

## CHAPTER 3: MICHIGAN LONG TERM CARE FACILITY STANDARD SURVEYS

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A Michigan Standard Licensure Survey is composed of Tasks 1 through 7 and relies on a case-mix stratified sample of residents to gather information about the facility's compliance with licensure requirements. Based on the specific procedures detailed in this policy, a survey evaluates:

- ▶ Compliance with resident rights requirements;
- ▶ Accuracy of resident assessments and adequacy of care plans based on these assessments;
- ▶ Quality of care and services provided, as measured by indicators of medical, nursing and rehabilitative care, as well as pharmacy, dietary, nutrition and mental health services, activities and social participation, sanitation and infection control; and
- ▶ The effectiveness of the physical environment to accommodate resident needs and maintain safety for residents, staff and the public, including whether requested room variances meet health, safety and quality of life needs for the residents.

### 3.1. TASK 1: OFF-SITE PREPARATION

#### A. Objectives

The objectives of the off-site preparation are to analyze various sources of information available about the facility in order to:

- Identify and select concerns to be evaluated during the survey. This selection is subject to amendment based on the results of the initial facility tour.
- Select residents, if information is available, for potential review during the survey. This selection is subject to change based on the results gathered during the initial tour and entrance conference and on the facility *Michigan Roster/Sample Matrix*, BHS-NHM-211.

#### B. Team Coordinator

The team coordinator (and/or designee) is responsible for obtaining and presenting all of the information (shown below) to be presented at the off-site team meeting, including a summary of any/all other pertinent information, conducting the meeting, copying and distributing the facility's floor plan and making surveyor assignments for survey tasks.

#### C. Team Meeting

The off-site meeting with the team in preparation for the Entrance Conference and Initial Tour should include the following items to focus the survey:

##### 1. Facility Information/Reports

- *Statement of Deficiencies* and *Plan of Correction* from previous surveys;
- Results of complaint investigations;
- Information about waivers or variances;
- Information from the State Ombudsman Office;

- Federal reports, including Facility Quality Indicator Profile, Facility Characteristics, Resident Level Quality Summary,
- Review any other pertinent information/reports regarding the facility.

**2. Off-Site Survey Preparation Worksheet**

Use a Michigan *Off-Site Survey Preparation Worksheet* (BHS-NHM-121) to list concerns the team identifies for review during the survey. The team should consider issues such as resident conditions, unusual occurrences, repeating incidents, complaints, administrative staffing changes, etc. They may select areas of concern derived from any of the sources of information available to the team.

**3. Michigan Resident Sample Selection and Resident Census**

Use the *Michigan Resident Sample Selection* table and the total resident census to determine the resident sample size.\* If possible, select potential sample residents to represent the concerns identified by the team.

**4. Other Information**

Review all other sources of information and record additional information on the *Michigan Off-site Survey Preparation Worksheet*; for example, special features of the facility, special resident populations, complaints needing investigation, etc. Review surveyor assignments and projections of which days team members may enter early and/or stay late to make resident observations and complete survey tasks.

**5. Plan of Approach**

Establish a meeting place and an entry time.

\*For licensed only surveys, the team may wait to complete the entire resident sample based on initial tour findings.

**3.2. TASK 2: ENTRANCE CONFERENCE/ON-SITE PREPARATORY ACTIVITIES**

**A. Objective**

The objective of the entrance conference is to provide information to the facility and to obtain information from the facility necessary to complete the survey.

**B. Entrance Conference\***

The team coordinator informs the facility's administrator about the survey and introduces the team members. The team members should proceed to the Initial Tour (Task 3) while the team coordinator conducts the Entrance Conference.

**\*NOTE:** Modify the Entrance Conference in accord with staff availability and complete the task and the on-site preparatory activities as appropriate within the context of the survey for surveys that start at a time beyond the hours of 8:00 a.m. to 6:00 p.m., or on a Saturday or Sunday. Once on site, announce the survey, ascertain who is in charge and request that person notify the administrator that the survey has begun.

**1. Team Coordinator Responsibilities**

**a. Roster/Sample Matrix**

Ask the administrator to complete the *Michigan Roster/Sample Matrix*, including all residents on “bed-hold”, and provide it by the end of the Initial Tour. Stress to the facility that this form should be completed first and given to the team coordinator by the end of the Initial Tour. The facility may make modifications or add information for accuracy within 24 hours after the form is delivered to the team.

**b. Communications**

Inform facility staff that the survey team will be communicating with them throughout the survey and will ask for facility assistance when needed. Advise the facility staff that they have the opportunity to provide the team with any information that would clarify any issue brought to their attention.

**c. Survey Process Explanation**

Explain the survey process and answer any questions from facility staff.

**d. Facility Programs**

Ask the administrator to describe any special features of the facility’s care and treatment programs. For example, does the facility have a special care unit for residents with dementia?

**e. Interviews**

Inform the administrator that there will be interviews with residents, family members, friends and legal representatives, and that these interviews are conducted privately unless the interviewees request the presence of a staff member.

**f. Facility Information**

Ask the administrator to provide the following information within one hour of the conclusion of the Entrance Conference (or later at the survey team’s option):

- (1) a list of key facility personnel and their location,
- (2) a copy of the facility’s admission packet,
- (3) meal times and dining locations; and copies of all menus, including therapeutic menus that will be served for the duration of the survey;
- (4) medication pass times (by unit, if variable),
- (5) the facility’s Resident Register;
- (6) a copy of the facility’s layout;

- (7) a copy of the facility's admission contract(s) including the rights, duties and obligations of the residents,
- (8) the current resident activity schedule/calendar
- (9) other information as necessary.

**g. Facility Records**

Ask the facility to provide within 24 hours of the Entrance Conference:

- (1) the facility's disaster policies and procedures, and
- (2) a record of all fire drills conducted within the past year.

**h. Clinical Process Guidelines**

Provide information on how to obtain clinical process guidelines.

**i. Resident Council President**

The team coordinator (or designee) should contact the resident council president after the Entrance Conference to introduce him/herself and to announce the survey.

