

## CHAPTER 5: PROTOCOL FOR SPECIFIC ISSUES

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The following processes have been developed to assist surveyors in investigating specific issues that are common in complaint and facility reported incident investigations. The processes are to be used within the framework of the general investigative process outlined above. The processes suggest the content and not the sequence or depth of the investigation which should be used by Bureau surveyors based on professional judgment and standards of practice. The following specific issues are contained in this chapter of the manual:

- ▶ **Section 5.1 Abuse**
- ▶ **Section 5.2 Blocked or Failed Sewage System**
- ▶ **Section 5.3 Hot Water and Hot Fluids**
- ▶ **Section 5.4 Hydration, Nutrition and Unintended Weight Loss**
- ▶ **Section 5.5 Improper Food Temperatures**
- ▶ **Section 5.6 Inadequate or Inappropriate Care**
- ▶ **Section 5.7 Inadequate Staffing**
- ▶ **Section 5.8 Lack of Activities**
- ▶ **Section 5.9 Lack of Heat**
- ▶ **Section 5.10 Leaking Roof**
- ▶ **Section 5.11 Lost/Stolen Resident Personal Property or Funds-Misappropriation**
- ▶ **Section 5.12 Pressure Sores**
- ▶ **Section 5.13 Refusal to Re-admit Following Hospitalization**

### 5.1. Abuse

The following is used for investigations of abuse that includes sexual, physical, mental, verbal and involuntary seclusion as defined in the federal regulations. See Chapter 6, Section 6.3 of this manual for definitions and examples.

#### A. Off-Site Preparation

Prepare for the investigation before entering the facility by reviewing the following:

##### 1. Federal Regulations and State Requirements

- F223, 42 CFR 483.13(13)(b)
- F224, F225, F226 42 CFR 483.13(c)
- F279, 42 CFR 483.20(k)
- F272, 42 CFR 483.20
- Section 20201(2)(1)
- Section 21771(1)(2)
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s) prior to the on-site visit.\*
- Review other resident right regulations as they may relate to the issue of abuse.

- 2. Complaint Information**  
Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*
- 3. Previous Survey Report**  
Review last survey report, when needed.
- 4. Quality Indicator Reports**  
Review the 3 Quality Indicator Reports (Q.I.) to preselect potential residents with the same problem(s), if needed.
- 5. Plan of Approach**  
Prepare a plan of approach for on-site visit.

\* Does not apply to facility reported incidents.

**B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

- 1. Entrance Conference**  
Conduct an entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.
- 2. Facility Tour**  
Tour the applicable areas of the facility to observe for evidence of abuse relative to the complaint.
- 3. Observations**  
Observe interactions of the resident(s) with staff, other resident(s), and visitors. Observe for use of inappropriate techniques and/or approaches that may result in negative outcome. Observe non-verbal cues emitted by victim and/or other resident(s).
- 4. Sample**  
Select the sample based on professional analysis of the data collected during the tour.
- 5. Interviews**
  - a. Informal**  
Initiate informal interview process with resident(s) and staff during the tour.
  - b. Staff Interviews**  
Interview staff regarding their treatment of resident(s) to ascertain: possible mistreatment, their knowledge of resident

rights and their ability to differentiate between the different forms of abuse.

**c. Investigative Interviews**

Interview, as needed, the following: resident(s), victim(s), family members, members of the resident council, witnesses, perpetrator if known, management staff and any other pertinent staff identified during the investigation.

**d. General Sample Questions**

Use appropriate council probes, as needed, related to abuse and dignity. Use the following sample questions:

- (1) "Tell me about how staff talks to you."
- (2) "Is there a particular person who is involved?"
- (3) "When did it happen?"
- (4) "Who else was involved?"
- (5) "Whom did you talk to about this?"
- (6) "Tell me about any other times similar incidents may have happened?"

**e. Specific Sample Questions**

Interview questions should proceed from general to specific and be open ended in order not to direct the responses of the resident(s)/other(s). Sample questions include:

- (1) "How did this injury happen?"
- (2) "When did it happen?"
- (3) "Who was involved?"
- (4) "Whom did you talk to about this?"
- (5) "Have you been injured before?"
- (6) "Tell me about it (how, when, who)."

**6. Document Review**

Review all of the following available documents:

**a. Clinical Record**

Review the clinical record of the subject(s) of the complaint. Review the most recent comprehensive assessment/care plan, psychiatric history, community mental health involvement, physician's orders and interdisciplinary progress notes to identify progress or lack of progress for psychosocial needs, patterns, history or management as identified in the clinical record.

**b. Facility Reported Incident (FRI)**

Validate that the incident was reported to the Bureau, as required once substantiated by the facility.

**c. Facility Investigative Report**

**d. Statements**

Written and/or video tape statements of the victim/witnesses.

**e. Police Reports, if available**

**f. Accident/Incident Reports**

**g. Secondary Sources of Information**

Review related secondary sources of information, if needed; i.e., staff education records, personnel files, resident council minutes, policies/procedures.

**7. Determination**

Determine if abuse occurred. If abuse is substantiated, then complete Task 5G procedures as follows from Appendix P:

- a. Obtain and review the facility's abuse prohibition policies and procedures to determine that they include the key components, i.e., screening, training, prevention, identification, investigation, protection and reporting/response (see Guidance to Surveyors at F226.) It is not necessary for these items to be collected in one document or manual.
- b. Interview the individual(s) identified by the facility as responsible for coordinating the policies and procedures to evaluate how each component of the policies and procedures is operationalized, if not obvious from the policies. "How do you monitor the staff providing and/or supervising the delivery of resident care and services to assure that care service is provided as needed to assure that neglect of care does not occur?"
- c. Request written evidence of how the facility has handled alleged violations. Select 2-3 alleged violations (if the facility has this many) since the previous standard survey or the previous time this review has been done by the State.
- d. Determine if the facility implemented adequate procedures:
  - (1) For reporting and investigating
  - (2) For protection of the resident during the investigation
  - (3) For the provision of corrective action;

**NOTE:** The reporting requirements at both 42 CFR and 483.13(c) specify both a report of the alleged violation and a report of the results of the investigation to the Bureau.
- e. Determine if the facility reevaluated and revised applicable procedures as necessary.
- f. Interview several residents and families regarding their awareness of to whom and how to report allegations, incidents and/or complaints.
- g. Determine if staff are trained in and are knowledgeable about how to appropriately intervene in situations involving residents who have aggressive or catastrophic\* reactions.
- h. Determine if staff are knowledgeable regarding what, when and to whom to report according to the facility policies.
- i. Interview at least three front line supervisors of staff who interact with residents (Nursing, Dietary, Housekeeping,

Activities, Social Services). Determine how they monitor the provision of care/services, the staff/resident interactions, deployment of staff to meet the residents' needs, and the potential for staff burnout that could lead to resident abuse.

