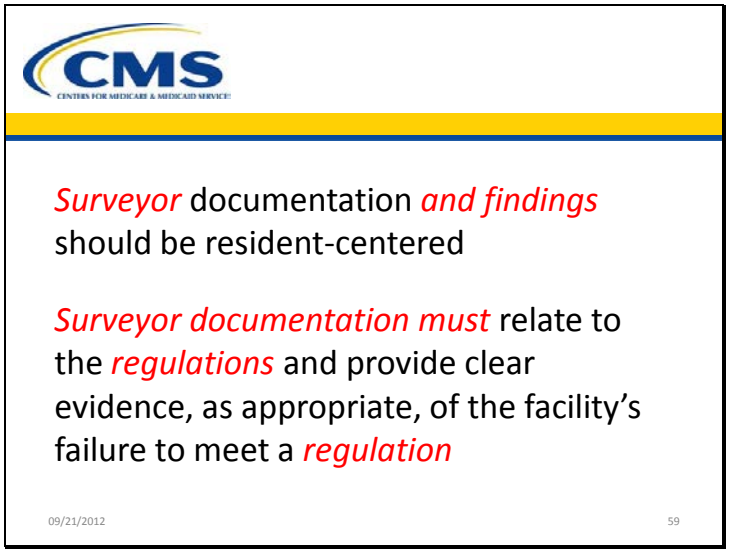
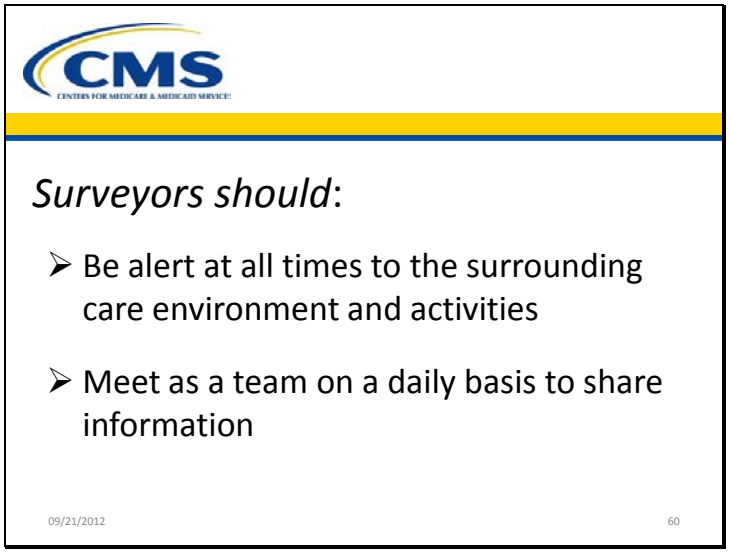


Surveyor documentation must relate to the *regulations* and provide clear evidence, as appropriate, of the facility's failure to meet a *regulation*. As information is collected, keep in mind that the information written on *the individual surveyor's* worksheet *must* be used by the *entire* team to determine if there are any deficiencies, and, if so, the degree of severity and scope. Include information about how the facility*'s deficient* practice affected residents, the number of residents affected, and the number of residents at risk. This documentation will be used *by the team* to make deficiency determinations and to categorize deficiencies for severity and scope. The SOM *Appendix PP* Guidance to Surveyors *is intended as a reference* to assist *surveyors in asking questions to* gather information in order to determine whether the facility has met the requirements *of the regulations*.

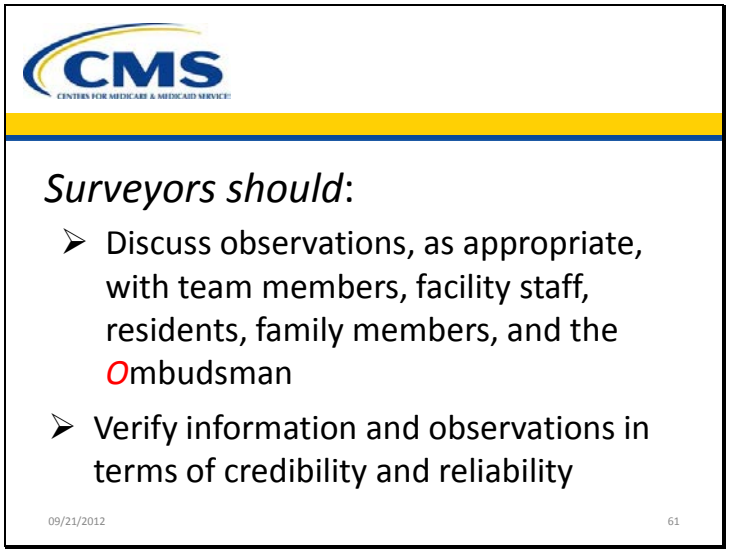
Slide 60



Regardless of the task, *surveyors should* be alert at all times to the surrounding care environment and activities. For example, while conducting the dining observations observe the environment and *all* residents, e.g., care being given, staff interactions with residents, etc.