- (1) Provide the president with a copy of the *Group Interview Questions* (BHS-NHM-128).
- (2) Request the assistance of the president for arranging the group interview and solicit any comments or concerns.
- (3) Ask the council president for permission to review the minutes from past council meetings.
- (4) Ask for a list of residents who attend group meetings (if any) and select a resident representative to assist in arranging the group interview if there is not an active resident council, or if the council does not have officers.
- (5) Ask the president for the group's permission if the ombudsman has indicated interest in attending the group interview.
- (6) Notify the ombudsman of the time/place of the meeting if the reply is affirmative.

**2. Survey In Progress Sign**

Post the *Survey In Progress* (BHS-NHM-114) sign (or ask the facility to post) in areas easily observable by residents and visitors, signs announcing that a State licensure survey is being performed and that the surveyors are available to meet with residents and/or families in private.

**3. Group Interview**

The surveyor assigned to conduct the group interview should arrange for date, time and private meeting space for the group interview. Advise the facility staff that non-interviewable residents are not part of this meeting. Post the *Surveyor Will Meet With Residents* sign (BHS-NHM-128A).

### 3.3. TASK 3: INITIAL TOUR

#### A. Objectives

The Initial Tour is designed to:

- Provide the survey team with an initial review of the facility, the residents and the staff.
- Obtain an initial evaluation of the environment of the facility, including the facility's kitchen.
- Confirm or invalidate the concerns identified off-site (if any), and add concerns discovered on-site.

The Initial Tour is used to gather information about concerns, which have been identified off-site, new concerns that have been discovered on-site and identify whether any residents previously selected for the resident sample are still present in the facility. In addition, surveyors should attempt to meet and talk with as many residents as possible in order to identify other candidates for the sample, to get an initial overview of facility care and services, to observe staff-resident interactions and to evaluate the impact of the facility environment on the residents. The tour also includes a first brief look at the facility kitchen.

Document tour information on the *Michigan Roster/Sample Matrix* (BHS NHM-211), the *Michigan Surveyor Notes Worksheet* (BHS-NHM-120) or another list of residents provided by the facility.

#### B. Tour Protocol

Surveyors should tour individually as assigned by the team coordinator. It is desirable for team members to have a facility staff person, who is familiar with the residents, accompany them during the tour to answer questions and provide introductions to residents and family members. Begin the tour as soon as possible after entering the facility. However, do not delay the beginning of the initial tour if facility staff is not available. Determine during the tour if each resident selected off-site for the resident sample is still present. Determine which residents are able to participate in resident/group interviews. Do not rely solely on the information that the facility provides concerning which residents are interviewable. Determine, if possible, that there are family members of non-interviewable residents that can be selected for family interviews.

**NOTE:** The initial tour will need to be modified in recognition of the residents' activities and the types and numbers of staff available upon entry when the standard survey begins at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or on a Saturday or Sunday. The initial tour should not be delayed for lack of staff to accompany the surveyor(s).

### **C. Initial Tour Observations**

Observe and document possible concerns in addition to those selected off-site. Note the resident's name, room number and the date/time when describing the observed concern if specific concerns involve specific residents. Include in the documentation the details of the observation including any effects on the residents involved. Ask staff to identify interviewable residents, those residents who have no family or significant others, newly admitted residents and any residents for whom transfer or discharge is planned within the next 30 days.

#### **1. Adverse Drug Reactions**

Observe for signs of adverse drug reactions, such as involuntary movements and lethargy.

#### **2. Behaviors**

Observe resident behaviors such as crying out, disrobing, agitation, rocking, pacing and the manner in which these behaviors are being addressed by staff.

#### **3. Clinical Signs**

Observe for clinical signs such as edema, emaciation, contractures and amputation.

#### **4. Dehydration**

Observe for dehydration risk factors including availability of water for residents, the color of urine in tubing and collection bags, dependence on staff, the presence of strong urinary odors, and resident complaints of dry mouth and lips.

#### **5. Evidence Of Infections**

Observe for evidence of infections such as draining wounds, eye infections, skin rashes, respiratory infections, gastroenteritis including diarrhea, etc.

#### **6. Feeding Tubes**

Observe for feeding tubes and positioning while feeding is infusing.

#### **7. Functional Risk Factors**

Observe for functional risk factors such as poor positioning and use of physical restraints or assistive devices.

#### **8. Grooming And Dress**

Observe resident grooming and dress, including appropriate footwear.

#### **9. Infection Control Practices**

Observe facility infection control practices such as handwashing, glove use and isolation procedures.

**10. Kitchen and Dining Areas**

Conduct a brief initial observation of the facility kitchen. Observe the dining areas for concerns with meal service, positioning, sufficient space, etc., if the initial tour is being conducted during a mealtime.

**11. Pressure Sores**

Ask staff to identify those residents with pressure sores, a history of pressure sores or surgical repair of pressure sores.

**12. Recreational And Therapeutic Activities**

Observe recreational and therapeutic activities taking place and the appropriateness for the residents.

**13. Resident Environment**

Observe for a safe, sanitary resident environment free from hazards with all equipment and furniture in good repair.

**14. Respiratory and Intravenous Therapies**

Observe residents with ventilators, oxygen and intravenous therapies.

**15. Skin Conditions**

Observe skin conditions including excessive dryness/wetness, skin tears, rashes, bruising or evidence of fractures that warrant investigation.

**16. Staff-Resident Interactions**

Observe staff-resident interactions related to resident dignity, privacy and care needs, including staff availability and responsiveness to residents' requests for assistance.

**3.4. TASK 4: SAMPLE SELECTION**

**A. Objectives**

The objective of this task is to select a case-mix stratified sample of facility residents based on off-site and on-site sources of information in order to assess compliance with Michigan Nursing Home Regulations.

**B. Definitions**

**1. Interviewable Resident**

"Interviewable residents" are those residents who have sufficient memory and comprehension to be able to answer coherently the majority of questions contained in the Resident Interview. These

residents can make day-to-day decisions in a fairly consistent and organized manner.

**2. Comprehensive Review**

*Resident Review*, Task 5C, includes observations, interviews and record reviews for all care areas.

**3. Focused Review**

*Resident Review*, Task 5C, includes the following:

**a. Phase 1**

Phase 1 includes observations, interviews and record reviews concerning all highlighted areas of concern and all unhighlighted areas pertinent to the resident;

**b. Phase 2**

Phase 2 includes observations, interviews and record review for all highlighted areas of concern pertinent to the resident.