- j. Obtain a list of all employees hired within the previous four months. Select 5 from the list and review their files to determine if the facility screened them according to their policies prior to their employment.

\*Catastrophic reactions are extraordinary reactions of residents to ordinary stimuli, such as the attempt to provide care. One definition in current literature is as follows: "...catastrophic reactions (are) defined as reactions or mood changes of the resident in response to what may seem to be minimal stimuli (e.g. bathing, dressing, having to go to the bathroom, a question asked of the person) that can be characterized by weeping, blushing, anger, agitation, or stubbornness." Swanson, Elizabeth A.; Maas, Meridean L. and Buckwaiter, Cathleen. *Catastrophic reactions and other behaviors of Alzheimer residents: Special unit compared to traditional units*. Archives of Psychiatric Nursing. Vol. VII, No. 5 (October, 1993). pp. 292-299.

#### **8. Exit Conference**

Compile data and discuss preliminary findings with the administrative staff during the exit conference.

### **C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

#### **1. Other Agency Records**

Obtain records from other agencies as related to the complaint.

#### **2. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts using available means. A certified letter will be sent to the last known address if attempts to contact the accused person(s) are unsuccessful.

#### **3. Data Review and Analysis**

Review and analyze data collected. Respond to incoming communications related to the complaint. Identify any additional data necessary to make compliance decisions.

**4. Report Completion**

Document findings following *Principles of Documentation* guidelines:

**a. Allegations**

Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.

**b. Citations**

Write citations, if applicable.

**5. Findings to Complainant**

Contact complainant(s) to relate findings.\*

**6. Notification to Other Agencies**

Reports are sent to the Attorney General's Office and/or other regulatory agencies, if needed.

\* Does not apply to facility reported incidents.

**5.2. BLOCKED/FAILED SEWAGE SYSTEM**

This process is used to investigate allegations of sewage system problems resulting in sewage backups in any part of the facility.

**A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

**1. Regulations and State Requirements**

- F253, 42 CFR 483.15(h)(2)
- F323, 42 CFR 483.25(h)(1)
- F465, 42 CFR 483.70(c)(2)
- Rule 1318(3).
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s), prior to the on-site visit.\*

**2. Complaint Information**

Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

**3. Previous Survey Report**

Review the last survey report, when needed.

#### **4. Plan of Approach**

Prepare a plan of approach for on-site visit.

\*Does not apply to facility reported incidents.

### **B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

#### **1. Entrance Conference**

Conduct an entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.

#### **2. Facility Tour**

Tour applicable areas of the facility to inspect areas that may be affected by a failed/blocked sewage system.

#### **3. Observations**

##### **a. Resident Areas**

Resident toilet rooms and bathing areas. Flush toilets, test bathtubs and showers for water drainage.

##### **b. Common Areas**

Inspect kitchen and laundry areas for evidence of sewage backup, flooding. Inspect basement, if applicable.

##### **c. Mechanical and Electrical Rooms**

Tour the mechanical and electrical rooms. Check the sewage pump, grinder and lift pumps. Check for defective equipment and leaking sewer lines in mechanical rooms.

##### **d. Sewer System and Procedures**

Determine if the facility is on a private system or city sewer.

(1) If on a city sewer, check the facility sewer lines and connections for maintenance, proper repair and good condition.

(2) Tour the outside area if the facility is on a private system. Look for flooded areas, odor, weed growth, erosion, flow to contaminate stream, lake, etc.

#### **3. Interviews**

##### **a. Resident, Staff, Visitor Interviews**

Interview residents, staff, and visitors with regard to areas affected by frequent toilet overflow, backup, flooding.

**b. Management and Maintenance Staff**

Question management and maintenance staff regarding the effort to make immediate emergency repair and permanent long-range corrective action.

**NOTE:** If the complaint is not validated proceed to the last step below.

**4. Document Review**

Check preventative maintenance logs and corrective repair work orders. Review the operational procedure, logs, sampling test results and permit to discharge if the facility is on a private system.

**5. Hazardous Conditions**

Contact the Survey Monitor/Licensing Officer to report existing hazardous conditions.

**6. Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Other Agency Records**

Obtain records from other agencies as related to the complaint.

**2. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.

**3. Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.

**4. Report Completion**

Document findings following *Principles of Documentation* guidelines:

**a. Allegations**

Document if the allegations were or were not validated.

**b. Citations**

Write the citations, if applicable.

## 5. Findings to Complainant

Contact the complainant(s) to relate findings.\*

\* Does not apply to facility reported incidents.

### 5.3. HOT WATER

This process is used to investigate allegations of failure to maintain hot water temperatures within required the range of 105° to 120°.

Water Temperature	Time to Receive Second Degree Burn	Time to Receive Third Degree Burn
120 degrees	8 minutes	10 minutes
124 degrees	2 minutes	4 minutes
131 degrees	17 seconds	30 seconds
140 degrees	3 seconds	5 seconds
150 degrees	<1 second	1 second

There is a risk in nursing homes that residents may be scalded by excessively hot water discharged by plumbing fixtures in sinks in lavatories attached to their rooms, common bathing and shower areas, public restrooms, or other fixtures to which access is not strictly controlled. Nursing Home Rule 1317(9) specifies that “The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water not less than 105 degrees or more than 120° Fahrenheit.” CMS requirements do not specify acceptable water temperatures but excessively hot water would be cited under Tag F-323 which requires that the resident environment remain as free of accident hazards as possible for residents and/or F-465 which requires the facility to provide a safe environment for residents, staff and the public. The use of F-323 and F-465 will depend on the areas in which the problem exists.

The Bureau of Health Systems will continue to cite *State Nursing Home Rule 1317(9)* in all cases where water temperatures exceed 120° at one or more locations usually accessible to residents.

**A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

**1. Regulations and State Requirements**

- OBRA Regulation F323, 42 CFR 483.25(h)(1)
- Rule 1317(9)
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s), prior to the on-site visit.\*

**2. Complaint Allegations**

Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

**3. Previous Survey Report**

Review the last survey report, when needed.

