

LTC Survey Processes

Michelle Roepke, BS, MT (ASCP)
Division Director-Bureau of Survey and Certification
Stacey Goodman-Hall, MSN, RN
Detroit South Survey Team Manager-Bureau of Survey and Certification

August 2022



Objectives

1. Acquire a basic understanding of the survey process
 - Annual (Recertification), Abbreviated, Revisits, and Focused Infection Control
2. Know the location of survey resources

Public Information

The survey process is public information

Survey process trainings can be found at [QSEP.CMS.gov](https://www.cms.gov/qsep)

[CMS.gov](https://www.cms.gov)

- In search box type in “LTC survey process.” It will show up in the download section. Same location as clinical pathways

Types of Surveys


Initial

Annual (recertification)

Revisit

Abbreviated (complaint/FRI)

Focused Infection Control Surveys

- 
- All surveys are unannounced
 - The CMS Mission Priority Document (MPD) is a document we must follow. The MPD puts our workload into **Tiers**. **Tiers** provide the timelines as to when our surveys must be completed.

Tier 1

- Established by the U.S. Congress
- 15.9 Maximum Re-certification Survey Interval
- 12.9 Monthly Average or less
- Complaints Triaged at IJ (investigation must be started within 48 hours) **October 24 changing to 3 business days of initial report**

Tier 2

- Set by Centers for Medicare/Medicaid Services (CMS)
- Off Hour Surveys-- 10% of surveys before 8 am or after 6 pm and of the 10%, 50% must be on weekends or facilities with potential staffing concerns
- Complaints Triaged as Non-IJ High (P2). Investigation must start within 10 days. **Changing in October to annual average of 15 days of receipt of initial report not to exceed 18 business days**

Tier 3

- Initial surveys for Medicaid only
- Initial surveys for dual Medicare/Medicaid Certification
- Complaints triaged as Non-IJ Medium (next onsite)

Changing in October to initiate an onsite survey within 45 calendar days of receipt.

Tier 4

- Complaints triaged as Non-IJ Low (next onsite)
Changing in October to track/trend for potential focus areas during next onsite survey or initial a complaint survey

o add text

Long Term Care Surveyors

- They are the eyes and ears for the Centers for Medicare and Medicaid (CMS) in nursing homes
- Variety of Health Care Professionals
 - Nurses
 - Dietitians
 - Social Workers
 - Sanitaricians
 - Generalists
 - Attorneys

Surveyor Training

- Extensive nine-week state training course in addition to the required CMS online training courses
- Participate in a 10-day embedded nursing home experience (State law)
- Attend Joint Provider Surveyor Training
- Participate in Mock Surveys
- Required to pass the CMS State Minimum Qualification Test (SMQT)

Surveyor Training Cont.

- CMS required LTC Training Plan contains numerous online training courses
- Starting in 2022, all surveyors will be required to take CMS refresher courses



Annual (Recertification) Surveys



New Long Term Care Survey Process (LTCSP)

- Started November 28, 2017
- At the same time as the re-numbering and addition of new LTC regulations
- A computer assisted survey process which incorporates Critical Element Pathways for re-certification surveys.

The New Process is Different

- You will meet with the survey Team Leader for the entrance conference. Team Leader will work to establish communication between Survey Team and Facility Leadership throughout survey
- The survey team will have already reviewed your floor plan and will have assigned areas. CMS requires surveyors to do the Initial Pool process without facility staff accompanying the surveyors.

It Starts with Off-Site Prep

- Survey Team Manager assigns staff to each survey. CMS recommends the number of surveyors for the survey based on factors including facility census and number of complaints and FRIs added to the re-certification survey.

Off-Site Prep Cont.

MDS

Facility
Tasks

Facility
Census

Review
Repeat
Citations

Complaints
Since Last
Standard

Floor
Plan

Results of
Last Standard
Survey

Assign Surveyors
To Halls/Rooms

Off-Site Prep Cont.

Facility Tasks Assigned to survey team members

Required Tasks:

- Infection Control
- Kitchen
- Medication Administration
- SNF Beneficiary Protection Notification Review
- Sufficient and Competent Nurse Staffing
- Personal Funds

Facility Tasks Cont.

Discretionary Tasks:

- Resident Council Meeting
- Dining Observation
- Medication Labeling and Storage

Facility Tasks Cont.