**Closed Record Review**

For Task 5C, *Resident Review*, this includes a record review of

**C. Sample Size**

Use the *Michigan Resident Sample Selection*, Table 1 to determine sample size.

**Michigan Resident Sample Selection**

**Table 1**

$$\begin{array}{l} \text{Sample size for total} \\ \text{occupied licensed beds} \end{array} - \begin{array}{l} \text{Sample size for} \\ \text{occupied certified} \\ \text{beds} \end{array} = \begin{array}{l} \text{Sample for Licensed} \\ \text{Only beds} \end{array}$$

The sample size for the licensed only part will be the difference between the sample size for the certified part and the total sample for the bed size of the facility in facilities that have a "licensed only" part. Use the table, *Resident Sample Selection, Table 1*, to determine your sample size as shown below.

For example, if the facility has 80 occupied certified beds, and 40 occupied licensed only beds for a total of 120 occupied licensed beds, calculate the sample as follows:

	<b>Total</b>	<b>Minus</b>	<b>Certified</b>	<b>Equals</b>	<b>Licensed Only</b>
<b>Occupied Beds</b>	<b>120</b>	<b>-</b>	<b>80</b>	<b>=</b>	<b>40</b>
<b>Sample Size</b>	<b>24</b>	<b>-</b>	<b>16</b>	<b>=</b>	<b>8</b>

Select a minimum sample of five residents from the licensed only beds if there is no difference.

## D. Samples

### 1. Phase 1 Sample

Phase 1 sample selection occurs after the tour is completed and the facility has provided the completed *Michigan Roster/Sample Matrix*. However, do not delay Phase 1 sample selection if the facility's *Roster/Sample Matrix* has not arrived. The Phase 1 sample is selected based on the areas of concern following the initial tour. Each team member is assigned to review a certain number of residents from the Phase 1 sample. Review all areas of concern that have been identified for the assigned residents. Review the *Roster/Sample Matrix* provided by the facility and compare it to the findings from the tour. The team will finish the sample selection for Phase 1 by completing the *Roster/Sample Matrix* as follows:

**a. Phase 1**

Check "Phase 1" on the copy of the *Michigan Roster/Sample Matrix* that will be used to denote the resident sample for Phase 1 of the survey.

**b. Identified Concerns**

Highlight the column for each identified concern for Phase 1.

**c. Determine Numbers**

Use the *Michigan Resident Sample Selection, Table 1* and the number of the total resident census to determine the number of comprehensive and focused reviews, number of closed records, and the number of resident and family interviews.

**d. Number of Residents**

Use the unnumbered blocks to the right of Resident Name to fill in the total number of residents in each sub-sample for the entire survey as listed in *Michigan Resident Sample Selection, Table 1 Table*.

**e. Resident Selection**

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

**f. Resident Information**

Each resident the team selects is entered on the worksheet. Note the following about each resident:

- (1) Resident identifier and room number.
- (2) Surveyor assigned to complete the resident review and any quality of life assessment (Resident

Interview or Family Interview) selected for the resident.

- (3) Check any columns that pertain to this resident, whether or not they are highlighted as areas of concerns for Phase 1.
- (4) Use a blank column at the far right to write in the item that will be assessed. Check that column for that resident if there is anything about this resident that the team decides to investigate that is not one of the labeled columns on the worksheet.

## 2. **Phase 2 – Sample**

The Phase 2 sample is selected part way through the survey when surveyors have collected enough information to determine the focus of the remainder of the survey. The team meets to determine the areas of concern (if any) for Phase 2 of the survey and to select the remaining sample after the team has obtained enough information to decide what concerns need further investigation. It is not necessary to complete all the reviews of all residents in Phase 1 before this meeting.

The sample in each facility must be case-mix stratified in order to capture both interviewable and non-interviewable residents, and residents from both heavy and light care categories. The Phase 2 sample residents are selected based on the following:

- Initial concerns noted during Off-site Survey Preparation or the Initial Tour that have not yet been reviewed,
- Further investigation of Phase 1 concerns when Phase 1 reviews for which the information gathered is inconclusive,
- New concerns identified. from the Initial Tour.

Determine which Phase 1 concerns are resolved, as these do not need to be carried over into Phase 2 sample selection. If Phase 1 is completed, all concerns have been resolved and no new concerns are identified, eliminate Phase 2, complete Task 5 sub-tasks and proceed to Task 6.

### a. **Resident Selection**

Select residents for the Phase 2 sample based on the following:

- (1) Select a “case-mix stratified” sample (but not for each phase of the sample selection, just for the total sample). Case-mix stratified sample includes residents who are interviewable and non-interviewable and who require heavy and light care. It is important that at least one resident in the sample represent each of these categories. The requirements of the sample selection procedures make it necessary for survey teams to select

interviewable and non-interviewable residents in order to complete Task 5D, Quality of Life Assessment Interviews, so those categories of case-mix stratification will be automatically filled by complying with the sample selection procedures. The team should review the Phase 1 sample to determine if at least one heavy care and one light care resident has been selected to fulfill this portion of the case-mix stratification requirement at the beginning of the Phase 2 sample selection meeting. The surveyors will ensure that if either heavy or light care residents are missing from the Phase 1 sample, that at least one is selected from the missing category in Phase 2.

**(2) Areas of Concern**

Select residents who represent one or more of the areas of concern the team has selected for Phase 2 of the survey.

**(3) Closed Record Reviews**

Select residents whose records have been closed for at least 30 days for the closed record reviews.

**b. Michigan Roster/Sample Matrix Worksheet**

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

- Check “Phase 2” on the copy of the *Michigan Roster/Sample Matrix* that will be used to denote the resident sample for Phase 2 of the survey.
- Highlight the column for each identified concern for Phase 2.
- Each resident the team selects is entered on the worksheet.

Note the following about each resident:

- ▶ Resident identifier and room number.
- ▶ Surveyor assigned to complete the resident review and any quality of life assessment (Resident Interview or Family Interview) selected for the resident.
- ▶ Checkmarks are made only in the highlighted columns and these residents will be reviewed for these concerns.
- ▶ Be sure that residents are selected to complete the required number of resident interviews, family interviews and closed record reviews.

**F. Closed Record Review**

*Resident Review*, Task 5C, includes a record review of resident care issues and transfer and discharge.