**4. Plan of Approach**

Prepare a plan of approach for on-site visit.

**B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

**1. Entrance Conference**

Conduct entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.

**2. Facility Tour**

Tour the entire facility with facility representative.

**3. Observations**

**a. Hot Water Temperatures**

Use an approved thermometer to take hot water temperatures at residents' hand washing sinks and bathing fixtures throughout the facility during a tour. Allow hot water to run at full flow for a few minutes until maximum hot water temperature has been achieved as indicated by no further temperature increases registered by the thermometer.

**b. Hot Water Heaters**

Tour and inspect the hot water heaters in the boiler rooms for condition, proper mixing valve operation and state of repair of equipment.

**4. Interviews**

**a. Bath Temperatures**

Ask staff and residents if their baths are comfortable or if the water temperature fluctuates cold/hot. Check if anyone has been scalded/sent to the hospital within the past 90 days.

**b. Emergency Repairs/Defective Equipment**

Question maintenance and management staff regarding plans for emergency repair/replace defective equipment.

**NOTE:** If the complaint is not validated, proceed to the last item below.

**5. Document Review**

**a. Incident Reports**

Review a sample of incident reports related to the issues that occurred in the last 90 days.

**b. Preventive Maintenance**

Review facility preventive maintenance procedures to flush hot water heaters, monitor domestic hot water temperatures, service routine on mixing valves.

**c. Maintenance Records**

Review maintenance logs, work orders and corrective repair log.

**d. Equipment Repairs and Replacement**

Review timetable for installation of new equipment.

**6. Hazardous Conditions**

Contact the Survey Monitor/Licensing Officer to report existing hazardous condition(s).

**7. Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Other Agency Records**

Obtain records from other agencies as related to the complaint.

**2. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.

3. **Data Review and Analysis**  
Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.
4. **Report Completion**  
Document the findings following *Principles of Documentation* guidelines:
  - a. **Allegations**  
Document if the allegations were or were not validated.
  - b. **Citations**  
Write the citations, if applicable.
5. **Findings to Complainant**  
Contact the complainant(s) to relate findings.\*

\* Does not apply to facility reported incidents.

#### 5.4. **HYDRATION, NUTRITION AND UNINTENDED WEIGHT LOSS**

This process is used to investigate allegations of failure to maintain adequate resident hydration and nutrition and prevent unintended weight losses.

##### **A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

##### **1. Regulations and State Requirements**

Review the following:

- F272 42 CFR 483.20(b)(1)
- F273 42 CFR 483.20(b)(2)
- F279 42 CFR 483.20(k)
- F281 42 CFR 483.20 (k)(3)(1)
- F282 42 CFR 483.20(k)(3)(ii)
- F309 42 CFR 483.25
- F325 and F326 42 CFR 483.25(i)
- F327 42 CFR 483.25(j)
- Section 20201(2)(e)
- Rule 707(4)(m)
- Rule 803
- *Resident Investigative Protocol for Hydration*
- Review other pertinent regulations relative to the issues as identified through contact with complainant(s) prior to the on-site visit.\*

- 2. Complaint Information**  
Review complaint information. Contact the complainant(s) to review allegations and to clarify issues identified. Document time and date that contact was made. Identify all allegations.\*
- 3. Previous Survey Report**  
Review the last survey report.
- 4. Quality Indicator Reports**  
Review the 3 Quality Indicator Reports (Q.I.) reports to pre-select potential residents with the same problem(s).
- 5. Plan of Approach**  
Prepare a plan of approach for on-site visit.

**B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

- 1. Entrance Conference**  
Conduct an entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.
- 2. Facility Tour**  
Tour applicable areas of the facility to observe if preventative strategies relative to high-risk residents have been implemented, if needed.
- 3. Observations**
  - a. Dehydration**  
Observe the resident(s) of concern for signs and symptoms of dehydration as it relates to their clinical condition and the physical environment.
  - b. Hydration**  
Observe that hydration needs are being met and nutrition intervention is followed.
  - c. Residents**  
Conduct necessary follow-up observations of the resident(s) in question and/or other high-risk residents.
- 4. Sample**  
Select the sample based on professional analysis of the data collected from the Q.I. Reports and during the tour.

## 5. Interviews

Interview direct care givers and management personnel to ascertain if they have the knowledge required to provide care to the subject(s) of the complaint and/or other high-risk residents.

### a. Sample Questions for Staff

- (1) "What is the difference between a regular diet and a therapeutic diet?"
- (2) "When do you serve second portions?"
- (3) "Are menus followed?"
- (4) "When are snacks served?"
- (5) "What snacks are served?"
- (6) "How do you ensure that meals are varied throughout the week or month?"
- (7) "How do you ensure that menus reflect recommended dietary allowances?"
- (8) "Which residents receive dietary supplements and what are they?"
- (9) "What is your procedure for offering substitutes?"

### b. Sample Questions for Resident/Family

Complete the formal interviews. Sample questions for resident/family include:

- (1) "Do you like the food? If not, why?"
- (2) "How does staff react when you ask for substitutes or second portions?"
- (3) "What happens when you ask for a second portion?"
- (4) "Are you on a special diet?"
- (5) "Are you getting enough to eat?"
- (6) "What kinds of snacks do you receive?"
- (7) "What happens when you don't like the food?"
- (8) "Do they serve what is posted on the menus?"
- (9) "Do you get assistance with eating when you need it?"
- (10) "Did you have to wait a long time in the dining room prior to having your meal served? If so, how long?"
- (11) "Does the food look appetizing?"
- (12) "How well do you like the way food is seasoned?"
- (13) "How often is the food overcooked or undercooked?"
- (14) "How much input do you have in menu planning?"

## 6. Document Review

### a. Clinical Record of Resident(s)

Review the clinical record of the subject(s) of the complaint to verify the following:

- (1) Review dietary intake records.
- (2) Are diets accurate, adequate, and based on individual need?

(3) Are dietary concerns addressed on the MDS and the Comprehensive Care Plan?

(4) To what extent does the dietician participate in interdisciplinary care planning?

**b. Medical Record(s)**

(1) Does review of the medical record indicate that weight losses have occurred, and why?

(2) If a significant change is identified; i.e., weight loss, decline in eating ability. Is there an assessment as to the cause and progress notes to show how the resident is responding to the treatment plan? If not responding, can you see evidence of what changes were made in the approaches based on the assessment?