The team should meet on a daily basis to share information, e.g., findings to date, areas of concern, any changes needed in the focus of the survey. These meetings should include discussions of concerns observed, possible requirements to which those problems relate, and strategies for gathering additional information to determine whether the facility is meeting the requirements.

Slide 61



Throughout the survey, discuss observations, as appropriate, with team members, facility staff, residents, family members, and the *O*mbudsman. Maintain an open and ongoing dialogue with facility *staff* throughout the survey process. This gives facility *staff* the opportunity to provide additional information *to* surveyors in considering any alternative explanations before making deficiency decisions. *However, survey teams should not be providing negative findings to the facility on a daily basis (such as a daily exit conference). Some negative findings may require further investigation over time to determine whether noncompliance with a requirement exists. Such further observation and information gathering should be completed before notifying the facility of the concern.*

Verify information and observations in terms of credibility and reliability. If the credibility or reliability of information is doubted, validate that information *with individuals familiar with the issue* or gather additional information before using it to make a compliance decision.

Slide 62

Observations - The observational portions *of the survey are* to gather *overall facility* and resident specific information for *all* residents included in the sample*. Surveyors should observe the provision of care, staff-resident interactions, and quality of life for all residents' and verify observations through interviews and record review as appropriate.*

Interviews - Collect and*/or* verify information obtained from other survey *sources* and provide the opportunity for *all interested parties (residents, family, facility staff, etc.) to present what they believe is pertinent information relative to a surveyors concern. Verify and confirm information with individuals, including staff knowledgeable on the subject or matter being reviewed.*

*R*esidents, staff, family, *O*mbudsman, family council representatives, and other appropriate persons *are all interviewed as available and appropriate*. Informal interviews are conducted throughout the duration of the survey. Formal structured interviews are also done as part of the Quality of Life Assessment protocols. Use the information obtained from interviews to assist in deciding what additional observations and record review information is necessary. Avoid

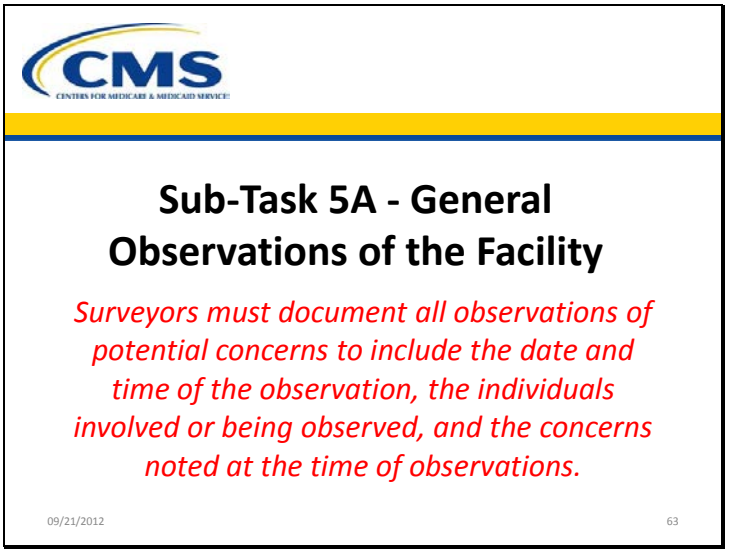
asking leading questions, use the Guidance to Surveyors *in Appendix PP as "probes"* to focus questions and determine the *relevance* of the answers. *In addition, follow the guidance in the SOM Chapter 2, section 2715 - Interviewing Residents Using the LTC Survey Process.*

NOTE: *Residents, members of their family, or legal guardians have the right to refuse to be interviewed. Surveyors must respect the confidentiality of information provided by residents or members of their families. Staff personnel should not accompany the surveyors during resident interviews unless their presence is requested by the resident being interviewed, the family, or guardian. During the interviews surveyors should refrain from moving or handling residents. This is to be done by a member of the facility staff.*

In general, *an* individual who provides information during an interview *should* not be identified as providing that information. However, it is possible that their identity may be revealed *unless otherwise asked not to,* if a deficiency is cited based on their information, and that deficiency citation is *disputed and/or* appealed. If residents appear reticent in providing information or express concern about retaliation:
Offer them information on whom to contact in the event they *believe* they become the object of retaliation by facility *staff;* and
With the resident's permission, notify the *O*mbudsman of the resident's concerns.

Record Review – Do not spend *unnecessary* time gathering and recording information from *facility records*. Use the record review to obtain information necessary to validate and/or clarify information obtained through observation and interviews. Ask facility staff to assist in finding any information that has not been found or that requires *confirmation*. The objectives of the record review are to:
Acquire information to *validate* observations and interviews;
Provide a *general* picture of the current *clinical and psychosocial* status *of* residents as assessed *and monitored* by facility *staff*; and
Assist in the evaluat*ion of the accuracy and effectiveness of* assessments, plans of care, and outcomes of care interventions for residents included in the sample.