**G. Michigan Roster/Sample Matrix**

This worksheet will be used by the survey team during Off-site Survey Preparation and at the Phase 1 and Phase 2 Sample Selection meetings to note areas of concern for the survey and to select residents for the sample.

**H. Special Factors to Consider in Sample Selection**

Residents must be selected for both the Phase 1 and Phase 2 sample as representatives of concerns to be investigated and to fulfill the case mix stratified sample requirement. Consider the factors below that may be considered in your determination of which residents to select if you identify more residents than can be selected to represent the concerns of interest:

- New admissions, the facility must plan care from the first day of each resident's admission.
- Residents most at risk of neglect and abuse; i.e., residents who have dementia; no or infrequent visitors; psychosocial, interactive and/or behavioral dysfunction; or residents who are bedfast and totally dependent on care.
- Residents receiving hospice services.
- Residents with end-stage renal disease.
- Residents under the age of 55.
- Residents with mental illness or mental retardation.
- Residents who communicate with non-oral communication devices, sign language or who speak a language other than the dominant language of the facility.

**I. Substituting Residents**

If the team has found it necessary during the survey to remove a resident from the sample (e.g., a resident refused to complete the interview), replace this resident with another who best fulfills the reasons the first person was selected. Make the substitution as early in the survey as feasible. Note on the *Michigan Roster/Sample Matrix* that the new resident was substituted for resident #\_\_\_\_, and briefly give the reason the first resident was dropped.

**J. Supplementary Sample**

Supplement the sample with residents who represent the areas of concern under investigation if sampled residents are found not to provide enough information to make deficiency determinations concerning specific requirements under review. Focus review for these residents only on the concern under investigation and any other concerns that are discovered during this review. Add the names of these residents to the Phase 2 *Michigan Roster/Sample Matrix* worksheet, highlighting the relevant categories. Use the *Michigan Resident Review Worksheet* (BHS-NHM-215) to complete these investigations.

\*If Phase 1 is completed, all concerns have been resolved and no new concerns are identified, eliminate Phase 2, complete Task 5 sub-tasks and proceed to Task 6.

### **3.5. TASK 5: INFORMATION GATHERING**

Situations identified of possible non-compliance related to any licensure requirement are to be investigated in order to determine whether the facility is in compliance with the requirements. Information gathering includes the following sub-tasks shown below in this manual:

- Section 6.6, General Observations of the Facility
- Section 6.7, Kitchen/Food Service Observation
- Section 6.8, Resident Review
- Section, 6.9, Quality of Life Assessment
- Section 6.10, Medication Pass Observation
- Section 6.11, Quality Assessment and Assurance Review
- Section 6.12, Abuse Prohibition Review
- Section 6.13, Resident Trust Fund Review
- Section 6.14, Nurse Staffing and Employee Qualifications.

Use survey worksheets for each of the sub-tasks and requirements reviewed in Task 5. While these sub-tasks are discrete information gathering activities, there are a number of things to take into consideration during Task 5.

#### **A. Procedures**

Worksheet documentation should be resident-centered as appropriate. Make your documentation specific enough so that compliance decisions can be made. Include information about how the facility practice affected residents, the number of residents affected and the number of residents at risk. This documentation will be used to make deficiency determinations.

Devote as much time as possible during the survey to performing observations and conducting formal and informal interviews. Limit record reviews to obtaining specific information, i.e., look at what you need, not the whole record. Information acquired while doing observations and interviews will direct your record review.

Regardless of the task in which you are engaged, be alert at all times to the care environment and activities around you.

Throughout the survey, discuss your observations, as appropriate, with team members, facility staff, residents, family members, and the ombudsman. Maintain an open and ongoing dialogue with the facility throughout the survey process. This gives the facility the opportunity to provide you with additional information in considering any alternative explanations before you make deficiency decisions. However, this does not mean that you report every negative observation on a daily basis. If the negative observation relates to a

routine that needs to be monitored over time to determine whether a deficiency exists, wait until a trend has been established before notifying the facility of the problem.

If you have verified through observation, interview and record review that a resident's condition has declined, focus your investigation to determine if this decline was related to the facility's failure to provide adequate and appropriate care. Ask a facility staff member, charged with responsibility for the resident's care, to show you documentation of the care provided. Use this information to guide your investigation. Use your professional judgment and team approach to determine if a deficient practice has occurred.

Verify your information and observations in terms of credibility and reliability. If you doubt the credibility or reliability of information, validate that information or gather additional information before using it to make a compliance decision.

**B. Observations**

The objectives of the observational portion of information gathering are to gather resident-specific information for the residents included in the sample and to be alert to the provision of care, staff-resident interactions and quality of life for all residents.

**C. Informal and Formal Interviews**

The objectives of interviews are to collect information, verify and validate information obtained from other survey procedures, and provide the opportunity for all interested parties to give you what they believe is pertinent information.

Interview residents, staff, families, ombudsman, family council representatives, and other persons as appropriate. Informal interviews are conducted throughout the duration of the information gathering tasks of the survey. Formal structured interviews are also done as part of the Quality of Life Assessment protocols. Use the information obtained from interviews to assist you in deciding what additional observations and record review information is necessary. Avoid asking leading questions.

Verify that residents have information on whom to contact in the event they become the objects of retaliation by the facility if residents appear reticent in providing you with information or express concern about retaliation. Notify the ombudsman of the residents' concerns if you have the residents' permission.

**D. Record Review**

The objectives of the record review are to acquire information that directs initial and/or additional observations and interviews, to provide a picture of the current status of the resident as assessed by the facility and to evaluate

assessments, plans of care and outcomes of care interventions for residents included in the sample.

Record review, including review of resident assessment, care plan, implementation of the care plan and evaluation of care, is one facet of the resident review which determines if there has been a decline, improvement, or maintenance in identified focus areas.

**NOTE:** Do not spend excessive time gathering and recording information from the record. Use the record review to obtain information necessary to validate and/or clarify information you have obtained through observation and interviews. Ask facility staff to assist you in finding any information that you have been unable to find on your own or that requires validation.

### **3.6. TASK 5A - GENERAL OBSERVATIONS OF THE FACILITY**

#### **A. Objective**

The objective of this task is to observe physical features in the facility environment that affect residents' quality of life, health and safety. Use *the Michigan General Observations of the Facility* worksheet (NHM-BHS-216) to complete this task.