**c. Menus**

(1) Do menus reflect recommended dietary allowances?

(2) Is the food being served according to the menu?

(3) Does the physician prescribe the therapeutic diet?

(4) Are menus varied and prepared in advance?

(5) Review Resident Council minutes or recommendations from family groups related to food complaints.

**d. Care Interventions**

Review the physician's orders, comprehensive resident assessment/care plan, nutritional assessment, laboratory and interdisciplinary progress notes to determine if appropriate care interventions were provided.

**7. Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Other Agency Records**

Obtain records from other agencies as related to the complaint.

**2. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means.

3. **Data Review and Analysis**  
Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.
4. **Report Completion**  
Document the findings following the *Principles of Documentation* guidelines.
  - a. **Allegations**  
Document if the allegations were or were not validated.
  - b. **Citations**  
Write the citations, if applicable.
5. **Findings to Complainant**  
Contact the complainant(s) to relate findings.\*

\* Does not apply to facility reported incidents.

#### 5.5. IMPROPER FOOD AND HOT BEVERAGE TEMPERATURES

This process is used to investigate allegations of failure to prepare and store foods at safe temperatures (or to serve food and beverages at palatable temperatures). Potentially hazardous cold foods should be served at or below 41 degrees. Potentially hazardous hot foods should be served at or above 140 degrees. Although state and federal regulations do not specify temperatures appropriate to the consumption of hot beverages, surveyors may infer from the Water Temperature Chart that beverage temperatures that cause harm to a resident from contact are also inappropriate for beverage consumption:

Water Temperature	Time to Receive Second Degree Burn	Time to Receive Third Degree Burn
120 degrees	8 minutes	10 minutes
124 degrees	2 minutes	4 minutes
131 degrees	17 seconds	30 seconds
140 degrees	3 seconds	5 seconds
150 degrees	<1 second	1 second

#### A. Off-Site Preparation

Prepare for the investigation before entering the facility by reviewing and planning the following:

1. **Federal Regulations and State Requirements**
  - F364, 42 CFR 483.35(d)(1)
  - F370, 42 CFR 483.35(h)(2)
  - Rule 803(5)
  - Rule 1322(6)
  - Rule 1322(7)

- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s) prior to the on-site visit.\*

**2. Complaint Information**

Review the complaint information. Contact the complainant(s) to review allegations and to clarify issues identified. Document time and date that contact was made. Identify all allegations.\*

**3. Previous Survey Report**

Review the last survey report, when needed.

**4. Plan of Approach**

Prepare a plan of approach for on-site visit.

**B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

**1. Entrance Conference**

Conduct an entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.

**2. Facility Tour**

Tour applicable areas of the facility to interview and observe residents for evidence of nutritional deficits.

**3. Observations**

**a. Food Storage**

Observe for unadministered and unsafe storage of foods in resident rooms and kitchen area during the tour.

**b. Tray Preparation**

Observe tray preparation and request a test tray.

**c. Food Temperatures**

Test the food temperatures in the steam table including substitutions of the food to be served.

**d. Meals**

Monitor meal distribution and resident response in the dining areas and/or resident rooms.

**4. Interviews**

Interview resident(s), staff, family members, visitors and other persons related to the allegation(s) and/or beneficial to the investigation.

**a. Sample Questions for Resident/Family**

- (1) "Are your cold foods served cold enough and your hot foods served hot enough?"

- (2) "If not, do you ask that the food be replaced with food that is at the temperature appropriate for you?"
- (3) "Do you get the assistance with eating that you need before your food gets too cold or too warm?"
- (4) "Which meal times are you less likely to get the assistance you need?"
- (5) "Are there certain foods with which you are more likely to need assistance? Is it more likely to happen on weekends? What groups of residents seem more likely to be affected?"

**b. Sample Questions for Staff**

- (1) "Describe the process for delivering and serving food."
- (2) "Do residents complain of cold food?"
- (3) "How long does it take to serve food?"
- (4) "Are room trays served before or after the dining room is served?"
- (5) "Are there enough staff to feed residents before their food is cold?"

**5. Record Reviews**

Review facility records pertinent to the allegations.

- Recorded food temperatures for the last 30 days.
- Food intake
- Resident council minutes
- Resident grievance files
- Staffing records

**6. Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means.

**2. Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.\*

3. **Report Completion**  
Document the findings following the *Principles of Documentation* guidelines:
  - a. **Allegations**  
Document if the allegations were or were not validated.
  - b. **Citations**  
Write the citations, if applicable.
4. **Findings to Complainant**  
Contact the complainant(s) to relate findings.\*

\* Does not apply to facility reported incidents.

## 5.6. Inadequate and Inappropriate Care

The following process is used for investigations of failure by the facility/staff to provide adequate and appropriate resident care. Adequate and appropriate care may encompass quality of care, safety, nutritional, and other deficits as it relates to potential negative outcomes in residents. While these deficits represent examples, they are not intended to be an all-inclusive list. Noncompliance decisions may be based on the facility's failure to prevent, provide, or respond to the care needs and condition changes of the residents.

### A. Off-Site Preparation

Prepare for the investigation before entering the facility by reviewing and planning the following:

1. **Regulations and State Requirements**
  - F272, 42 CFR 483.20
  - F279, 42 CFR 483.20(k)
  - F309, 42 CFR 483.25
  - F312, 42 CFR 483.25(a)(3)
  - F323, 42 CFR 483.25(h)(2)
  - F325, 42 CFR 483.25(i)
  - F328, 42 CFR 483.25(k)
  - Section 20201(2)(e)
  - Section 21771(1).
  - Rule 707
  - Rule 708
  - Review other pertinent regulations relative to the issues as identified through contact with the complainant(s) prior to the on-site visit.\*
  - Review other quality of care/quality of life issues as they relate to adequate and appropriate care.

- 2. Complaint Information**  
Review the complaint information. Contact complainant(s) to review allegations and to clarify issues identified. Document time and date that contact was made. Identify all allegations.\*
- 3. Previous Survey Report**  
Review the last survey report, when needed.
- 4. Quality Indicator Reports**  
Review the 3 Quality Indicator Reports to preselect potential residents with care concerns.
- 5. Plan of Approach**  
Prepare a plan of approach for on-site visit.

\* Does not apply to facility reported incidents.