Slide 63



Use the General Observations of the Facility worksheet to complete this task when observing and assessing the affect of the facility's overall environment on the resident's *quality of* life, health and safety.

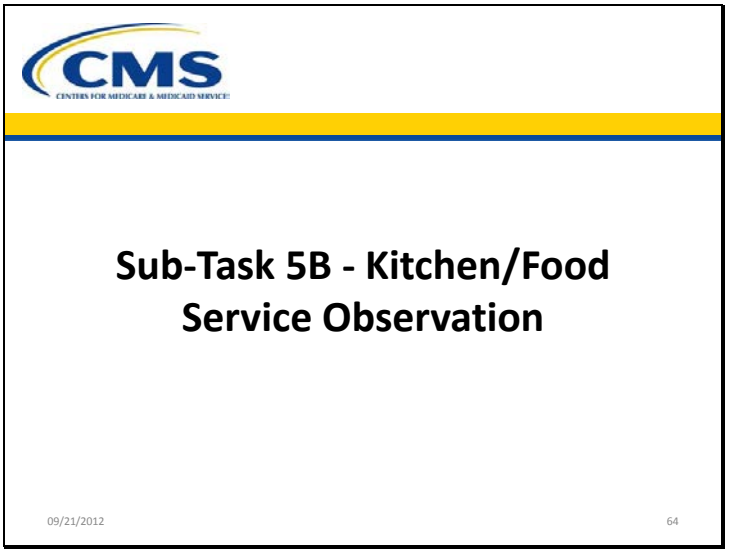
Begin observations as soon as possible after entering the facility. Each surveyor should note and document any concerns in resident rooms, *common areas* and the general environment. Some non-resident areas should also be reviewed due to their potential negative effect on residents, e.g., utility *or storage* rooms. Plan to observe the facility's environment at different times during the survey, e.g., first and second shift, common areas when in use by residents, *etc.*

Review the condition of the *facility* environment, e.g., cleanliness, sanitation, presence or absence of pests, accident hazards, functioning of equipment, and the proper and safe storage of drugs, biologicals, housekeeping compounds and equipment. Any concerns should be investigated and followed up either through the resident review for sampled residents or during the General Observation task. *Generally*, one surveyor is assigned to complete the General Observation of the Facility worksheet for the team. This surveyor assures that all items on this

worksheet are completed *with input from all team members*. Each surveyor who completes a medication pass observation should review medication storage on the assigned units and provide information regarding that review to the assigned surveyor responsible for the overall completion of this task. All surveyors should share concerns regarding the environment with other team members to determine the possible need to gather additional information.

Surveyors must thoroughly document all observations to include the date and time of the observation, the individuals involved or being observed, and the concerns noted at the time of observations.

Slide 64



To determine if the facility is storing, preparing, distributing, and serving food according to **42 CFR §483.35(*i*)** to prevent food borne illness. *Refer to Appendix PP of the SOM, F371 for further guidance. Also, be sure that the surveyor assigned to this task practices appropriate food sanitation protocols when conducting their observations and tour.*

Generally, one surveyor is assigned to conduct the Kitchen/ Food service observation begin*ning* with a brief visit to the kitchen as part of the initial tour, to observe:
The sanitation practices and cleanliness of the kitchen;
Whether potentially hazardous foods have been left on counter tops or steam tables;
The manner in which foods are being thawed; and
The cleanliness, sanitary practices, and appearance of kitchen staff, e.g., appropriate attire, hair restraints.

Use the Kitchen/Food Service Observation worksheet to direct *and record* observations of food storage, food preparation, and food service/sanitation. Also evaluate:
The availability of food in relation to the number of residents; and
Whether food being prepared is consistent with the written, planned menu *for residents.*

During team meetings, if surveyors, identified concerns, such as the provision of meals that are not consistent in quality (such as color and texture of vegetables or meats, the preparation and presentation of mechanically altered foods); complaints regarding taste or texture of food and foods with an "off" or bad odor; or residents being at nutritional risk, including high prevalence of residents with unintended weight loss; then the surveyor assigned to Task 5(b) should review the following as appropriate.

Direct observations to determine *if*:
*R*ecipes are available and consistent with the menu and followed by employees;
*A*ppropriate equipment is available and used to prepare, *store* and serve foods;
*F*ood is held for *no* more than 30 minutes prior to *being served*, e.g., in the steam table, oven, refrigerator rather than freezer for frozen foods, etc.; and
*L*eftovers used during food preparation were stored and used within the appropriate time frames, and reheated to at least 165 degrees F.

