

# The Long-Term Care Mock Survey Toolkit

*A Step-by-Step Guide to Survey Readiness*



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## **Section One**

*The purpose of the mock survey*

In today's regulated long-term care environment, nursing home care providers must become proactive in their strategies for survey preparation. As you work through and use the tools provided in this manual, your facility will enhance ownership of the survey process and become better equipped to drive your facility toward improved outcomes and survey success.

This manual can help all levels of staff participate in an in-house survey. It will help them understand long-term care survey regulations and interpretive guidelines, and it will empower them to approach an upcoming survey with confidence by making them aware of and educating them about the survey process. The manual also helps the facility administrator, the director of nursing, and other managers analyze current clinical and operational systems and promotes collaborative learning for staff at all levels.

Facilities should be in survey-readiness mode all the time. The tools provided in this manual will capture clinical and operational system outliers and will allow your facility's administration to visualize and analyze in-house processes on a daily basis so they can avoid unnecessary resident incidents and effectively capture information about residents at risk for negative outcomes.

As professionals working in long-term care, we are all reminded daily of the highly regulated world in which we live. We also are committed to caring for our aging population and understand the multi-faceted dynamics of rendering care to those who need skilled nursing. For example, one challenge for us is to address the needs and desires of family members, who often are left with unanswered questions or inadequate understanding of the levels of dependence that their loved ones require. Performing your own in-house mock survey can help you identify such needs. Allow this process to be collaborative and interdisciplinary so that all staff involved will learn survey regulations and management.

Let the survey begin!

## **Introduction to Medicare and Medicaid requirements**

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Skilled nursing facilities and nursing facilities must comply with both 42 CFR Part 483 and Subpart B to receive payment under the Medicare and Medicaid programs. These can be found in Centers for Medicare & Medicaid Services' (CMS) *State Operations Manual* under Section 483.1. To obtain certification, a skilled nursing facility or nursing facility must comply with the *Life Safety Code*<sup>®</sup> and complete a standard survey.

CMS forms 671, 672, 673, and 677 (Figures A.1, A.2, A.3, and A.4 in Appendix A) must be completed and presented to the survey team.

The overall success of your survey will depend on your facility's ability to demonstrate compliance with 42 CFR 483. The following subtitles will help you understand what surveyors typically look for, including resident rights, quality of life, resident assessment, quality of care, and other services related to your facility's operations. The author has provided many audit tools for these requirements that can help your facility determine whether it is in compliance with the regulations. These areas are mandated by law and expected to be in compliance.

### ***Resident rights***

To demonstrate compliance with 42 CFR 483.10, a facility must be able to demonstrate resident rights. Upon admission, all residents must be notified of their rights both orally and in writing. See Figure A.5 in Appendix A for a sample.

To ensure compliance with the law, a nursing facility must check that it notifies residents about their rights.

Hold resident council meetings to review resident rights information and to keep residents informed of their rights during their nursing facility stay. The resident council meeting minutes must be protected to ensure resident confidentiality and should indicate that resident complaints are followed up over a reasonable time period.

### ***Admission, transfer, and discharge rights***

To comply with regulation 483.12, the facility must permit each resident to remain in the facility and not be transferred. The facility cannot discharge residents unless their welfare is in jeopardy or their needs cannot be met. Exceptions can be made when health conditions of the resident or of other residents are at risk because safety concerns are present. When a resident is unable to pay for services after reasonable and appropriate notice, or because the facility closes. Some other resident discharge concerns include the following:

- Nursing facilities must provide documentation when a resident discharges or transfers under any circumstances. This documentation must be available in the resident's physician discharge or transfer summary. Documentation also must be available to validate that the resident/family was notified at least 30 days prior to transfer or discharge.

- Exceptions will be made if the resident is a safety risk to other individuals in the facility, or when there is an improvement or decline in the resident's condition. Special considerations apply for residents with developmental disabilities and who are mentally ill. Pay special attention to 42 CFR 483.12 in these cases. Nursing facilities should obtain the regulations and become familiar with their state-specific laws to ascertain compliance.
- Prior to transfer, a nursing facility must provide to both the resident and a family member written information that specifies the duration of the facility's bed-hold policy. The facility must maintain identical policies and practices regarding transfer, discharge, and provision of services under the state plan for all individuals, regardless of source of payment. Nursing facilities are expected to know the law and state regulations related to nursing facility payment sources.
- Facilities must never request that residents waive their rights to Medicare or Medicaid. Facilities also are not permitted to require a third-party guarantee of payment to the facility as a condition of admission.

