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SUBJECT: Revision of Appendix P--Survey Protocol for Long Term Care Facilities

APPLIES TO: Long Term Care Facilities

I. SUMMARY OF DOCUMENT: Part I/Introduction is revised to describe the Quality Indicator Survey as one of two surveys-of-record used by States that are authorized by CMS.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix P/Part I. Introduction

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Dennis G. Smith/Dir. CMSO/(410) 786-3870
Agency POC	Karen Schoeneman/CMSO/S&C/(410) 786-6855

IV. TYPE (Check appropriate boxes for type of guidance)

☐	Audit Guide
☐	Change Request
☐	HPMS
☐	Joint Signature Memorandum/Technical Director Letter
☒	Manual Transmittal/Non-Change Request
☐	State Medicaid Director Letters
☐	Other

V. STATUTORY OR REGULATORY AUTHORITY: [include the citation of what statute or regulation is being interpreted. If not applicable, indicate N/A]

CMS Manual System

Pub. 100-07 State Operations Provider Certification

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

Transmittal

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I. SUMMARY OF CHANGES: Part I/Introduction is revised to describe the Quality Indicator Survey as one of two surveys-of-record used by States that are authorized by CMS.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: Upon Issuance

IMPLEMENTATION DATE: Upon Issuance

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

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix P/Part I--Introduction

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

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

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

I. Introduction

(Rev.)

Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance with the requirements at 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs. To certify a SNF or NF, complete at least a:

- Life Safety Code (LSC) survey; and
- Standard Survey. There are two types of Standard Surveys, the *Traditional Survey and the Quality Indicator Survey (QIS)*. *CMS deems both as surveys of record to evaluate compliance of nursing homes with the requirements at 42 CFR 483.5-483.75:*
 - o The Traditional Survey, which uses Forms CMS-670, CMS-671, CMS-672, CMS-677, and CMS-801 through CMS-807 (see [Exhibits 85, 86, and 88 thru 95](#)); and
 - o The QIS, which uses the QIS procedures and forms as contained in the QIS Surveyor Training Manual. *CMS maintains the authority to identify those States that are permitted to use the QIS. Only CMS-approved training entities and training materials may be used by States to train their surveyors in the QIS.* The QIS is used by a State Survey Agency *only* upon approval by CMS.

NOTE: CMS is *in* the process of a staged implementation of the QIS as a replacement for the current (Traditional) survey process. The QIS is a two-staged, computer-assisted survey process with Stage 1 consisting of both computer analysis of offsite data as well as data collected by surveyors onsite from observations, interviews, and record reviews of large computer-selected resident samples. Stage 2 consists of systematic surveyor investigations of triggered issues and residents using *the Guidance to Surveyors as well as* a set of investigative tools known as critical elements protocols. In addition to the Stage 1 and Stage 2 sample-based investigations, the QIS also contains several facility-level tasks that are unstaged and are completed either on every survey or when triggered as areas of concern. reviews of large computer-selected resident samples. The information collected throughout Stage 1 is analyzed by computer to derive a set of approximately 160 Quality of Care Indicators (QCIIs) that are used to compare the facility being surveyed to national norms. QCIIs that score beyond a statistical threshold are computer-selected for Stage 2 review, and the

relevant residents are also computer selected. Stage 2 consists of systematic surveyor investigations of triggered issues and residents using a set of detailed investigative tools known as critical elements protocols. In addition to the Stage 1 and Stage 2 sample-based investigations, the QIS also contains several facility-level tasks that are unstaged and are completed either on every survey or when triggered as areas of concern.

During this period, as CMS conducts pilot implementation, CMS deems both the QIS and Traditional Survey as surveys-of-record to evaluate compliance of nursing homes with the requirements at 42 CFR 483.5-483.75.

Do not announce SNF/NF surveys to the facility. Conduct standard surveys and complete them on consecutive workdays, whenever possible. They may be conducted at any time including weekends, 24 hours a day. When standard surveys begin at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or begin on a Saturday or Sunday, the entrance conference and initial tour should be modified in recognition of the residents' activity (e.g., sleep, religious services) and types and numbers of staff available upon entry.

Use the standard survey procedure discussed in this section for all standard surveys of SNFs and NFs, whether freestanding, distinct parts, or dually participating. For surveys of facilities predominantly serving short stay residents, modifications of offsite survey preparation and sampling procedures will be necessary.

NOTE: Do not use this process for surveys of intermediate care facilities for the mentally retarded (ICFs/MR), swing-bed hospitals, or skilled nursing sections of hospitals that are not separately certified as SNF distinct parts. Survey Protocols and Interpretive Guidelines for these surveys are found in [Appendix J](#) (ICFs/MR) and [Appendix T](#) (swing-bed hospitals and hospitals with non-distinct part SNFs).

When the survey team suspects substandard quality of care (SQC), expand the standard (or abbreviated) survey sample as necessary to determine scope. If the existence of SQC is verified, then inform the Administrator that the facility has SQC and an extended (or partial extended) survey will be conducted.

