SURVEY READINESS

LONG-TERM CARE FACILITIES

Nursing Homes, Skilled Nursing Facilities, Nursing Facilities

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES

Division of Quality Assurance
Bureau of Nursing Home Resident Care

P-03552 (12/2023)

The Bureau of Nursing Home Resident Care (BNHRC) has developed this booklet to help you and your staff be **survey ready every day of the year**. This booklet provides you with several tools and resources to prepare your staff for the surveyors' entrance. These are only recommendations and may not address all scenarios. If you have facility or resident specific questions, please reach out to your regional office.

Be Prepared

1. Be survey ready every day of the year
    a. Provide continuous training with staff
    b. Develop and foster an effective QA/QAPI program
    c. Promote an active Resident Council
    d. Have an effective Customer Service Program
    e. Grow a robust Grievance Program
    f. Make daily and weekly rounds a routine

2. Maintain a complete and up to date SURVEY BOOK.

3. Make sure that all staff knows their job functions before surveyors enter the building.

4. Have a plan for weekends, holidays, and off hours survey entrances.

5. Train staff on what to expect during the survey.

6. Train staff on policies and procedures so they are able to respond to surveyors' questions.
    a. Review the list of Questions State Surveyors Might Ask CNAs

The Survey Book

The goal of every Nursing Home Administrator (NHA) and the facility should be to be survey ready every day. You should think about your survey all year and not wait until the State survey team shows up at your door. Best practice is to be prepared for the nursing home survey with a Survey Book – this book should contain everything that the surveyors will ask for when they enter your building. Please refer to the Entrance Conference Form on the next few pages. The Entrance Conference Form and other forms can be found https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

The Survey Book should be **available, organized, and kept current at least weekly.** Make sure that other management staff know where you keep the Survey Book as surveyors could show up when you are not available.

Some of the items are required to be provided within one hour, some within four hours, some by the end of the first day, and some within 24 hours of entrance. If you have these items available and current, you and your team will not be spending valuable time gathering this information. Life Safety Code (LSC) surveyors have a different list of needed documentation and that is referenced in Documentation for Life Safety Code Surveys, P-03274. It is suggested that you have separate Health and LSC Survey Books.

Entrance Conference Worksheet

The next pages of this booklet are the Entrance Conference Worksheet as of 10/2023. This document was included for your convenience but may change periodically. To find a more recent copy, go to https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes and look under "Survey Resources."

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
❑ 1. Census number
❑ 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
❑ 3. An alphabetical list of all residents (note any resident out of the facility).
❑ 4. A list of residents who smoke, designated smoking times, and locations.
ENTRANCE CONFERENCE
❑ 5. Conduct a brief Entrance Conference with the Administrator. Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.
❑ 6. Information regarding full time DON coverage (verbal confirmation is acceptable).
❑ 7. Information about the facility's emergency water source (verbal confirmation is acceptable).
❑ 8. Signs announcing the survey that are posted in high-visibility areas.
❑ 9. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
❑ 10. Name of Resident Council President.
❑ 11. Provide the facility with a copy of the CASPER 3.
❑ 12. Does the facility offer arbitration agreements? If so, please provide a sample copy.
❑ 13. Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?
❑ 14. Name of the staff responsible for the binding arbitration agreements.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE
❑ 15. Schedule of mealtimes, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
❑ 16. Schedule of Medication Administration times.
❑ 17. Number and location of med storage rooms and med carts.
❑ 18. The actual working schedules for all staff, separated by departments, for the survey time period.
❑ 19. List of key personnel, location, and phone numbers including the Medical Director and contract staff (e.g., rehab services).
❑ 20. If the facility employs paid feeding assistants, provide the following information: a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;   b) A list of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;   c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.
❑ 21. Name of the facility's infection preventionist (IP). Documentation of the IP's primary professional training and evidence of completion of specialized training in infection prevention and control.
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE
❑ 22. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
❑ 23. Admission packet.
❑ 24. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.