When residents stay at the facility under a Medicaid payment structure, the facility is not permitted to charge, solicit, or accept any amount other than that required to be paid under the respective state's plan. However, the facility may charge a Medicaid resident for items and services the resident has requested and received that are not covered by Medicaid, as long as the facility gives proper notice and information about cost of the services. This information should be given to the resident/family during the admissions process as part of the admissions agreement.

### ***Resident behavior and facility practices***

42 CFR 483.13 specifically states that the resident has the right to be free from any physical or chemical restraint and free from physical, verbal, sexual, and mental abuse. Facilities must provide a safe environment for their residents, as evidenced by developed policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. To demonstrate compliance with this regulation, the facility should be able to show that it does the following:

- Holds annual abuse prevention training
- Performs pre-employment criminal background screening on all employees

- Reports any knowledge of court actions against an employee that would indicate unfitness for service as a nurse aide or other facility staff to the state nurse aide registry or licensing agency
- Ensures that all alleged violations involving mistreatment, neglect, and abuse (including injuries of unknown origin and misappropriation of resident property) are reported immediately to the facility administrator, to other officials in accordance with state laws through established procedures, and to the state survey and certification agency (See Figure A.6 in Appendix A for abuse prevention investigative protocols)
- Has evidence that all alleged violations are thoroughly investigated and further potential abuse is prevented while an investigation is in progress

***Quality of life***

42 CFR 483.15 states that facilities must promote or, at least, maintain residents' overall quality of life. This standard dictates that the facility's environment promotes quality of life through the delivery of care that secures resident dignity and recognizes resident individuality. To comply with this standard, the facility must give the resident

- an opportunity to choose activities, schedules, and healthcare delivery
- the opportunity to interact with members of the community both inside and outside of the facility
- the opportunity to make choices about aspects of his or her life
- the right to meet with family or other residents
- notice before changing his or her roommate

The facility must

- act on grievances and recommendations of residents and families concerning policy and operational decisions affecting resident care and life in the facility
- provide the resident with the right to participate in religious, social, and community activities
- provide activities directed by a professional staff



- provide medically related social services that meet state specific qualifications
- provide the resident with an environment that is safe, clean, and comfortable, including housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior

### ***Resident assessment***

The facility must conduct initial and periodic assessments of each resident's functional capacity. At the time of resident admission, the facility must have physician orders for the resident's immediate care. The facility must make a comprehensive assessment of the resident using the resident assessment instrument specified by the state and this assessment must include the following:

- Identification and demographic information
- Cognitive patterns
- Communication
- Vision
- Mood and behavior patterns
- Psychosocial well-being
- Physical functioning and structural problems
- Continence
- Disease and diagnosis health conditions
- Skin conditions
- Activity pursuit
- Medications
- Special treatments
- Discharge potential
- Documentation of summary information regarding the additional assessment performed through the resident assessment protocols
- Documentation of participation in assessment

### **Mimumum Data Set requirements**

- The facility must conduct a comprehensive assessment within 14 days after resident admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition.

- The facility also must assess a resident, no less frequently than once every three months, using the quarterly review instrument specified by the state.
- The facility must maintain all resident assessments completed within the past 15 months in the resident's active records. It must use the results of the assessments to develop, review, and revise the resident's comprehensive plan of care.
- Within seven days after completing a residents' assessment, the facility must transmit to the state information for each resident. The assessment must be in the MDS format.
- Every month, the facility must electronically transmit all assessments conducted during the previous month, including the following:
  - Admission assessment
  - Annual assessment
  - Significant change in status assessment
  - Significant correction of prior full assessment
  - Significant correction of prior quarterly assessment
  - Quarterly review
- The assessments must reflect accurately the resident's status, and it must be signed and certified for completeness by a registered nurse

**Care plans**

Facilities must develop a comprehensive care plan for each resident. This plan must include measurable objectives and timetables to meet a resident's nursing, mental, and psychosocial needs. It must be interdisciplinary, including feedback from the attending physician and the registered nurse who is overall responsible for the resident's plan of care, and it must show evidence of periodic review. When a resident is discharged, a completed discharge summary must recapitulate the resident's stay.