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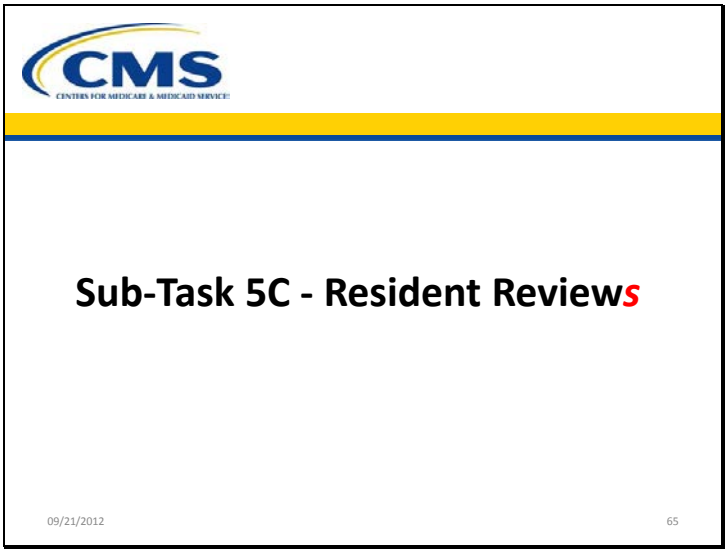

Specific residents in the sample are assigned by the team coordinator to *individual* surveyors *on the team*. *Whenever possible, the same surveyor* should conduct the entire Resident Review for *each* assigned resident. *These reviews include observations, interviews and record reviews.* If the resident has been chosen for a Quality of Life Assessment protocol, this same surveyor should also complete that protocol *if possible*. If a surveyor has not passed the Surveyor Minimum Qualifications Test (SMQT) or if the complexity of a resident's care requires expertise of more than one discipline, surveyors should work jointly to complete *this* review.

There are a designated number of comprehensive, focused and closed record care reviews completed, depending on the size of the *survey* sample. *All reviews in this sub-task include observations, interviews, and a record review.* For each resident in the sample determine:
How resident outcomes and the resident's quality of life are related to the provision of care *provided* by facility *staff*;

If the care provided by facility *staff* has enabled residents to reach or maintain their highest practicable physical, mental, and psychosocial well-being;

If residents *accommodation of needs are met to assist them to have their highest practicable level of well-being and quality of life that is possible*. Include aspects of the environment, staff interactions, and provision of services that affect sampled residents in their daily lives; and

If facility *staff* has properly *and accurately* assessed residents through the completion of the Resident Assessment Instrument (RAI), including accurate coding and transmitting of the MDS and has properly assessed *individual* care needs, *developed a plan of care to address a residents strengths and needs*, conducted proper care planning, implemented the plan and evaluated *and reassessed* the care provided to the residents *to assure their needs are met.*

For all sampled residents except closed records, parts A, B, and C (Resident Room Review, Daily Life Review, and Assessment of Drug Therapies) on the Resident Review Worksheet are completed. The difference between the two reviews is that the focus of the part D Care Review is more extensive for Comprehensive Reviews. Determine, as appropriate, if there has been a decline, maintenance or improvement of the resident in the identified focused care areas and/or Activities of Daily Living (ADL) functioning. If there has been a lack of improvement or a decline, determine if the decline or lack of improvement was avoidable or unavoidable.

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After observing and talking with the resident, the surveyor conducts a comprehensive review, which includes the following:

A check of specific items on the MDS for accurate coding of the resident's condition. The specific items to be checked will be based on *QMs* identified for the resident on the Resident Level *QM Report*. At least 2 of the *QMs* identified for the resident must be matched against the QM definitions and against evidence other than the MDS to verify that the resident's condition is accurately recorded in the MDS. What is being verified is that the resident's condition was accurately assessed at the time the MDS was completed;

An overall review of the facility's completion of the RAI process including their:

- Use of the *Care Area* Assessment *Process* (*CAA*);
- Evaluation of assessment information not covered by the *CAA*s ;
- Identification of risks and causes of resident conditions;
- Completion of *Item V0200 CAAs and Care Planning*; and
- Development of a care plan that meets the identified needs of the resident.

A review of the implementation of the *resident's* care plan and *their response to the goals and interventions*, and the relationship of the resident's drug regimen to the resident's condition *as well as the use of psychopharmacological medications, including antipsychotic medications*;

A review of any of the following conditions that apply to the resident: weight loss, dehydration, pressure *ulcers*. Use the investigative protocols found below as a guide.