**B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

- 1. Entrance Conference**  
Conduct an entrance conference to identify the general purpose of the visit and to schedule potential formal interview(s).
- 2. Facility Tour**  
Tour applicable areas of the facility to observe for obvious evidence of inadequate and inappropriate care. Monitor relevant care techniques and/or approaches provided by facility staff. Initiate the informal interview process with residents and staff during the tour.
- 3. Observations**  
Determine the necessary follow-up observations of the resident(s) in question and/or other high-risk resident(s).
- 4. Interviews**  
Interview direct care givers, to ascertain knowledge as required to provide care to the subject(s) of the complaint and/or other high-risk residents.
- 5. Sample**  
Select the sample based on professional analysis of the data collected during the tour.

6. **Document Review**
  - a. **Clinical Record**

Review the clinical record of the subject(s) of the complaint. Review the most recent comprehensive assessment/care plan, physician's orders, interdisciplinary progress notes, laboratory reports, x-ray findings, and medication regime to identify any failure to prevent, provide or respond to the care needs of the residents.
  - b. **Facility Records**

Review facility policy/procedures, accident/incident reports and/or any other relevant documents, if applicable.
7. **Interview Completion**

Complete the formal interviews.
8. **Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

1. **Other Agency Records**

Obtain records from other agencies as related to the complaint.
2. **Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.
3. **Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communications related to the complaint. Identify any additional data necessary to make compliance decisions.
4. **Report Completion**

Document findings following *Principles of Documentation* guidelines:
  - a. **Allegations**

Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.
  - b. **Citations**

Write citations, if applicable.

**5. Notification to Other Agencies**

Notify the Attorney General's Office and/or other regulatory agencies, if needed.

\* Does not apply to facility reported incidents.

**5.7. INADEQUATE STAFFING**

This process is used to investigate allegations of failure to meet required state minimum staffing ratios or failure to provide sufficient staff to meet the needs of residents.

**A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

**1. Regulations and State Requirements**

- F353, 42 CFR 483.30(a)
- F354, 42 CFR 483.30(b)
- Section 21720(a)(2)
- Rule 703(7)
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s), prior to the on-site visit.\*

**2. Complaint Information**

Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

**3. Previous Survey Report**

Review last survey report, when needed.

**4. Quality Indicator Reports**

Review the 3 Quality Indicator Reports (Q.I.) to preselect potential residents where lack of staffing would impact their care needs.

**5. Plan of Approach**

Prepare a plan of approach for on-site visit.

**B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

**1. Entrance Conference**

Conduct entrance conference to identify the general purpose of the visit and to schedule potential formal interviews. Request a copy of

the actual working schedules for licensed and registered nursing staff for the time period identified in the complaint.

**2. Facility Tour**

Tour the facility within the time period referenced in the complaint, e.g., the p.m. shift, the weekend, as appropriate. Tour applicable areas of the facility to observe for evidence of sufficient staff to meet obvious resident needs and determine if registered/licensed nursing staff are available to monitor and supervise the delivery of care in accordance with individual resident comprehensive care plan. Evaluate the presence/absence of care provided specific to complaint issue and the quality of interactions between staff and residents during care.

**3. Interviews**

Interview resident(s), staff, family members, visitors and other persons related to the allegation(s) and/or beneficial to the investigation.

**a. Sample Questions for Resident/Family**

Sample questions for resident/family/roommate (as appropriate) and residents with similar care issues selected from the sample include:

- (1) "Are you getting the type of care you need in a timely manner?"
- (2) "How does the staff treat you?"
- (3) "How long has this been happening?"
- (4) "Can you tell me if this happens on certain shifts or certain days of the week?"

**b. Sample Questions for Direct Care Staff**

Sample questions for direct care staff include:

- (1) "Tell me about how you provide \_\_\_ care."
- (2) "Are you able to complete the care in a timely manner according to your assignment?"
- (3) "If you can't complete your assignments, what happens?"
- (4) If the staff person is unable to complete assigned tasks, probe for time period.

**c. Sample Questions for Supervisory Staff**

Sample questions for supervisory staff include:

- (1) "What is your system to ensure that residents are given care as planned?"
- (2) Share your findings with supervisory staff and ask for a response.

4. **Document Review**
  - a. **Staffing Reports**

Request that staffing reports be completed on the forms provided by the surveyor.
  - b. **Time Cards**

Review time cards when staffing is below required minimums.
  - c. **Facility Records**

Review facility records pertinent to the allegations.
5. **Data Review and Analysis**

Analyze data to determine if there is a quality of care/quality of life deficiency. If yes, gather support information regarding staff numbers and the staff schedule/support documents as needed.
6. **Exit Conference**

Compile data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

1. **Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.
2. **Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.
3. **Report Completion**

Document findings following *Principles of Documentation* guidelines:

  - a. **Allegations**

Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.
  - b. **Citations**

Write citations, if applicable.
4. **Findings to Complainant**

Contact the complainant(s) to relate the findings.\*

\* Does not apply to facility reported incidents.

## **5.8. LACK OF ACTIVITIES**

This process is used to investigate allegations of failure to provide sufficient activities appropriate to resident needs.

### **A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

#### **1. Federal Regulations and State Requirements**

- F248, 42 CFR 483.15(f)(1)
- Rule 707(4)(I)
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s) prior to the on-site visit.\*

#### **2. Quality Indicator Reports**

Review other quality of care/quality of life regulations as they relate to activities.

#### **3. Complaint Information**

Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

#### **4. Previous Survey Report**

Review the last survey report, when needed.

#### **5. Plan of Approach**

Prepare a plan of approach for on-site visit.

### **B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

#### **1. Entrance Conference**

Conduct an entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.

#### **2. Facility Tour**

Tour applicable areas of the facilities to observe evidence of lack of activities.

**3. Observations**

Determine the necessary follow-up observations of the resident(s) in question and/or other high-risk residents:

- Is the activity calendar available?
- Who is invited to activities?
- How does facility staff assist with getting residents to activities?
- Do activities address the needs of the population?
- Is there sufficient storage space for activity material so that it doesn't interfere with other items?
- How many residents attending the activity are participating?
- What are residents who are not at an activity doing?
- What are residents who are bedfast or room-bound doing?
- What do one-on-one activities consist of?
- To what extent are volunteers utilized in the activity program?

**4. Interviews**

Initiate the informal interview process with residents and staff during the tour.

**5. Sample**

Select the sample based on professional analysis of the data collected during the tour.