#### **B. Procedures**

Each surveyor should note and document any concerns in resident rooms and the general environment during the Initial Tour. Any concerns should be investigated and followed up either through the resident review for sampled residents or during the Michigan General Observation task. One surveyor is assigned to complete the *Michigan General Observation of the Facility* worksheet during the remainder of the survey. This surveyor assures that all items on this worksheet are completed. All surveyors should share any additional concerns regarding the environment with the team and the surveyor assigned to complete the worksheet. Begin your observations as soon as possible after entering the facility, normally after introductions at the entrance conference.

#### **C. Making Observations**

The focus in Task 5A is on quality of life and environmental health and safety indicators in areas of the facility that would be visited or used by residents. However, some non-resident areas should also be reviewed due to their potential negative effect on residents (e.g., utility rooms).

##### **1. Documentation**

Document any concerns thoroughly at the time you are observing. Use the Michigan Surveyor Notes Worksheet if additional documentation space is needed.

**2. Times of Observation**

Plan to observe the facility's environment at different times during the survey (e.g., first and second shift, common areas when in use by residents).

**3. Share Concerns**

Share any concerns with the team to determine the possible need to gather additional information.

**3.7. TASK 5B - KITCHEN/FOOD SERVICE OBSERVATION**

**A. Objective**

The general objective of the Kitchen/Food Service Observation is to determine if the facility is storing, preparing, distributing and serving food according to the most recent Food and Drug Administrations (FDA) Food Code adopted by the State of Michigan to prevent food borne illness.

**B. Procedures**

A surveyor(s) is assigned to conduct the Kitchen/Food service observation.

**NOTE:** The surveyor assigned to complete this task should begin with a brief visit to the kitchen as part of the initial tour in order to observe the sanitation practices and cleanliness of the kitchen. Observe whether potentially hazardous foods are being left on counter tops or steam tables, the manner in which foods are being thawed, the cleanliness, sanitary practices and appearance of kitchen staff (e.g., appropriate attire, hair restraints).

**1. Michigan Kitchen/Food Service Observation Form**

Use the *Michigan Kitchen/Food Service Observation* worksheet (BHS-NHM-214) to direct your observations of food storage, preparation, service and sanitation.

**2. Evaluation**

In addition to completion of the worksheet, also evaluate:

- Food availability in relation to the number of residents;
- Menus, meal census, food acceptance, food utilization records and recipes;
- Menus being posted and on file;
- Food being prepared consistent with the written planned menu;
- Policies and Procedures for dietary services;
- Qualifications of dietary and food service staff;
- Written job descriptions and in-service training for dietary personnel.
- Observe the tray line, kitchen and dining service to determine:
- Observe whether menus are followed by employees;

- Observe whether appropriate equipment is available and used to prepare and serve foods;
- Observe whether the food is being held at safe temperatures and served at palatable temperatures; and
- Observe whether cooked leftovers used during food preparation were stored and used within appropriate time frames and are reheated to at least the temperature designated by the FDA Food Code.

### 3.8. TASK 5C - RESIDENT REVIEW

#### A. Objectives

The objectives of the Resident Review are to determine:

- How resident outcomes and the resident quality of life are related to the provision of care by the facility;
- If the care provided by the facility is adequate and appropriate;
- If residents are assisted to have the best quality of life that is possible; and
- If the facility has properly assessed its residents, identified health problems, conducted care planning, implemented the plan and evaluated care provided to the residents.

#### B. Procedures

The team coordinator assigns specific residents in the sample to surveyors. One surveyor should conduct the entire *Michigan Resident Review* for an assigned resident. This same surveyor should also complete that protocol if the resident has been chosen for a Quality of Life Assessment protocol (Task 5D). Two surveyors should work jointly to complete the review if the complexity of a resident's care requires expertise of more than one discipline.

The *Michigan Resident Review* worksheet is completed for all sampled residents. Determine, as appropriate, if there has been a decline, maintenance or improvement of the resident in the identified focused care areas and/or activities of daily living. Determine if the decline or lack of improvement was avoidable or unavoidable if there has been a lack of improvement or a decline.

#### C. Definitions

##### 1. Comprehensive Care Review

A Comprehensive Care Review includes observations, interviews and a record review. The surveyor conducts a comprehensive review after observing and talking with the resident, which includes the following:

- A review of the facility's completion of the resident's care planning process including assessment, identification of health

problems, written plan of care, implementation of the care plan and evaluation of the plan of care.

- A review of the relationship of the resident's drug regimen to the resident's condition (see the description of procedures for completing Part G, #3, Section C below);
- A review of all identified concerns; and
- An evaluation of the resident's dining experience.

**2. Focused Care Review Phase I**

The Focused Care Review, Phase I, includes observations, interviews, and a record review. This review focuses on all care areas that are highlighted on the *Michigan Roster/Sample Matrix* by the team for the resident, whether or not they have been highlighted as concerns for the survey. The dining observation is done for a resident if the resident has any highlighted concerns related to dining or the investigating team member has any concerns about the resident related to dining (such as weight loss). The Phase I focused care review includes a review of resident's care planning process.

**3. Focused Care Review Phase 2**

The Focused Care Review includes observations, interviews and a record review, which concentrates only on those areas of concern for which the team requires additional information.

**4. Closed Record Review**

The Closed Record Review includes a record review of the resident's care issues related to the transfer, discharge and/or death and clinical record requirements.

**D. Conducting the Resident Review**

The Resident Review consists of 4 main sections:

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

See *Michigan Resident Review Worksheet* and instructions for specific areas to review.

**1. Section A**

The Resident Room Review assesses accommodation of needs, environmental quality, and quality of life in the resident's room. Evaluate through your observations and interviews how the resident's environment affects her/his quality of life.

**2. Section B**

The Resident Daily Life Review is a review of the resident's daily quality of life, especially in the areas of staff responsiveness to resident grooming and other needs, staff interactions, choices and activities. Evaluate the resident's daily life routines and interactions with staff through your ongoing observations and interviews.

**3. Section C**

The Assessment of Drug Therapies is a review of the medications the resident is receiving to evaluate whether the effectiveness of the therapeutic regimen is being monitored and assessed. Use the appropriate clinical practice guidelines for the review of apparent adverse drug reactions.