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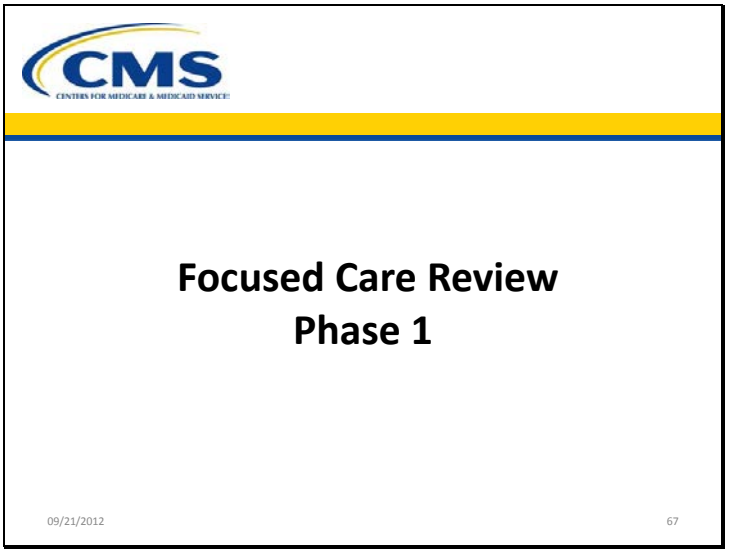

This review focuses on care areas that were checked for the resident on the Resident Level *QM Report* and any additional items checked as pertinent to the resident, e.g., all areas that are checked on the Roster/Sample Matrix for the resident are reviewed, whether or not they have been highlighted as concerns. Th*is* includes all care areas the team has checked for the resident: a review of the MDS, the facility's use of the *CAA Process,* care planning, implementation and *evaluation* of the care plan, and the resident's response to the care provided. The dining observation is done for a resident if there are any *concerns* related to dining as *expressed by the resident or family member* or *if there are* concerns about the resident such as *unplanned* weight loss.

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This review focuses only on those areas of concern for which the team requires additional information. For example, if the team needs additional information concerning facility compliance with the requirements for tube feeding, review only those RAI areas related to tube feeding; make observations of nutritional status, complications, and techniques of tube feeding, and interview residents, family and staff concerning related areas.

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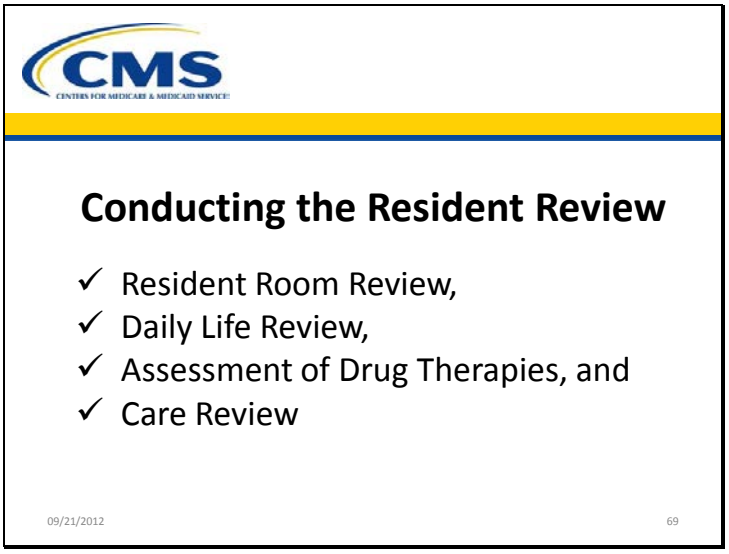

1. Resident Room Review assesses aspects of accommodation of needs, environmental quality, and quality of life in the resident's room. Through observations and interviews, evaluate how the resident's environment affects his/her quality of life.

2. Daily Life Review is a review of the resident's daily quality of life, especially in the areas of staff responsiveness to resident grooming and other needs, staff interactions *with residents* and *resident* choices, *including* activities. Through ongoing observations and interviews, evaluate the resident's daily life routines and interactions with staff.

3. Assessment of Drug Therapies is a review of *all of* the medications the resident is receiving to *assess* whether the effectiveness of the *medication* regimen is being *managed and* monitored *to help promote or maintain the resident's highest practicable mental, physical and psychological well-being*. Review and record all non-prescription and prescription medications taken by the resident during the past *30* days. In addition follow the guidance in **Appendix PP, Tag F329** for the determination of unnecessary medications.

4. Care review is an assessment of *the* quality of care areas at 42 CFR §483.25 that are pertinent to the resident. Us*ing* the *information from the* Roster/Sample Matrix, determine wh*ich* care areas will be reviewed for each sampled resident. Additional areas for evaluation may be identified during th*is* review *and through interviews and observations.*

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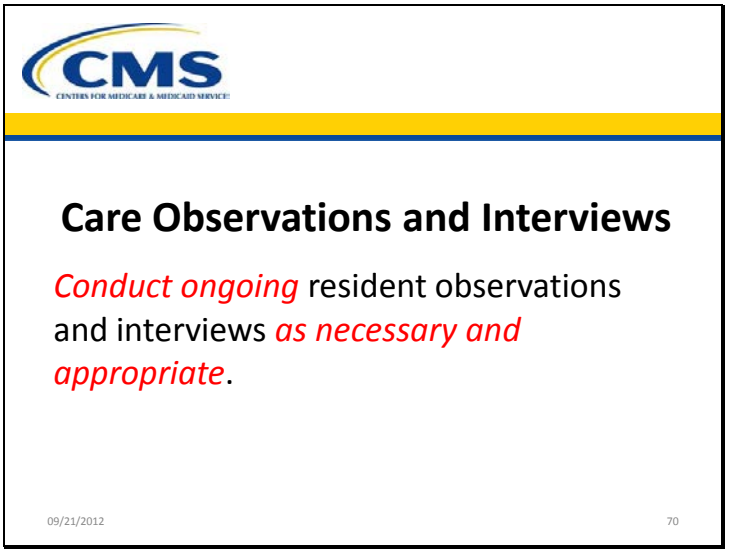