ENTRANCE CONFERENCE WORKSHEET

❑	25. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
❑	26. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
❑	27. Does the facility have an onsite separately certified ESRD unit?
❑	28. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
❑	29. Infection Prevention and Control Program Standards, Policies and Procedures, including: • the surveillance plan; • Antibiotic Stewardship program; and • Influenza, Pneumococcal, and COVID-19 Immunization Policy & Procedures.
❑	30. QAA committee information (name of contact, names of members and frequency of meetings).
❑	31. QAPI Plan.
❑	32. Abuse Prohibition Policy and Procedures.
❑	33. Description of any experimental research occurring in the facility.
❑	34. Facility assessment.
❑	35. Nurse staffing waivers.
❑	36. List of rooms meeting any one of the following conditions that require a variance: • Less than the required square footage • More than four residents
	INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY
❑	37. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled "Electronic Health Record Information."
❑	38. Provide a list of residents, who are currently residing in the facility, that have entered into a binding arbitration agreement on or after 9/16/2019.
❑	39. Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.
	INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE
❑	40. Completed Medicare/Medicaid Application (CMS-671).
❑	41. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

ENTRANCE CONFERENCE WORKSHEET

Beneficiary Notice - Residents Discharged Within the Last Six Months

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expired, or were transferred to an acute care facility or another SNF during the sample date range).			
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10/2023

3

ENTRANCE CONFERENCE WORKSHEET
ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team before the end of the first day of survey.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Pressure ulcers	
2. Dialysis	
3. Infections	
4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	
16. COVID-19 test results	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

Matrix 802

The next pages of this booklet are the Matrix 802 document as of 10/2022. This document was included for your convenience but may change periodically. To find a more recent copy, go to https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/cms-802.pdf.

MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify pertinent care categories for: 1) newly admitted residents in the last 30 days who are still residing in the facility, and 2) all other residents. The facility completes the resident name, resident room number and columns 1–21, which are described in detail below. Blank columns are for Surveyor Use Only.

All information entered into the form should be verified by a staff member knowledgeable about the resident population. Information must be reflective of all residents as of the day of survey.

Unless stated otherwise, for each resident mark an X for all columns that are pertinent.

1. **Residents Admitted within the Past 30 days:** Resident(s) who were admitted to the facility within the past 30 days and currently residing in the facility.

2. **Alzheimer's/Dementia:** Resident(s) who have a diagnosis of Alzheimer's disease or dementia of any type.

3. **MD, ID or RC & No PASRR Level II:** Resident(s) who have a serious mental disorder, intellectual disability or a related condition but does not have a PASRR level II evaluation and determination.

4. **Medications:** Resident(s) receiving any of the following medications: (I) = Insulin, (AC) = Anticoagulant (e.g., Direct thrombin inhibitors and low weight molecular weight heparin [e.g., Pradaxa, Xarelto, Coumadin, Fragmin]. Do not include Aspirin or Plavix), (ABX) = Antibiotic, (D) = Diuretic, (O) = Opioid, (H) = Hypnotic, (AA) = Antianxiety, (AP) = Antipsychotic, (AD) Antidepressant, (RESP) = Respiratory (e.g., inhaler, nebulizer).

   NOTE: Record meds according to a drug's pharmacological classification, not how it is used.

5. **Pressure Ulcer(s) (any stage):** Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (mark the highest stage: I, II, III, IV, U for unstageable, S for sDTI) and whether the pressure ulcer is facility acquired (FA).

6. **Worsened Pressure Ulcer(s) at any stage:** Resident(s) with a pressure ulcer at any stage that have worsened.

7. **Excessive Weight Loss without Prescribed Weight Loss program:** Resident(s) with an unintended (not on a prescribed weight loss program) weight loss > 5% within the past 30 days or >10% within the past 180 days. Exclude residents receiving hospice services.

8. **Tube Feeding:** Resident(s) who receive enteral (E) or parenteral (P) feedings.

9. **Dehydration:** Resident(s) identified with actual hydration concerns takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).

10. **Physical Restraints:** Resident(s) who have a physical restraint in use. A restraint is defined as the use of any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (e.g., bed rail, trunk restraint, limb restraint, chair prevents rising, mitts on hands, confined to room, etc.). Do not code wander guards as a restraint.