**6. Interview Questions**

Interview staff, resident(s) and family members:

**a. Staff Sample Questions**

- (1) "How do you coordinate and provide out-of-facility activities for your residents?"
- (2) "How do you encourage and assist residents to attend activities?"
- (3) "What activities are offered at night and on weekends?"
- (4) "What are the special activities for residents with dementia?"
- (5) "What activities do you have for residents who are confined to their rooms?"
- (6) "How are activities planned or developed?"
- (7) "How many residents are provided one-on-one activities?" Obtain list.
- (8) "What are the qualifications of the activity director?"
- (9) "What is the role of volunteers in the activity program?"
- (10) "By what process do you ensure that all residents know the activity schedule?"

**b. Resident/Family Sample Questions**

- (1) "What activities do you attend?"
- (2) "What kinds of things interest you most, and are you able to do them?"
- (3) "How are you informed of the activity schedule?"
- (4) "Who assists you to the activities that you choose to attend?"
- (5) "What out-of-facility activities have you been able to attend?" If none, ask "why not?"
- (6) "Is there sufficient transportation for out-of-facility activities?"
- (7) "What activities are available on weekends?"
- (8) "What activities are offered to you if you are confined to your room?"
- (9) "How do staff assist you with independent activities?"
- (10) "How does the facility assist you to maintain access to community events/activities?"
- (11) "Do the activities occur the way they are posted on the calendar?"
- (12) "What activities would you like to be offered that are not offered here?"
- (13) "Which activities were you offered that you refused? Why?"

**7. Document Review**

**a. Clinical Record(s)**

Review the clinical record of the subject(s) of the complaint and residents in the sample.

**b. Assessment/Care Plan, Interdisciplinary Progress Notes**

Review the most recent comprehensive assessment/care plan, interdisciplinary progress notes with consideration for the following:

- (1) Do activities reflect individual resident history indicated by the comprehensive assessment?
- (2) Do care plans address activities that are appropriate and individualized for each resident based on the comprehensive assessment?
- (3) Are responses to activity interventions identified in progress notes of each resident?

**c. Activity Calendar**

Review the activity calendar with consideration of the following:

- (1) Are activities occurring as planned?
- (2) Does it reflect interests identified by comprehensive assessment - MDS III.1, Sec B, C, D?

- (3) Does it offer activities at hours convenient to the residents (a.m., p.m., evenings, weekends)?
- (4) Does the calendar reflect cultural and religious interests of residents?
- (5) Do activities appeal to both men and women of all age groups?
- (6) Do activities take place in a variety of places?
- (7) Does the calendar include seasonal and special events?
- (8) Review activity attendance records.

**8. Formal Interviews**

Complete the formal interviews.

**9. Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.

**2. Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.

**3. Report Completion**

Document findings following *Principles of Documentation* guidelines:

**a. Allegations**

Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.

**b. Citations**

Write citations, if applicable.

**4. Findings to Complainant**

Contact complainant(s) to relate findings.\*

**5. Notification to Other Agencies**

Notify the Attorney General's Office and/or other regulatory agencies, if needed.

\* Does not apply to facility reported incidents.

## **5.9. LACK OF HEAT**

This process is used to investigate allegations of failure to maintain minimum required temperatures in resident rooms or other areas during cold weather.

### **A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

#### **1. Regulations and State Requirements**

- F257, 42 CFR 483.15(h)(6)
- F456, 42 CFR 483.70(c)(2)
- Rule 1320(1)
- Rule 1320(2)
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s), prior to the on-site visit.\*

#### **2. Complaint Information**

Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

#### **3. Previous Survey Report**

Review the last survey report, when needed.

#### **4. Plan of Approach**

Prepare a plan of approach for the on-site visit.

### **B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

#### **1. Entrance Conference**

Conduct an entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.

#### **2. Facility Tour**

Tour entire facility with a facility representative.

#### **3. Observations**

##### **a. Air Temperatures**

During the tour, take ambient air temperatures measured three feet above the floors in resident rooms, day/dining areas, corridors and lounges with Taylor Dial Thermometer.

**NOTE:** If the complaint is not validated proceed to the last step below.

**b. Mechanical Rooms**

Tour mechanical rooms and check on operation and maintenance of boilers and make-up air systems.

**c. Residents**

Observe resident(s) for signs and symptoms of hypothermia.

**d. Safety Hazards**

Assess for safety hazards created by portable electric heaters, candles, kerosene-fired heaters, or any other device used to provide interim heat.

**4. Resident Interviews**

Question residents to determine if they are warm enough/comfortable. Ascertain that residents have enough blankets and sweaters to provide warmth until heat is restored.

**5. Document Review**

**a. Logs**

Review the preventative maintenance logs, and corrective maintenance logs.

**b. Emergency Plan**

Review the facility emergency preparedness protocol (plan) if applicable.

**6. Correction Plan**

Question management staff as to what is being done to immediately correct the heating problems.

**7. Hazardous Conditions**

Contact the Survey Monitor/Licensing Officer to report existing hazardous condition(s).

**8. Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Other Agency Records**

Obtain records related to the complaint from other agencies.

2. **Interview Completion**  
Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means.
3. **Data Review and Analysis**  
Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.
4. **Report Completion**  
Document findings following *Principles of Documentation* guidelines:
  - a. **Allegations**  
Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.
  - b. **Citations**  
Write citations, if applicable.
5. **Findings to Complainant**  
Contact the complainant(s) to relate findings.\*  
\* Does not apply to facility reported incidents.

#### 5.10. LEAKING ROOF

This process is used to investigate allegations of leaking roofs in any part of the facility but in particular in areas used by residents.

##### A. Off-Site Preparation

Prepare for the investigation before entering the facility by reviewing and planning the following:

1. **Federal Regulations and State Requirements**
  - F323, 42 CFR 483.25(h)(1)
  - F456, 42 CFR 483.70(c)(2)
  - Rule 1325(1)
  - Rule 1304(2).
  - Review other pertinent regulations relative to the issues as identified through contact with the complainants(s), prior to the on-site visit.\*
2. **Complaint Information**  
Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

3. **Previous Survey Report**  
Review the last survey report, when needed.
4. **Plan of Approach**  
Prepare a plan of approach for on-site visit.