For example, if *a* resident was chosen because he/she is receiving *antipsychotic medications* observe the care, i*ncluding non-pharmacologic interventions and conduct interviews with the resident and facility staff. Evaluate the interventions and outcomes for the resident including ongoing monitoring and assessment by facility staff* and *the individual* needs/adequacy related to *the resident*.

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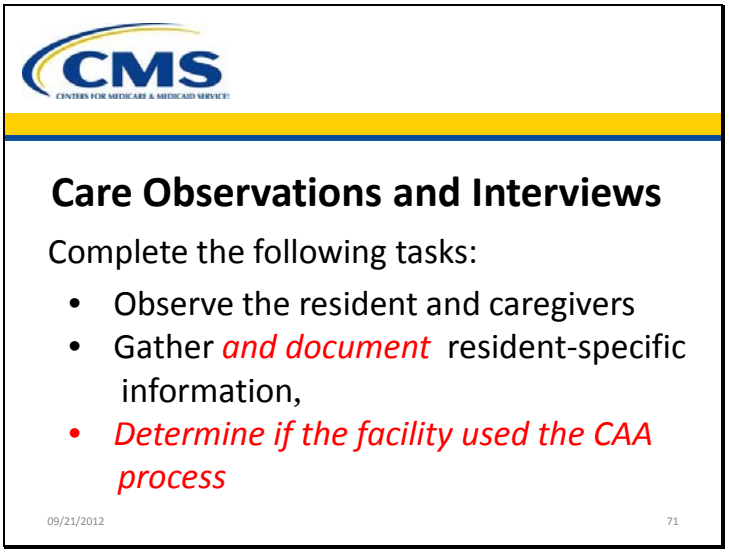

Observe the resident and caregivers during care and treatments, at meals, and various times of the day, including early morning and evening, over the entire survey period. Observe residents *and staff interactions with residents* in both informal and structured settings, e.g., receiving specialized rehabilitation services, participating in formal and informal activities, *etc*.

Gather *and document* resident-specific information, including information on the resident's functional ability, potential for increasing ability, and any complications *or concerns that may affect a resident's* special care needs; *and*

Determine if the facility used the CAA process in developing an individualized care plan for the resident. Evaluate if the resident's care plan is consistently implemented by all personnel at all times of the day, and *assess through interviews and record review the resident's response to the care provided*. *Confirm that the facility evaluates the effectiveness of the goals and interventions identified for the resident and that changes or revisions are made as necessary and appropriate. Based on observations, interviews and record review d*etermine if the facility's assessment of the resident *coincides with the information gathered.*

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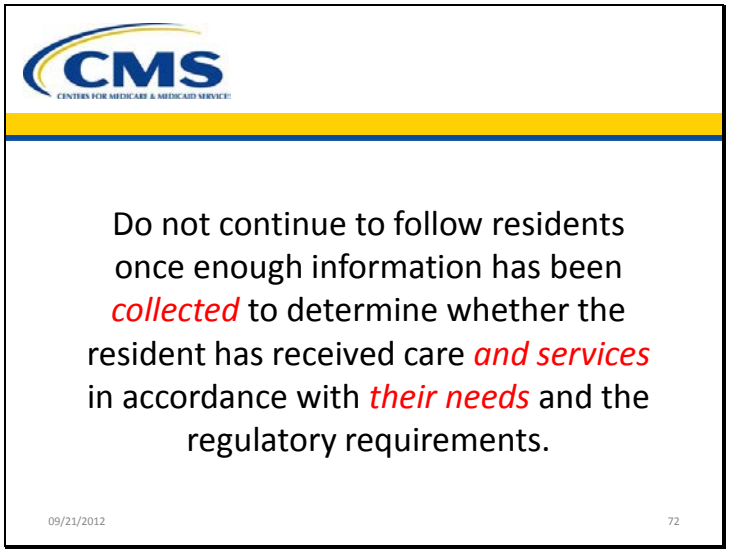
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
Do not continue to follow residents once enough information has been *collected* to determine whether the resident has received care *and services* in accordance with *their needs* and the regulatory requirements.
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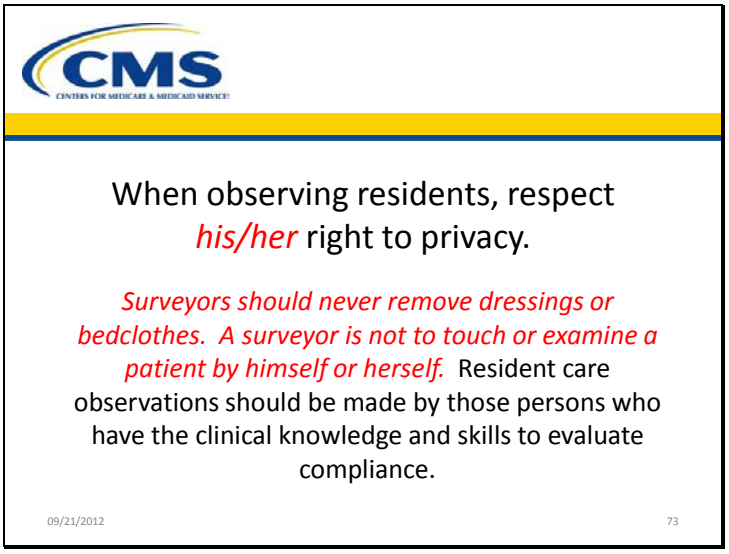