11. **Fall(s) (F) or Fall(s) with Injury (FI) or Major Injury (FMI):** Resident(s) who have fallen in the facility in the past 120 days or since admission and have incurred an injury or not. A major injury includes bone fractures, joint dislocation, closed head injury with altered consciousness, subdural hematoma.

12. **Indwelling Urinary Catheter:** Resident(s) with an indwelling catheter (including suprapubic catheter and nephrostomy tube).

13. **Dialysis:** Resident(s) who are receiving (H) hemodialysis or (P) peritoneal dialysis either within the facility (F) or offsite (O).

14. **Hospice:** Resident(s) who have elected or are currently receiving hospice services.

15. **End of Life/Comfort Care/Palliative Care:** Resident(s) who are receiving end of life or palliative care (not including Hospice).

16. **Tracheostomy:** Resident(s) who have a tracheostomy.

17. **Ventilator:** Resident(s) who are receiving invasive mechanical ventilation.

18. **Transmission-Based Precautions:** Resident(s) who are currently on Transmission-based Precautions.

19. **Intravenous therapy:** Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.

20. **Infections:** Resident(s) who has a communicable disease or infection (e.g., MDRO-M, pneumonia-P, tuberculosis-TB, viral hepatitis-VH, C. difficile-C, wound infection-WI, UTI, sepsis-SEP, scabies-SCA, gastroenteritis-GI such as norovirus, SARS-CoV-2 suspected or confirmed-COVID, and other-O with description).

21. **PTSD/Trauma:** Residents(s) who has a diagnosis of Post-Traumatic Stress Disorder (PTSD) and/or a history of trauma.

MATRIX FOR PROVIDERS

Resident Name		Resident Room Number
	1	Date of Admission if Admitted within the Past 30 Days
	2	Alzheimer's / Dementia
	3	MD, ID or RC & No PASRR Level II
	4	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)
	5	Pressure Ulcer(s) (highest stage I, II, III, IV, U, S), Facility Acquired (FA)
	6	Worsened Pressure Ulcer(s) (any stage)
	7	Excessive Weight Loss Without Prescribed Weight Loss Program
	8	Tube Feeding: Enteral (E) or Parenteral (P)
	9	Dehydration
	10	Physical Restraints
	11	Fall (F), Fall with Injury (FI), Fall w/Major Injury (FMI)
	12	Indwelling Catheter
	13	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or offsite (O)
	14	Hospice
	15	End of Life Care / Comfort Care / Palliative Care
	16	Tracheostomy
	17	Ventilator
	18	Transmission-Based Precautions
	19	Intravenous therapy
	20	Infections (M, WI, P, TB, VH, C, UTI, SEP, SCA, GI, COVID, O - describe)
	21	PTSD/Trauma
	22	

Application for Medicare and Medicaid CMS 671

The next pages of this booklet are the Application for Medicare and Medicaid CMS 671 document as of 09/2023. This document was included for your convenience but may change periodically. To find a more recent copy, go to https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms671.pdf.

LONG-TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID

SURVEY TEAM WILL COMPLETE:

Standard Survey:		Extended Survey:	
From: F1 *(mm/dd/yyyy)*	To: F2 *(mm/dd/yyyy)*	From: F3 *(mm/dd/yyyy)*	To: F4 *(mm/dd/yyyy)*

GENERAL INSTRUCTIONS:

This form is to be completed by the Facility. For the purpose of this form, "the facility" equals certified beds (i.e., Medicare and/or Medicaid certified beds).