**4. Section D**

The Resident Care Review is an assessment of those care areas that are pertinent to the sampled resident. The survey team, through use of the *Michigan Roster/Sample Matrix*, determines what care areas will be reviewed for each sampled resident. (Additional areas for evaluation may be identified during the review.)

**E. Care Observations and Interviews**

Make resident observations and conduct interviews, which include those factors or care areas as determined by the *Michigan Roster/Sample Matrix*. Complete the following tasks:

**1. Resident and Staff Observations**

Observe the resident and care givers during care and treatments, at meals and various times of the day over the entire survey period. Observe residents in both informal and structured settings, e.g., receiving specialized rehabilitation services, participating in formal and informal activities. Also, observe staff-resident interactions.

**2. Resident-Specific Information**

Gather resident-specific information, including information on the resident's functional ability, potential for increasing ability and any complications concerning special care needs.

**3. Care Plan**

Evaluate implementation of the care plan. Determine if all personnel consistently implement the care plan at all times of the day and if the care plan is working for the resident. If the care plan is not working, look for evidence that the facility has identified this and acted on it even if the care plan has not formally been revised.

**4. Resident Assessment**

Determine whether there is a significant difference between the facility's assessment of the resident and your observations.

**5. Adequacy of Care**

Evaluate the adequacy of care provided to the resident.

Do not continue to follow residents once you have collected enough information to determine whether the resident has received care in accordance with the regulatory requirements.

If there are indicators to suggest the presence of a quality of care problem that is not readily observable, e.g., a leg ulcer covered with a dressing or a sacral pressure sore, ask facility staff to assist you in making your observations.

Surveyors who have the clinical knowledge and skills to evaluate compliance should make resident care observations. Only a surveyor who is a licensed nurse, a physician's assistant or a physician may make an observation of a resident's genitals, rectal area or the female breast area.

When observing residents, respect their right to privacy, including the privacy of their bodies. If you must observe the resident's genital or rectal area or female breast area to document and confirm your suspicions of a care problem, a member of the nursing staff must be present at this observation, and the resident must give clear consent.

If the resident is unable to give consent and a legal surrogate (family member who can act on the resident's behalf or legal representative as provided by State law) is present, ask this individual to give consent.

**F. Record Review**

Conduct a record review to provide a picture of the current status of the resident as assessed by the facility. Review information on changes in the resident's status since the last licensure survey for those areas identified for review and information on planned care, resident goals and expected outcomes.

Use the record review to help determine whether the assessments accurately reflect the resident's current status.

Review the care plan to identify whether the facility used the assessment to make sound care planning decisions. Determine whether the facility identified resident strengths, needs and problems, which needed to be addressed to assist the resident to maintain or improve his/her current functional status. Determine whether the facility developed goals and specific interventions to

achieve those goals. Use observations, interviews and record review to determine if the facility implemented the planned interventions.

It is not necessary to review the entire resident record. Review only those sections that are necessary to make compliance decisions.

Assess if the change for the resident was avoidable or unavoidable in any care area in which you determine that there has been a lack of improvement or a decline. Note both the facility's deficient practice and its impact on the resident(s). Determine if a reassessment should have been conducted, and if the absence of reassessment contributed to the resident's decline or lack of improvement.

**NOTE:** Investigate areas of concern which fall outside the care areas identified when conducting either a focused or comprehensive review as necessary.

#### **G. Closed Record Reviews**

Closed records are included in the total resident sample. Document information on the *Michigan Resident Review Worksheet*, Sections C and D, as appropriate. Focus the review on the appropriateness of care and treatment surrounding the resident's discharge, transfer or death and the events leading up to that discharge, transfer or death unless there is a reason to review the entire record, . In addition:

##### **1. Documentation**

Look for documentation related to transfer, discharge and bed-hold, including the facility's discharge planning, notices and reasons for facility-initiated moves.

##### **2. Resident Death**

Determine if within 10 business days of the death of a resident, the facility has provided the executor or administrator of the resident's estate with a written accounting of the resident's personal belongings and funds.

##### **3. Personal Funds**

Determine if the facility has returned to the resident, legal guardian or legal representative, personal funds of the resident either immediately or within three business days of the resident's discharge.

#### **H. Hospice Care and/or Dialysis Services' Resident Review**

Review the resident's care to ensure that the facility has communicated, established and agreed upon a coordinated plan of care based on an assessment of the individual's needs and unique living situation in the facility if the facility has residents receiving hospice care or dialysis services.

### 3.9. TASK 5D - QUALITY OF LIFE ASSESSMENT

#### A. Objectives

The objectives of the quality of life assessment are:

- To determine if the facility protects and promotes the rights of residents;
- To assess the impact of the facility's environment, schedules, policies and staff interactions with residents on the quality of residents' lives;
- To determine if the facility is providing adequate and appropriate care; and
- To determine if the facility provides equal access to appropriate care for all residents, regardless of race, religion, color, national origin, sex, age, disability, marital status, sexual preference or source of payment.

#### B. Protocols

Task 5D includes interviews of interviewable residents, a meeting with the resident group or council, family interviews for residents who are not interviewable and observations of these same non-interviewable residents. These are described below.

##### 1. Resident Interview

###### a. Number of Residents

Refer to the Michigan Resident Selection Sample Table in Task 4 to determine how many residents to interview.

###### b. Timing

It is helpful to divide the interview into two or more short segments. Seeing the resident more than once helps to establish rapport and gives the resident an opportunity to think over the questions and provide more information later. Surveyors are encouraged to have several short conversations with interviewable residents during the course of the survey.

###### c. Location

Locate a private place for the interview and arrange interview times at the resident's convenience. Resident interviews should be conducted privately unless the resident expresses a preference to have a person of his or her choice present.

###### d. Question 10

Use question 10 on the *Michigan Quality of Life Assessment Resident Interview* (BHS-NHM-127) to write any concerns you have discovered about this resident or about the facility that you would like to discuss with the resident prior to the interview.

**e. Interview Process**

Use the resident interview protocol to guide your conversation with the resident, but bring up topics in an order that is sensible to the conversation. Probe for further information if the answer the resident is giving is incomplete or unclear. Follow up on the concerns the resident has raised after the interview. Include in your documentation both the facility practice in question and its effect on the resident. Share these concerns with team members so that they can pursue them during the remainder of the survey.