***Quality of care***

Throughout the survey process, the survey team will review residents' care to ascertain whether they are receiving the care and services necessary to maintain or attain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive care plan. The facility must ensure, for example, that a resident's abilities of activities in daily living (ADL), as follows, do not deteriorate:

- Bathe, dress, and groom
- Transfer and ambulate
- Toilet
- Eat
- Use speech language or other functional communication systems

The surveyors will look at other areas related to quality of care as well. For example, the surveyors will determine whether residents who are not able to carry out ADLs are given the appropriate services to maintain or improve their nutrition, grooming, and personal oral hygiene. Other areas that are closely monitored include the following:

- Vision and hearing
- Pressure ulcer development
- Pressure ulcer treatment
- Urinary incontinence
- Range of motion
- Mental and psychosocial function
- Nasogastric tube appropriateness
- Accidents
- Nutrition
- Hydration
- Special needs, such as injections; parental and enteral fluids; colostomy, ureterostomy, or ostomy care; tracheotomy and tracheal suctioning; respiratory care; foot care; prostheses
- Resident drug regimen and the use of unnecessary drugs
- Antipsychotic drugs and dose reduction
- Medication errors

***Nursing services***

Facilities must demonstrate that they have sufficient nursing staff on a 24-hour basis to provide nursing care to all residents, in accordance with their plans of care. Administrators and directors of nursing should always be aware of staffing levels and state-specific requirements. In the event of an extended survey, facilities will have to demonstrate compliance with this regulation by producing staffing schedules and ratios.

***Dietary services***

The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. Other requirements include the following:

- Facility must have a qualified dietitian and sufficient support staff
- Menus and nutritional adequacy must meet residents' specific needs and be in accordance with the Food and Nutrition Board of the National Research Council
- Food must be prepared by methods that conserve nutrition, flavor, temperature, and appearance
- Substitutes must be offered of similar nutritional value
- Therapeutic diets must be prescribed by the physician
- Resident meals must be served three times a day at regular intervals, with no more than 14 hours between breakfast and a substantial evening meal
- Assistive devices must be offered for those residents who require them
- Sanitary conditions related to food storage, distribution, and sanitation must be maintained

***Physician services***

The facility must ensure that a physician approves, in writing, to a resident's admission to a facility. Other requirements include the following:

- A resident's care is supervised by a physician
- The attending physician makes arrangements for physician supervision in the event that he or she is not available
- The physician visits at least once every 30 days for the first 90 days, and at least once every 60 days thereafter
- At the discretion of the physician, after the initial visit, the physician may alternate visits with a physician assistant or nurse practitioner
- A physician visit is considered timely if it occurs no later than 10 days after the date on which the visit is required
- A physician must be available 24 hours a day
- The physician must review the resident's total program of care, which includes medications and treatments, and must write, sign, and date progress notes at each visit, as well as and sign and date all orders

### ***Specialized rehabilitation services***

When a resident's care plan determines that specialized rehabilitative services are required, the facility must provide such services including (but not limited to)

- speech language pathology
- physical therapy
- occupational therapy
- mental health rehabilitative services

These services must be provided only under the written orders of a physician.

***Dental services***

The facility must assist residents in obtaining routine and 24-hour emergency dental care. The facility must

- make dental appointments
- arrange transportation to and from the dental office
- promptly refer to a dentist residents who have lost dentures or damaged dentures

***Pharmacy services***

The facility must provide pharmaceutical services that ensure accurate acquiring, receiving, dispensing, and administering of all drugs to meet the needs of the residents. The facility must do the following:

- Employ or obtain services of a licensed pharmacist.
- Provide consultation on all aspects of pharmacy services.
- Establish a system of records that tracks receipt and disposition of all controlled drugs in sufficient detail to enable accurate reconciliation.
- Have a licensed pharmacist review monthly all residents' drug regimens.
- Establish a communication system between pharmacist, physician, and director of nursing through which to report irregularities. Document evidence that reports are acted on.
- All drugs and biologicals must be labeled according to professional principles.
- The facility must store all drugs and biologicals in locked compartments under proper temperature and permit only authorized personnel to have access to the keys.
- The facility must have a separate locked compartment for controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act 1976.

***Infection control***

The facility must establish and maintain an infection control program. Its goal is to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection.