**B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

1. **Entrance Conference**  
Conduct entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.
2. **Facility Tour**  
Tour the entire facility with a facility representative.
3. **Observations**
  - a. **Water Damage**  
Look for evidence of a leaky roof such as:
    - (1) Buckled/stained ceiling tiles.
    - (2) Spalling, discolored paint and plaster around windows and doors.
    - (3) Buckets sitting about floor areas to catch rain/roof water; water puddles.
    - (4) Actual roof water drippage from the roof down through the ceiling into the building.
    - (5) Observe whether residents' beds have been left under leaky areas.
  - b. **Safety Hazards**  
Check for safety hazards created by towels, pads, and mats used to soak up water.
  - c. **Locations**  
Document the specific room numbers and locations.

**NOTE:** If the complaint is not validated proceed to the last item below.

4. **Interviews**
  - a. **Residents and Staff**  
Interview residents and staff about roof leaks.
  - b. **Roofing Contractor**  
Interview the roofing contractor to determine if recent repairs were made.
5. **Document Review**  
Review the facility roof maintenance log, work orders, outside contractor billings. The evacuation plan should be reviewed if

major leaks and safety hazards exist, such as contamination of food and clean supplies.

**6. Emergency Repairs and Evacuation Plan**

Discuss with management staff the facility's plan for emergency repair and/or installation of new roof for permanent resolution.

**7. Hazardous Conditions**

Contact the Licensing Officer/Survey Monitor to report existing hazardous condition(s).

**8. Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Other Agency Records**

Obtain records from other agencies as related to the complaint.

**2. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.

**3. Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.

**4. Report Completion**

Document findings following *Principles of Documentation* guidelines:

**a. Allegations**

Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.

**b. Citations**

Write citations, if applicable.

**5. Findings to Complainant**

Contact the complainant(s) to relate findings.\*

\* Does not apply to facility reported incidents.

**5.11. LOST/STOLEN RESIDENT PERSONAL PROPERTY OR FUNDS (MISAPPROPRIATION)**

This process is used to investigate allegations of failure to provide for safekeeping of resident personal property, clothing or money, including funds in the resident trust fund.

**NOTE:** expand this to include investigation of cash stolen from resident rooms or funds stolen from the resident trust fund.

**A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

**1. Regulations and State Requirements**

- F252. 42 CFR 483.15(h)(1) & F224 483.13(c)
- Section 20201(3)(c)
- Rule 707(4)(n)
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s), prior to the on-site visit.\*

**2. Complaint Information**

Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

**3. Previous Survey Report**

Review last survey report, when needed.

**4. Plan of Approach**

Prepare a plan of approach for on-site visit.

**B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

**1. Entrance Conference**

Conduct entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.

**2. Facility Tour**

Tour applicable areas of the facility to observe for evidence of mismanagement of personal belongings.

**3. Observations**

Observe the following:

- Physical security of building (i.e., locks, alarms, exit doors, storage/closet areas have doors)

- Who has access to the facility or residents' rooms?
- Observe how personal items are secured.
- How are personal items identified?
- How does staff intervene with residents who wander into others' rooms?
- Who has access to secured units?

#### 4. Interviews

Interview resident, staff, family members, visitors and other persons related to the allegation(s) and/or beneficial to the investigation.

##### a. Sample Questions for Staff

- (1) "What is your procedure when a theft is reported?"
- (2) "What is your system to prevent theft?"
- (3) "Who has keys to residents' locked boxes or areas?"
- (4) "What is your system to ensure laundered items are returned to individuals?"
- (5) "What is your system to ensure the identification of individuals' personal possessions?"
- (6) "How do you manage residents who wander into other residents' rooms?"
- (7) "Has theft from the facility been a problem?"
- (8) "When and to whom do you report theft?"
- (9) "When do you involve your social services worker in assisting the resident with coping with the loss?"
- (10) "How do you identify and assist residents who cannot protect their possessions or report theft to ensure their possessions are secured?"

##### b. Sample Questions for Resident/Family

- (1) "Have you ever lost or missed anything?"
- (2) "Do staff ever borrow things from you?"
- (3) "Do staff ever use your things without permission?"
- (4) "To whom do you report missing property?"
- (5) "What does the facility do when you report things missing?"
- (6) "Who else knew of your missing items?"
- (7) "How was the situation resolved?" "What did the facility tell you about it?"

#### 5. Document Review

##### a. Resident's Personal Items

Review policies/procedures and admission packets relative to inventory of residents' personal items and reporting of lost items and theft.

##### b. Facility Records

Review facility records related to the following:

- (1) Previous thefts, complaints, investigation, resolutions, corrective actions, and steps taken to prevent reoccurrence
- (2) Screening of potential employees for prior problems with theft (i.e., criminal convictions, nurse aide registry, etc.)
- (3) Personal property inventories
- (4) Resident Council meeting minutes concerning complaints
- (5) Court or law enforcement reports
- (6) Grievance file
- (7) Staff training records
- (8) Staffing records
- (9) Employee personnel files

**6. Exit Conference**

Compile data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Other Agency Records**

Obtain records from other agencies as related to the complaint.

**2. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.

**3. Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.

**4. Report Completion**

Document findings following *Principles of Documentation* guidelines:

**a. Allegations**

Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.

**b. Citations**

Write citations, if applicable.

## **5. Findings to Complainant**

Contact the complainant(s) to relate findings.\*

\* Does not apply to facility reported incidents.

### **5.12. Pressure Sores**

This process is used to investigate allegations of failure to prevent development of avoidable pressure sores and/or improper or inadequate care of existing pressure sores.

#### **A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

##### **1. Regulations and State Requirements**

- F272, 42 CFR 483.20
- F279, 42 CFR 483.20(k)
- F309, 42 CFR 483.25
- F314, 42 CFR 483.25(c)
- Section 20201(2)(e)
- Rule 707(4)(i)
- Rule 707(4)(j)
- Rule 707(4)(k)
- Rule 803(3)
- Rule 803(4)
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s) prior to the on-site visit.\*
- Review the resident investigative protocol for pressure sores.

##### **2. Complaint Information**

Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

##### **3. Previous Survey Report**

Review last survey report, when needed.

##### **4. Quality Indicator Reports**

Review the three Quality Indicator Reports (Q.I.) to preselect potential residents with the same problem(s).

##### **5. Plan of Approach**

Prepare a plan of approach for on-site visit.

## **B. On-Site Investigation**

Carry out the investigation at the facility with the following steps:

### **1. Entrance Conference**

Conduct entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.