Triggered Tasks (triggered based upon survey findings during the survey):

- Environment
- Resident Assessment
- Extended Survey

Day of Survey

- Team arrives and goes directly to assigned area to start the Initial Pool process.
- Team Leader meets with facility administration (LNHA & DON)
 - Goes over Entrance Conference Worksheet
 - Beneficiary Notice Worksheet
 - Facility Matrix
 - Facility Point Person for Procedures/Documents
 - Obtains full access to the EMR for the surveyors

Three Key Components of the Survey

1. Initial Pool Process (Screening and Selecting)

- May take all of Day 1 to complete
- Surveyors will make observations, do interviews and complete limited record reviews during the Initial Pool process to identify concerns for further investigations of selected residents following Sample Selection.

2. Sample Selection

- Goal is to complete by midday on Day 2 of survey
- Number of residents in sample is determined by factors that are built into the computer software and information surveyors gathered during the Initial Pool
- Residents in sample will have an in-depth investigation of concerns previously identified during the Initial Pool process

3. Investigation, Other Survey Activities, and Potential Citations

- Comprises the remainder of survey
- Surveyors use the Critical Element Pathways in the software
- Facility Tasks are completed
- During the investigation, the software will trigger other areas to investigate based on the findings entered into the software



Other Items That Occur During the Survey

The **Survey Team** holds **daily team meetings**

- Data sharing between all surveyors on the team
- Robust discussion of findings and concerns
- Determine which facility tasks still need to be completed
- Determine if surveyors' workloads need to be re-balanced

Team Meetings Cont.

- Identification of residents with current abuse concerns
- Identify New Admissions
- Ensure at least one smoking resident (if any) included in the initial pool
- Ensure at least one resident on TBP included in the initial pool
- Identify Vulnerable residents

Team meetings cont.

- Review each newly admitted resident listed on the matrix and ensure they were screened
- Ensure a resident identified in the concern subgroup included
- Discuss discrepancies found with the matrix
- Identify any IJ or SQC concerns
- Ensure Resident Representative/Family interviews completed

Interviews

- The survey process leads us to who should be interviewed.
- The interview of the Resident Council (Group Interview) is currently a discretionary task.
- Conversation versus interrogation
- Open ended questions
- Techniques can vary by surveyor

End of the Survey

Surveyors have completed all tasks, interviews, record reviews and observations.

Now it is time for deficiency determination—the team meets to discuss concerns identified during the survey process and makes the determination if there is enough evidence to bring a concern forward as a citation.

Exit Conference

- Attendees: facility administration, ombudsman, a few resident council members, and any other that wish to be included.
- Results are preliminary. QA and editing by Survey Team and Survey Team Manager
- General area of non-compliance will be described

Exit Conference Cont.

- We are not able to provide the F tag number
- We do not provide the S/S unless it is an IJ
- Provide general seriousness (harm) if citation has potential to rise to harm
 - Don't use the "harm" word, use serious concern

Post Exit

- Once the exit is complete, we are not able to accept additional documents.
- All citations go through an internal QA process before the CMS 2567 is released.

Post Exit

- Managers will listen to any concerns a provider brings forward before the survey exit.
- Survey Managers are not able to comment on the survey results until the CMS 2567 is written or until they are able to read the citation and make the determination if the findings support the deficient practice.

Post Exit

- If you disagree with the citation, there is the IDR process
- Not able to dispute a survey process in an IDR, just the deficiency.



Abbreviated Surveys

Abbreviated Surveys


The survey is unannounced

Usually complete several complaint investigations at one time.

Surveyors conduct an Off-site Prep which include

- Calling the complainant
- Contacting the Ombudsman
- Prepping for the survey

One complaint can have several allegations



We do not inform you of who the resident is or who the complainant is. You might be able to determine who they are, but we do not inform you.



Revisits

Revisits

Focused on citations that were previously cited, but it does not prohibit us from looking at something glaring while on site.

Surveyors will determine if the facility corrected the deficient practice previously cited.

An Off-site prep occurs

We do try to combine complaints and revisits to close cycles



Focused Infection Control Surveys



Focused Infection Control Survey (FIC)

Initially completed at the direction of CMS

The survey frequency has changed for FY 22. 20% of the facilities must now have a FIC survey. The State Agency does have some discretion which could lead to more than the 20%.




FICs can **not** be combined with an annual (recertification) survey


The annual survey has the FIC questions embedded in the software.

Still required to issue the DPOC for F880 citations




Items to Aide in The Survey Process

- 
- Access the “**LARA-Provider Related Resources**” web page, especially at the beginning of a recert survey.
 - As soon as possible on Day 1 of the survey provide the items on the Entrance Conference Checklist and the Entrance Conference Worksheet-Electronic Health Record (HER) Information Form.