There are some problems that a resident will express that are not within the scope of the nursing home requirements. If there is no issue related to one of the requirements, you need not investigate further.

**2. Group Interview**

This interview is conducted with a group of alert and oriented residents and may include members of the resident council if one exists. Staff members and other persons are not to be present at this interview unless the group specifically requests a certain person's presence. It is preferable to keep the group size manageable (usually no more than 12) to facilitate communication. Residents who are not able to participate should not be included in this interview.

Prior to the meeting, review council minutes if the council provided them. Determine if there are any particular concerns you would like to discuss. Write in question 13 on the *Michigan Quality of Life Assessment Group Interview* (BHS-NHM-124) these concerns and any other special concerns the team has learned about this facility during Off-site Survey Preparation, the Initial Tour or during other observations and interviews.

During the meeting, it may be helpful to have one surveyor conduct the interview while another takes notes. Use the probes on the first page of the protocol to guide you in introducing yourself and describing the purpose of the interview at the beginning of the meeting. Spend a few minutes establishing rapport with the group by letting them direct the conversation. A general question such as, "Tell me what life is like in this facility?" or "What makes a good day for you here?" may be used if residents have nothing to say at this time. Then continue with the protocol questions, probing for more information where necessary and presenting questions in an order that is sensible to the conversation. Get residents to talk in terms of actual situations or examples, using open-ended probes.

Follow up on any concerns the residents have raised that are within the scope of the nursing home requirements after the meeting, . Share these concerns with the team to focus their investigations.

**3. Interviews With Family Member or Representative of Non-Interviewable Resident**

The family interview is the first part of a two-part protocol. The purpose of this interview is to obtain information about the prior and current preferences of the non-interviewable residents to help you assess whether the facility is individualizing daily life activities, care and services. The information gained through the interview will be used to complete the *Michigan Family Interview and Observation of Non-Interviewable Resident* (BHS-NHM-129). Follow up on any concerns raised by the family member about the resident's treatment by the facility.

**a. Number of Residents**

Use the Michigan Resident Sample Table in Task 4 to determine how many residents will receive the family interview and resident observation.

**b. Preparation**

Review the relevant sections of the medical record about past activities and preferences, and the resident's social history and activities assessment prior to the interview. Begin completing the *Michigan Family Interview Worksheet* and *Observation of Non-Interviewable Resident* with information from the medical record; use the interview to fill in missing information.

**c. Resident's Past Lifestyle And Preferences**

Information about a resident's past lifestyle and preferences may be more or less relevant, depending on the resident's condition and on the length of time spent in the nursing home. Even after years of institutionalization, some features of a resident's prior life may still be relevant, even if the resident is now debilitated and unable to communicate. You will also collect information about how the resident's current cognitive status and physical condition have influenced past preferences.

**d. Family Member's Knowledge**

Family members do not always know the prior history of a nursing home resident. Therefore, Section A, Question 1 from the *Michigan Family Interview and Observation of Non-interviewable Resident Worksheet* serves to obtain information about the family member's knowledge of the resident. An interview may be discontinued if the family member's answer to

Question 1 shows that he/she has little or no knowledge of the resident's past history. A general question such as, "What would you like to tell me about this facility and your relative's treatment?" may be used to end the interview. This resident can still remain as part of the survey sample. Select another non-interviewable resident from the sample for a family interview and observation of non-interviewable resident protocol.

**e. Partial Knowledge**

The interview may be continued with whatever information you can obtain in answer to the protocol questions if the family member has partial knowledge.

**f. Family Members**

Be aware that family members may have strong emotions about their relative's decline and institutionalization. Allow them to express their feelings, but gently direct them back to the questions of the protocol.

**g. Location**

The interview may be conducted in person with a family member you have met on tour or by telephone, if necessary.

**h. Resident Observation**

The second part of this protocol is the observation of the non-interviewable resident, Section B. The purpose of this protocol is to obtain information through direct observation about the quality of life of the non-interviewable residents who have been selected for family interviews. Combine the information gained during the interview with what you have learned about the resident during the resident review to guide your observations.

**i. Observation Locations**

Use this protocol to complete approximately one hour of observation per resident, divided into short segments in at least three settings and at different times of the day. This need not be dedicated time; surveyors can complete other tasks while conducting this observation. Part of the time should be spent in a location in which you can observe what is happening as staff interacts with the resident in his/her room. The remainder of the time should be divided among other locations frequented by the resident, including the dining room, activities rooms, other common areas, and therapy rooms. You may already have completed some observations of this resident prior to the interview. Continue making observations until you have

covered all probes on the worksheet, including the special items you noted for observation. Observations of the resident in particular settings do not need to be made for the entire duration of the activity or therapy session. When making observations, such as an activity or physical therapy,

**j. Areas of Concern**

Use the probes in this protocol to guide your observations. Note the areas of concern on the *Michigan Resident Review Worksheet*. Be specific in noting time, location and exact observations for each concern. Record what you see and hear, not a judgment of the situation.

**k. Resident Awareness**

Ask questions during the individual, group and family interviews regarding their awareness of how and to whom allegations, incidents and/or complaints are to be reported. Share this information with the surveyor assigned to complete Task 5G.

**l. Investigate Concerns**

Attempt to investigate these areas through whatever means are appropriate whenever you have obtained information about areas of concern through resident interviews. These might include interviews with other residents, staff and families, reviews of written facility information such as policies and procedures and the resident rights information. Share your observations with the team to assist them in their investigations of quality of life of other residents.

**3.10. TASK 5E: MEDICATION PASS**

**A. Objective**

The objective of the medication pass is to observe the actual preparation and administration of medications in order to assess compliance with licensure rules.

**B. Procedures**

Record observations on the *Michigan Medication Pass Worksheet* (BHS-NHM-212). The column marked "Record" is for the purpose of recording the physician's actual order. Do this only if the physician's order differs from your observation of the administration of the drug. When observing the medication pass, do the following:

- Be as neutral and unobtrusive as possible during the medication pass observation.