Name of Facility	Provider Number	F5: Fiscal Year Ending *(mm/dd/yyyy)*

Street Address

City	County	State	Zip Code

F6: Telephone Number:	F7: State/County Code:	F8: State/Region Code:

F8a: Medicare	F8b: Medicaid	F8c: Other	F8d: Total Residents

F9:
01 Skilled Nursing Facility (SNF) - Medicare Participation
02 Nursing Facility (NF) - Medicaid Participation
03 SNF/NF - Medicare/Medicaid

F10: Is this facility hospital based? ....○ Yes ○ No

If yes, indicate Hospital Provider Number: F11

F12: Ownership

For-Profit	Non-Profit	Government	
01 Individual	04 Church Related	07 State	10 City/County
02 Partnership	05 Nonprofit Corporation	08 County	11 Hospital District
03 Corporation	06 Other Nonprofit	09 City	12 Federal
13 Limited Liability Corporation			

F13: Owned or leased by Multi-Facility Organization ....○ Yes ○ No

F14: Name of Multi-Facility Organization

Dedicated Special Care Units: *(show number of beds for all that apply)*

F15: AIDS	F16: Alzheimer's Disease	F17: Dialysis

F18: Disabled Children/Young Adults	F19: Head Trauma	F20: Hospice

F21: Huntington's Disease	F22: Ventilator/Respiratory Care	F23: Other Specialized Rehabilitation

F24: Does the facility currently have an organized residents' group? ....○ Yes ○ No

F25: Does the facility currently have an organized group of family members of residents? ....○ Yes ○ No

F26: Does the facility conduct experimental research? ....○ Yes ○ No

F27: Is the facility part of a continuing care retirement community (CCRC)? ....○ Yes ○ No

If the facility currently has a staffing waiver, indicate the type(s) of waiver(s) by writing in the date(s) of last approval. Indicate the number of hours waived for each type of waiver granted. If the facility does not have a waiver, write NA in the blanks.

Waiver of seven day RN requirement:		Waiver of 24 hr licensed nursing requirement:	
F28: Date *(mm/dd/yyyy)*	F29: Hours waived per week:	F30: Date *(mm/dd/yyyy)*	F31: Hours waived per week

F32: Does the facility currently have an approved Nurse Aide Training and Competency Evaluation Program? .... ◯ Yes ◯ No

Name of Person Completing Form	Time
Signature	Date

TO BE COMPLETED BY SURVEY TEAM:

1. Was ombudsman office notified prior to survey?..◯ Yes ◯ No

2. Was ombudsman present during any portion of the survey?..◯ Yes ◯ No

3. Medication error rate _____% (The medication error rate at the time of survey, based upon observation by the surveyor. This is a percentage. You can enter only whole numbers up to 999.)

DEFINITIONS

Name of Facility: Use the official name of the facility for business and mailing purposes. This includes components or units of a larger institution.

Provider Number: Leave blank on initial certifications. On all recertifications, insert the facility's assigned six-digit provider code.

Street Address: Street name and number refers to physical location, not mailing address, if two addresses differ.

City: Rural addresses should include the city of the nearest post office.

County: County refers to parish name in Louisiana and township name where appropriate in the New England States.

State: For U.S. possessions and trust territories, name is included in lieu of the State.

Zip Code: Zip Code refers to the "Zip-plus-four" code, if available, otherwise the standard Zip Code.

Telephone Number: Include the area code.

State/County Code: LEAVE BLANK. State Survey Office will complete.

State/Region Code: LEAVE BLANK. State Survey Office will complete.

Block F8a: Residents whose stay is covered by their Medicare Part A Skilled Nursing Facility (SNF) benefit (primary payer is Original Medicare or a Medicare Advantage (Part C) plan).

Block F8b: Residents whose stay is covered by a state's Nursing Facility (NF) benefit (primary payer is Medicaid or Medicaid Managed Care).

Block F8c: Residents for whom a bed is maintained on the day the survey begins, including those temporarily away in a hospital or on leave. This should be representative of residents in the nursing facility or those who have a bed-hold.

Block F9: Enter either 01 (SNF), 02 (NF), or 03 (SNF/NF).

Block F10: If the facility is under administrative control of a hospital, check "yes," otherwise check "no."

Block F11: The hospital provider number is the hospital's assigned six-digit Medicare provider number.

Block F12: Identify the type of organization that controls and operates the facility. Enter the code as identified for that organization (e.g., for a for profit facility owned by an individual, enter 01 in the F12 block; a facility owned by a city government would be entered as 09 in the F12 block).