Surveys

If a possible noncompliant situation related to any requirement is identified while conducting the information gathering tasks of the survey, investigate the situation to determine whether the facility is in compliance with the requirements.

Standard Survey

The QIS Standard Survey is composed of Tasks 1 – 9 and the Traditional Standard Survey is composed of Tasks 1 – 7. Both versions of the survey process are resident-centered, outcome-oriented inspections that rely on a case-mix stratified sample of residents to gather information about the facility's compliance with participation requirements. Outcomes include both actual and potential negative outcomes, as well as failure of a facility to help residents achieve their highest practicable level of well-being. Based on the specific procedures detailed in this Appendix, a standard survey assesses:

- Compliance with residents' rights and quality of life requirements;
- The accuracy of residents' comprehensive assessments and the adequacy of care plans based on these assessments;
- The quality of care and services furnished, as measured by indicators of medical, nursing, rehabilitative care and drug therapy, dietary and nutrition services, activities and social participation, sanitation and infection control; and
- The effectiveness of the physical environment to empower residents, accommodate resident needs, and maintain resident safety, including whether requested room variances meet health, safety, and quality of life needs for the affected residents.

Extended Survey

The extended survey is conducted after substandard quality of care is determined during a standard survey. If, based on performing the resident-centered tasks of the standard survey it is determined that the facility has provided substandard quality of care in [42 CFR 483.13](#), Resident Behavior and Facility Practices; [42 CFR 483.15](#), Quality of Life; and/or [42 CFR 483.25](#), Quality of Care, conduct an extended survey within 14 days after completion of the standard survey. (See Section II.A.2. for further information about the QIS extended survey and [Section III](#) for further information about the Traditional Extended Survey.

Abbreviated Standard Survey

This survey focuses on particular tasks that relate, for example, to complaints received or a change of ownership, management or director of nursing. The abbreviated standard survey does not cover all aspects covered in the standard survey, but rather concentrates on a particular area of concern(s). For example, an abbreviated standard survey may be conducted to substantiate a complaint. The survey team can expand the abbreviated standard survey to cover additional areas, or to a Traditional Standard Survey if, during the Abbreviated Standard Survey, evidence is found that warrants a more extensive review. (See also Chapter 5 of this manual for additional administrative procedures related to complaints.) At this time, the QIS is not used to conduct an abbreviated

standard survey. See §II.A.4. below for investigation of complaints during the QIS standard survey.

Partial Extended Survey

A partial extended survey is always conducted after substandard quality of care is found during an abbreviated standard survey or during a revisit, when substandard quality of care was not previously identified. If, based on performing the abbreviated standard survey or revisit it is determined that the facility has provided substandard quality of care in [42 CFR 483.13](#), Resident Behavior and Facility Practices; [42 CFR 483.15](#), Quality of Life; and/or [42 CFR 483.25](#), Quality of Care, conduct a partial extended survey. (See [Section III](#) for further information about the partial extended survey. At this time, the QIS is not used for partial extended surveys.)

Post-Survey Revisit (Follow-Up)

The post-survey revisit is an onsite visit intended to verify correction of deficiencies cited in a prior survey. See [§2732](#) and Appendix P, Part I, [Section VI](#), “Writing the Statement of Deficiencies.” (See Section II.A.3. for further information about the QIS revisit and Section VI. for further information about the Traditional revisit.) If substandard quality of care is determined during a revisit, complete a partial extended survey, if a partial extended or extended survey had not been conducted as the result of the prior standard or abbreviated standard survey.

Initial Certification Survey

In a survey for initial certification of SNFs or NFs, perform the tasks of both the Traditional Standard and Extended Surveys. During the initial survey, focus both on residents and the structural requirements that relate to qualification standards and resident rights notification, whether or not problems are identified during the information gathering tasks. Gather additional information to verify compliance with every tag number. For example, during an initial survey, verify the qualifications of the social worker, dietitian, and activities professional. Also, review the rights notification statements on admissions contracts. Complete the “Statement of Deficiencies and Plan of Correction” (Form CMS-2567) in [Exhibit 7](#).

Specialty Surveyors

All members of a survey team need not be onsite for the entire survey. Specialty surveyors participating in surveys (e.g., a pharmacist, physician, or registered dietitian) must be onsite during that portion of the survey dealing with their area of expertise. However, they must conduct that portion while the rest of the team is present. All members of the survey team should enter the facility at the same time, if possible. Before leaving the facility, at the completion of his/her portion of the survey, the specialty surveyor must meet with the team or team coordinator to discuss his/her findings and to provide supporting documentation. The specialty surveyor should also share any

information he/she obtained that may be useful to other team members. If he/she is not present at the information analysis for deficiency determination, the specialty surveyor should be available by telephone at that time and during the exit conference.

Team Communication

Throughout the survey process, the team (including specialty surveyors onsite at the time) should discuss among themselves, on a daily basis, observations made and information obtained in order to focus on the concerns of each team member, to facilitate information gathering and to facilitate decision making at the completion of the standard survey.