If there are indicators to suggest the presence of a quality of care problem that is not readily observable, e.g., a leg ulcer covered with a dressing, or a sacral pressure *ulcer*, ask facility staff to assist in making observations by removing a dressing or bedclothes. *Surveyors should never remove dressings or bedclothes. A surveyor is not to touch or examine a patient by himself or herself.* Resident care observations should be made by those persons who have the clinical knowledge and skills to evaluate compliance.

An observation of a resident's rectal or genital area (and for females, the breast area) may be made without a resident's or legal surrogate's consent, under the following conditions:

1. It is determined that there is a strong possibility that the resident is receiving less than adequate care, which can only be confirmed by direct observation;
2. The resident is unable to give clear consent; and
3. A legal surrogate is not *available to give consent*.

Only a surveyor who is a licensed nurse, nurse practioner, physician's assistant or a physician may make an observation of a resident's genitals, rectal area, or, for females, the breast area.

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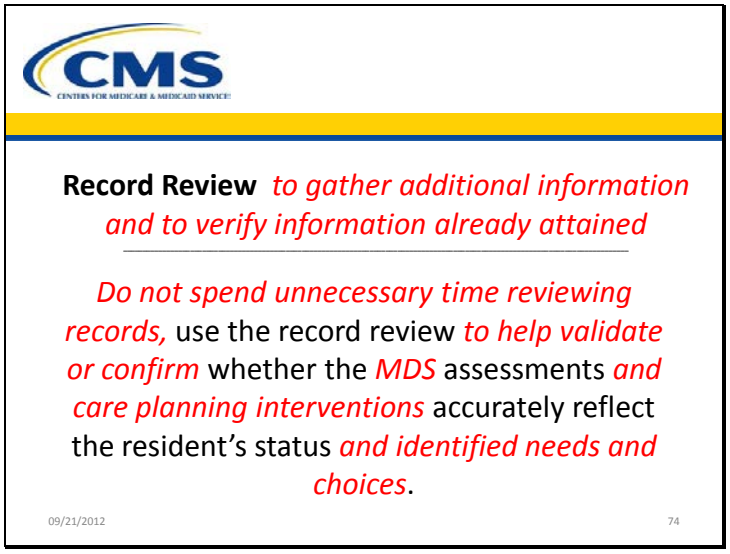

Conduct a record review *to gather additional information and to verify information already attained* of the current status of the resident as assessed by the facility; information on changes in the resident's status over the last 12 months for those areas identified for review; and information on planned care, resident goals, and expected outcomes. It is not necessary to review the entire resident record. Review only those sections that are necessary to verify and clarify the information *needed* to make compliance *decisions. These sections may include, for example, laboratory reports, progress notes, and drug regimen review reports.*

Do not spend unnecessary time reviewing records, use the record review *to help validate or confirm* whether the *MDS* assessments *and care planning interventions* accurately reflect the resident's status *and identified needs and choices*. An example of inconsistency may be that the facility assessed the resident's ADLs as being independently performed yet had indicated that the resident requires *full* supervision *with oversight, encouragement or cueing* for performing ADLs.