- Observe a minimum of 20-25 medication administration opportunities. If feasible, observe a minimum of 3 individuals administering medications.
- Observe different routes of administration i.e., eye drops, injections, feeding tube administration, inhalation.
- Cite the appropriate licensure rule(s) if you determine there is a medication error(s).

### **3.11. TASK 5F: QUALITY ASSESSMENT AND ASSURANCE REVIEW OBJECTIVES**

#### **A. Objectives**

The quality assessment and assurance review protocol is designed to determine if:

- A Patient Care Policy Committee exists and meets as required;
- Medical Audits are performed annually, and
- An Infection Control Committee exists and conducts the required activities.

These committees must have methods to identify, respond to and evaluate the response to issues that require quality assessment and assurance activity.

#### **B. Protocol**

- Conduct the review of the requirements after the Phase 2 sampling meeting.
- Determine if the requirements are being met through interviews with staff and/or committee members.

### **3.12. TASK 5G: ABUSE PROHIBITION REVIEW**

#### **A. Objectives**

To determine if the facility has developed and implemented policies and procedures that prohibit abuse, neglect, involuntary seclusion and misappropriation of property for all residents. The review includes components of the facility's policies and procedures as required by Public Act 368 as amended.

These include policies and procedures for the following:

- Screening potential hires;
- Training employees (new employees and ongoing training for all employees);
- Prohibition of abuse;
- Identification of possible incidents or allegations which need investigation;
- Investigation of incidents and allegations;

- Protection of residents during investigations, and
- Reporting incidents, investigations and facility response to the results of their investigations.

**B. Protocol**

Utilize the *Michigan Abuse Prevention Program Review* (BHS-NHM-208) to complete this task.

**3.13. TASK 5H: RESIDENT TRUST FUND REVIEW**

**A. Objective**

The objective is to determine if the facility maintains a resident trust fund in accordance with the Michigan requirements.

**B. Protocol**

Utilize the *Michigan Patient/Resident Trust Fund Worksheet* (BHS-NHM-213) to complete this task.

**3.14. TASK 5I: NURSE STAFFING AND EMPLOYEE QUALIFICATIONS**

**A. Objective**

The objective is to determine if the facility maintains staffing levels and employs qualified staff in accordance with the Michigan requirements.

**B. Protocol**

- Utilize the *Nursing Staff Report* (BHS-NHM-145T) to complete this task for staffing levels.
- Use Nurse Staffing Hours Table to assist in determining compliance.
- Utilize the *Michigan Personnel Records Worksheet* (BHS-NHM-123) to complete this task for staff qualifications.

**3.15. TASK 6 - INFORMATION ANALYSIS FOR DEFICIENCY DETERMINATION**

**A. Objective**

The objective of "Information Analysis for Deficiency Determination" is to review and analyze all information collected and to determine whether or not the facility has failed to meet one or more of the regulatory requirements.

**B. Protocol**

The worksheets and procedures are designed to assist the surveyor in gathering, investigating, organizing and analyzing information about the quality of services provided by the facility in order to determine whether the facility has failed to meet nursing home licensure requirements.

**1. Worksheet Review**

Each member of the team should review his or her worksheets to identify concerns and specific evidence relating to requirements that the facility has potentially failed to meet.

**2. Deficiency Decisions**

Decisions about deficiencies are to be team decisions with each member having input. The team coordinator or designee should document the deficiency decisions and the substance of the evidence on the *Michigan Exit Form* (BHS-NHM-122).

**3. Guidance for Deficiencies**

Use the following to determine if a deficiency exists:

- a. "Deficiency" is defined as a facility's failure to meet a licensure requirement as specified in the Public Health Code and/or the Nursing Home rules.
- b. Review the language of the requirement.

Some requirements need to be met for each resident. Any violation of these requirements, even for one resident is a deficiency. Other requirements focus on facility systems.

**C. Immediate Jeopardy**

Immediate Jeopardy (IJ) is defined as a situation in which the facility's failure to meet one or more licensure requirements has caused, or is likely to cause, serious injury, harm, impairment or death to a resident. The team should meet immediately to confer if at any time during the survey, one or more team members identify possible Immediate Jeopardy. Immediate Jeopardy can be related to mental, emotional, and/or physical well-being, and the situation in question need not be a widespread problem. The team will consider MCL 333.20155(17)(c) to determine a potential Immediate Jeopardy. The team coordinator must consult immediately with his/her supervisor if the team concurs. The supervisor will notify the Division Director if the supervisor concurs that the situation constitutes Immediate Jeopardy. The supervisor will notify the team coordinator to inform the facility administrator or designee that the Immediate Jeopardy licensure revocation procedures are being invoked. The team coordinator should explain the nature of the Immediate Jeopardy to the administrator or designee. The supervisor will direct the team on further Immediate Jeopardy procedures. See for reference the *Immediate Jeopardy Decision Making Tool*.

The facility should immediately begin to develop a plan to remove the Immediate Jeopardy. The plan should be forwarded to the Team Licensing Officer/Manager for approval. Surveyors are not required to remain on-site while an IJ removal plan is developed. Surveyors should notify their

LO/Manager if a facility has a problem developing an IJ removal plan of if serious harm to residents continues.

### **3.16. TASK 7 – EXIT CONFERENCE**

#### **A. Objective**

The general objective of the exit conference is to inform the facility of the survey team's observations and preliminary findings.

#### **B. Protocol**

##### **1. Attendees**

Conduct the exit conference with facility personnel and one or two residents who may be invited to attend.

##### **2. Survey Results**

Do not discuss survey results in a manner that reveals the identity of an individual resident. Provide information in a manner that is understandable to those present e.g., say the deficiency "relates to the failure to provide skin care." Do not use tag numbers. The team may use section and rule number references.

##### **3. Preliminary Deficiency Findings**

Describe to the facility the team's preliminary deficiency findings and let them know that they will receive a report of the survey containing any deficiencies cited against the facility. Provide the facility with a list of residents included in your standard survey sample. Do not give the team's *Michigan Roster/Sample Matrix* forms to the facility as they contain confidential information.

##### **4. Closing**

Provide the facility with the opportunity to discuss and supply additional information that they believe is pertinent to the identified findings during the exit conference. There should be few instances where the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference because of the ongoing dialogue between surveyors and facility staff during the survey.

### **3.17 FEDERAL LONG TERM CARE LICENSURE SURVEY PROTOCOLS**