### **2. Facility Tour**

Tour applicable areas of the facility to observe if preventative strategies, relative to high-risk residents, have been implemented, if needed.

### **3. Observations**

Observe the skin condition, pressure sore(s), the position of the resident(s) in question and the general appearance of the resident(s) as it relates to his/her clinical condition and the physical environment. Determine necessary follow-up observations of the resident(s) in question and/or other high-risk residents.

### **4. Sample**

Select sample based on professional analysis of the data collected from the Quality Indicator Reports and during the tour.

### **5. Interviews**

Interview direct care givers, to ascertain knowledge as required to provide care to the subject(s) of the complaint and/or other high-risk residents.

#### **a. Sample Questions for Staff**

- (1) "How do you manage pressure sores?"
- (2) "Tell me how you identify pressure sores on admission."
- (3) "How do you identify pressure sores on an ongoing basis?" (Ask various facility staff levels.)
- (4) "What is the process of assessing pressure sores?"
- (5) "Do you have any problems with getting treatment supplies?"
- (6) "Are there any problems with providing treatments as planned?"
- (7) "Tell me about nutritional supplements."
- (8) "Is anyone other than nursing (hospice, physical therapy, dietary, infection control consultants) involved in wound care?"
- (9) "If so, how do they communicate and collaborate?"

#### **b. Sample Questions for Resident/Family**

Complete formal interviews using the following sample questions:

- (1) "Do you have any open areas/sores/skin problems?"
- (2) "Do you have any pain (wherever pressure sores are a problem)?"
- (3) "How is the facility staff caring for your skin problem/sore?"
- (4) "How often do they provide the care?"
- (5) "Is the care helping? Is the area getting better?"
- (6) "Do you have any concerns about treatment/care?"

**6. Document Review**

**a. Clinical Records**

Review the clinical record of the subject(s) of the complaint and other sampled residents to verify the following:

- (1) When did the facility identify the pressure sore?
- (2) How was it assessed?
- (3) How was it care planned?
- (4) Was treatment provided according to plan?
- (5) How was the physician notified?
- (6) If healing is not occurring, has the physician been called to change the treatment regimen?
- (7) Does the resident have any medical diagnoses that substantially contribute to this problem?

**b. Assessment Care Plan and Other Reports**

Review the physician's orders, comprehensive resident assessment/care plan, nutritional assessment, treatment records, laboratory and x-ray reports, and interdisciplinary progress notes to determine healing or lack of healing as a result of care/treatment provided or adjusted accordingly.

**7. Exit Conference**

Compile data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Other Agency Records**

Obtain records from other agencies as related to the complaint.

**2. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.

**3. Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.

**4. Report Completion**

Document findings following *Principles of Documentation* guidelines:

**a. Allegations**

Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.

**b. Citations**

Write citations, if applicable.

**5. Findings to Complainant**

Contact complainant(s) to relate findings.\*

\* Does not apply to facility reported incidents.

**5.13. REFUSAL TO RE-ADMIT FOLLOWING HOSPITALIZATION**

This process is used to investigate allegations of failure to hold the bed open during a period of hospitalization, or to readmit a resident to his/her bed or to the next available bed if the bed-hold period has been exceeded or a bed hold was not requested.

**A. Off-Site Preparation**

Prepare for the investigation before entering the facility by reviewing and planning the following:

**1. Regulations and State Requirements**

- F205, 42 CFR 483.12(b)(1) and (2)
- F206, 42 CFR 483.12(b)(3)
- Section 20201(3)(e)
- Section 21777(3) (regulation text must be entered under this final observations' tag)
- Review other pertinent regulations relative to the issues as identified through contact with the complainant(s) prior to the on-site visit.\*

**2. Complaint Information**

Review complaint information. Contact complainants to review allegations and to clarify issues identified. Document time and date that contact was made. Identify allegations.\*

**3. Previous Survey Report**

Review the last survey report, when needed.

**4. Plan of Approach**

Prepare a plan of approach for on-site visit.

**B. On-Site Investigation**

**1. Entrance Conference**

Conduct an entrance conference to identify the general purpose of the visit and to schedule potential formal interviews.

**2. Facility Tour**

Tour the facility to determine and record the number of empty beds.

**3. Interviews**

**a. Staff Interviews**

Interview the social worker and/or other staff to determine bed hold policies and the right to return to the next available bed.

**b. Ombudsman Interview**

Interview the ombudsman, if available, to see if they have any information related to re-admissions at the facility.

**c. Investigative Interviews**

Interview the resident, staff, family members, visitors and other persons related to the allegations and/or beneficial to the investigation.

**4. Document Review**

**a. Policies/Procedures and Resident Records**

Review admission, transfer and discharge policies/procedures as well as the resident's medical record and business file for required transfer justification. Make note of the following:

- (1) The date the hospital notified the facility that the resident was ready for discharge.
- (2) Why the resident did not return to the facility by reviewing closed record.
- (3) The current status of resident.
- (4) The payor source (Medicare, Medicaid, etc.) of the resident prior to hospitalization and at re-admission.

**b. Admission/Discharge Records**

Review admission/discharge records to identify any other residents who were admitted while the subject of the complaint was denied re-admission.

**5. Exit Conference**

Compile the data and discuss preliminary findings with the administrative staff during the exit conference.

**C. Off-Site Data Analysis/Report Writing**

Complete the investigation with the following steps:

**1. Other Agency Records**

Obtain records from other agencies as related to the complaint.

**2. Interview Completion**

Complete the interview process as it relates to the allegations by contacting any persons who were not on-site. Make reasonable attempts, using available means. Document time and date that contact was made or attempted.

**3. Data Review and Analysis**

Review and analyze the data collected. Respond to incoming communication related to the complaint. Identify any additional data necessary to make compliance decisions.

**4. Report Completion**

Document findings following *Principles of Documentation* guidelines:

**a. Allegations**

Document whether allegations were or were not validated. Attach pertinent supportive data to the report if the allegations are validated.

**b. Citations**

Write citations, if applicable.

**c. Findings**

Findings must include the following items:

- (1) The date the hospital notified the facility that the resident was ready for discharge.
- (2) The dates any other residents were admitted while the resident who was the subject of the complaint was denied re-admission.
- (3) The current status of the resident.
- (4) The payor source of the resident prior to hospitalization.
- (5) The payor source of the resident at re-admission.

**5. Findings to Complainant**

Contact the complainant(s) to relate findings.\*

\* Does not apply to facility reported incidents.