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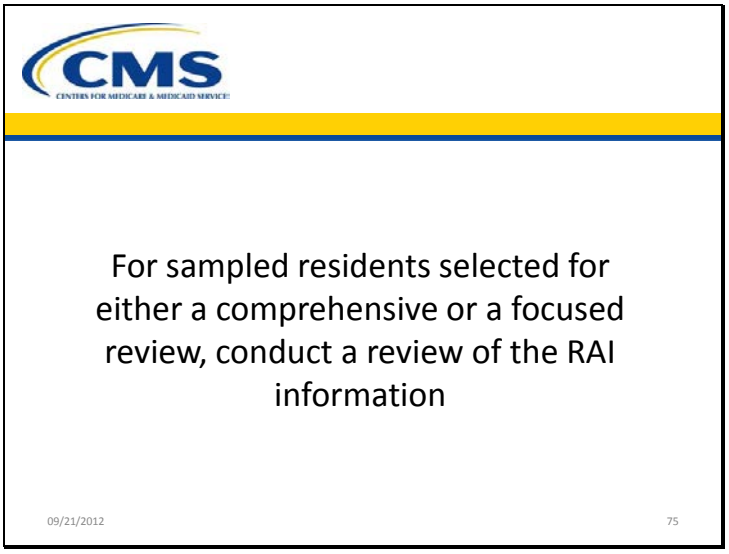

For sampled residents selected for either a comprehensive or a focused review, conduct a review of the RAI information including:

Section F of the MDS *provides* information including *preferences for daily* routines and *activities* to provide an understanding of the resident's *desires while in the facility*. *Because there is no look-back period for this item, this information may also be used to ascertain a resident's life-long preferences. Knowing this information can* assist in assessing *the resident's current* quality of life. *Preferences may change over time and extend beyond those included in Section F. Therefore, the assessment of activity preferences is intended as a first step in an ongoing informal dialogue between the care provider and resident.*

The latest *comprehensive* MDS *noting all triggered areas* to determine which *CAA(s)* were triggered. Also, review the facility's assessment of the resident's level of functioning, i.e., cognition, behavior and ADL and *pay particular attention to the resident's medication regimen, including the use of psychopharmacological medications, including antipsychotic medications*. For a resident receiving a focused review in Phase I, review both the areas of concern specific to the

resident and the other care areas that have been identified *throughout the survey*. For Phase 2, review only those areas that have been identified by the *survey* team as areas of concern.

If the most current comprehensive MDS assessment is less than 9 months old, review and compare *it* with the previous *comprehensive MDS assessment* and the most recent quarterly review *assessment*. If the *most current comprehensive MDS assessment* is 9 months or older, *compare it* with the most recent quarterly review *assessment*. *Item V0200 provides a summary that identifies which care areas have been triggered and the date and location of the CAA documentation. Through interviews, observations and record reviews evaluate* the following:

The information summarizing the *CAA Process for each triggered CAA* and decision to proceed or not to proceed to care planning. Determine if the *CAA documentation* indicate*s* that the facility used the *CAA Process* and considered the nature of the problem, the risk factors, need for referrals, complications, and decisions for care planning. If this is a reassessment, *determine through interview and record* review whether the facility determined if the care plan required revision or was effective in moving the resident toward his/her goals;

The *resident's individualized* care plan to identify whether the facility used the RAI to make sound care planning decisions. Determine whether the facility identified *and addressed* resident *choices*, strengths, needs, and problems to assist the resident to maintain or improve his/her current *medical, physical and psychosocial* status. Determine whether the facility identified *and implemented* resident-centered, measurable goals and specific interventions to achieve those goals; *and*

Whether the facility*'s supporting* documentation and resident status as observed indicate *that a* decision to proceed or not to proceed to care planning *for a particular care area* was appropriate. In any care area in which it is determined that there has been a lack of improvement, a decline, or failure to reach highest practicable well-being, assess if the change for the resident was avoidable or unavoidable. Note both the facility practice and its effect on resident(s). Determine if a reassessment based on significant change should have been conducted, and if the absence of reassessment contributed to the resident's decline or lack of improvement.

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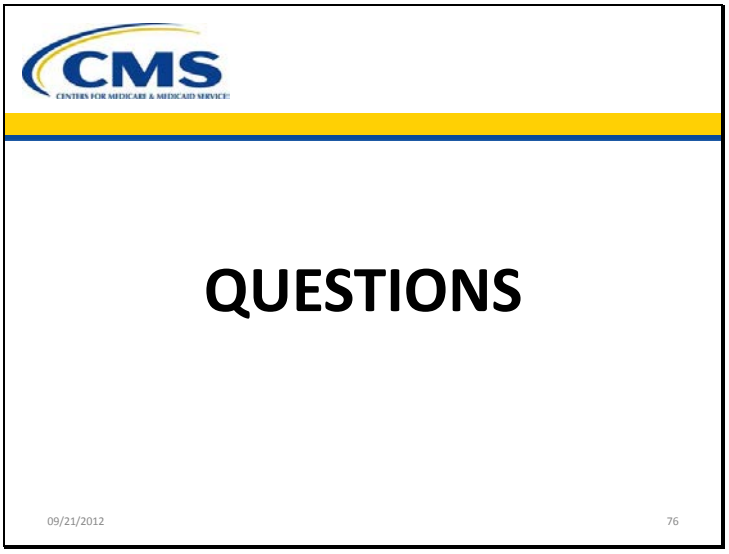
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