The infection control program requirements mandate that facilities do the following:

- Investigate and control infections in the facility
- Determine isolation procedures
- Maintain a record of incidents and corrective actions related to infections
- Prohibit employees with communicable diseases or infected skin lesions from having direct contact with residents or their food
- Have handwashing policies, as indicated by accepted professional standards
- Store and handle linens in ways that prevent infection

The mock survey team will want to include the life safety portion of the survey. This portion encompasses overall inspection and surveillance of the facility's physical environment. The following information will provide the mock survey team with an overall synopsis of the regulations that relate to the physical environment.

***Physical environment***

The facility must be designed and constructed to protect the health and safety of the residents.

Components of this regulation are as follows:

- Life safety from fire. The facility must meet provisions of the *Life Safety Code* of the National Fire Protection Association.
- Emergency power must supply power at least for lighting all entrances and exits, and maintain equipment for fire detection.
- Emergency power must be adequate to address life support systems.
- Sufficient space and equipment must be available in dining, health services, and recreation and program areas.

- All mechanical, electrical, and patient care equipment must be in safe operating condition.
- Resident rooms must be adequately designed for nursing care, comfort, and privacy.
- Resident rooms must not accommodate more than four residents.
- Resident rooms must be at least 80 square feet per resident and at least 100 square feet in single resident rooms.
- Resident rooms must all have direct access to an exit corridor.
- Resident rooms must be equipped to ensure full visual privacy. Ceiling suspended curtains must extend around the resident bed to provide full visual privacy.
- Resident rooms must have a window, a properly sized bed, and a clean comfortable mattress.
- Furniture must be safe and functional.
- Resident rooms must have toilet facilities.
- Resident call light system must be available and functioning to resident rooms and in toilet and bathing facilities.
- The facility must have designated dining and resident activity areas that are well-lit, well-ventilated, adequately furnished, and sufficiently spacious to accommodate all activities.
- The facility must meet all other conditions related to having a safe, comfortable environment.
- Procedures must be available to ensure water supply availability to essential areas if or when loss of normal supply occurs.



- Outside ventilation must be provided.
- Corridors must be equipped with firmly secure handrails on each side.
- Effective pest control program must be maintained.

***Administration***

The facility must be administered in a manner that uses resources effectively to allow residents to maintain or attain their highest practicable physical, mental, and psychosocial well-being. The facility

- must have a license.
- must demonstrate compliance with federal, state, and local law.
- must meet the provisions of the Department of Health and Human Services regulations.
- must process a governing body responsible for establishing and implementing policies and procedures and for appointing an administrator.
- must provide nursing aide training and must not employ a nurse's aide who has less than four months experience unless the individual has been a full-time employee in a state-approved training and competency evaluation program and has demonstrated competence. The facility must not employ a nurse's aide without registry verification that the individual has met competency evaluation.
- must provide regular in-service education and perform yearly evaluations of the nursing aides.
- must employ professional staff who are licensed.
- may use outside resources to furnish specific services. Arrangements are described in section 1861(w) of the act.

- must employ a medical director who implements the residents' care and coordinates the residents' care.
- must provide laboratory services; refer to Section 483.75 for specifics on this regulation.
- must provide radiology and other diagnostic services and have systems in place to report findings of these services.
- must provide transportation for the residents to and from the source of care.
- must maintain clinical records on each resident in accordance with accepted professional standards.
- must retain clinical records for five years from the date of discharge when there is no requirement built into the state law. For a minor, the records must be retained three years from the date of the resident reaching legal age under the state law.
- must safeguard clinical records against loss and destruction.
- must keep the clinical record confidential, except when release is required by transfer to another healthcare institution or by a third-party payment contact.
- must ensure that the clinical record contains sufficient information to identify the resident to include a resident assessment, a plan of care, and progress notes.
- must have disaster and emergency preparedness plans.
- must educate all employees in emergency procedures.
- must possess a written transfer agreement that ensures that residents will be transferred from the facility to the hospital and assured of timely admission when medically appropriate conditions exist.

- must have a quality assurance committee consisting of the medical director, director of nursing, and three other members of the facility's staff.
- must have a quality assurance committee that meets at least quarterly to identify issues related to quality assessment and assurance activities.
- must have a disclosure of ownership and must provide written notice to the state agency at the time of ownership change.

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