- 
- Provide surveyors computer access as soon as possible on Day 1 of the survey. The faster you give us computer access, the faster we will exit.
 - When copies of documents are requested, please send them electronically, separated by document title/type. Don't send one document that contains the 672, 673, matrix, etc.

- When reaching out to the Survey Team Manager by e-mail, please include your name and event ID you are discussing. Please provide your title and contact number.
- Revisits
 - No need to call us to remind us that your revisit is due, we have plenty of staff monitoring it.



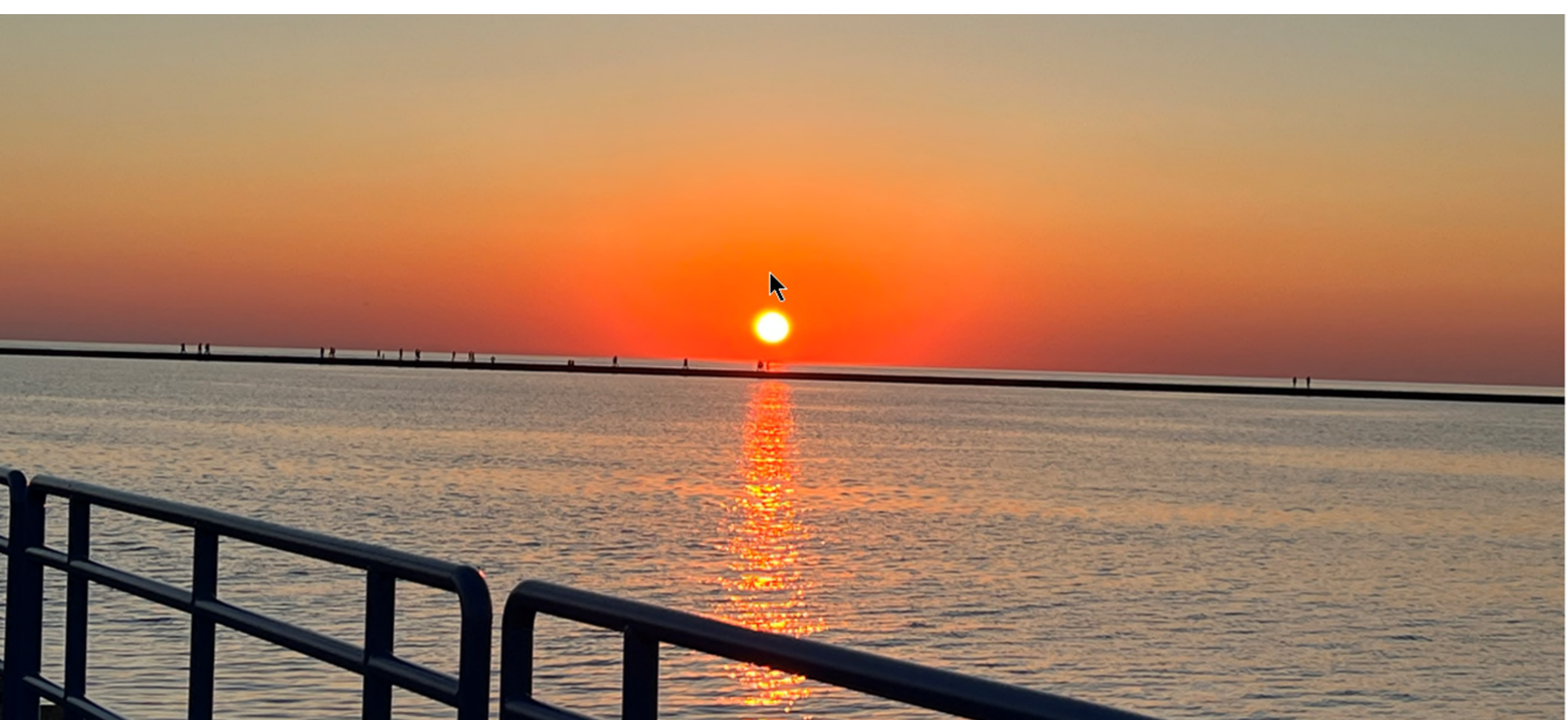
When sending documents to support a desk review for a revisit, e-mails must be small. Break up the documents by F-tag number. Send follow up e-mail to the Survey Manager to confirm the information was received.

For Life Safety Code survey desk reviews, documents need to go to Kim Osborn, not the health team manager. For instructions visit [Life Safety Code \(michigan.gov\)](https://michigan.gov/lara/bureau-list/bchs/env-health-life-safety-code/life-safety-code)

(Michigan.gov/lara/bureau-list/bchs/env-health-life-safety-code/life-safety-code)



Questions?



Thank you !