Definitions to Determine Ownership are:

- **For-Profit:** If operated under commercial ownership, indicate whether owned by individual, partnership, corporation, or limited liability corporation (LLC).

- **Non-Profit:** If operated under voluntary or other nonprofit auspices, indicate whether church related, nonprofit corporation or other nonprofit.

- **Government:** If operated by a governmental entity, indicate whether State, City, Hospital District, County, City/County, or Federal Government.

Block F13: Check "yes" if the facility is owned or leased by a multi-facility organization, otherwise check "no."

A Multi-Facility Organization is an organization that owns two or more long term care facilities. The owner may be an individual or a corporation. Leasing of facilities by corporate chains is included in this definition.

Block F14: If applicable, enter the name of the multi-facility organization. Use the name of the corporate ownership of the multi-facility organization (e.g., if the name of the facility is Soft Breezes Home and the name of the multi-facility organization that owns Soft Breezes is XYZ Enterprises, enter XYZ Enterprises).

Block F15 – F23: Enter the number of beds in the facility's Dedicated Special Care Units. These are units with a specific number of beds, identified and dedicated by the facility for residents with specific needs/diagnoses. They need not be certified or recognized by regulatory authorities. For example, a SNF admits a large number of residents with head injuries. They have set aside 8 beds on the north wing, staffed with specifically trained personnel. Show "8" in F19.

Block F24: Check "yes" if the facility currently has an organized residents' group, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to sup- port each other; to plan resident and family activities; to participate in educational activities or for any other purposes; otherwise check "no."

Block F25: Check "yes" if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other, to plan resident and family activities; to participate in educational activities or for any other purpose; otherwise check "no."

Block F26: Check "yes" if the facility conducts experimental research; otherwise check "no." Experimental research means using residents to develop and test clinical treatments, such as a new drug or therapy, that involves treatment and control groups. For example, a clinical trial of a new drug would be experimental research.

Block F27: Check "yes" if the facility is part of a continuing care retirement community (CCRC); otherwise check "no." A CCRC is any facility which operates under State regulation as a continuing care retirement community.

Blocks F28 – F31: If the facility has been granted a nurse staffing waiver by CMS or the State Agency in accordance with the provisions at 42CFR 483.35(e) or (f), enter the last approval date of the waiver(s) and report the number of hours being waived for each type of waiver approval.

Block F32: Check "yes" if the facility has a State approved Nurse Aide Training and Competency Evaluation Program; otherwise check "no."

Wisconsin BNHRC Entrance Supplement

In addition to the CMS Entrance documents requirement, BNHRC may request additional information during the conference to include, but is not limited to:

1. List of current employees with title and date of hire
    a. Evidence of eligibility to work as a Certified Nursing Assistant (CNA)
    b. Evidence of required criminal background checks including the Background Information Disclosure Form, Department of Justice review, and Department of Health Services review.

Documentation for Life Safety Code Surveys, P-03274

The next page of this booklet has a version of the Documentation for Life Safety Code Surveys, P-03274 document as of 07/2022. This document was included for your convenience but may change periodically. To find a more recent copy, go to https://www.dhs.wisconsin.gov/publications/p03274.pdf.

Documentation for Life Safety Code Surveys

This documentation list is provided to assist with Life Safety Code Surveys. Please distribute this list to the Administrator and Building Manager. Questions regarding this list can be addressed with the Life Safety Code Surveyor.

- ☐ **Fire Department Inspection Report(s)**

- ☐ **Sprinkler System Testing Report(s)**

- ☐ **Fire Alarm System Testing Report(s)**

- ☐ **Smoke Detector Sensitivity Testing Report(s)**

- ☐ **Door Inspection Report**

- ☐ **Fire Extinguisher Inspection and Testing Documentation**

- ☐ **Kitchen Hood Inspection Report**

- ☐ **Fire Damper Testing Report**

- ☐ **Generator Testing Report(s)**

- ☐ **Battery Light Testing Report(s)**

- ☐ **Exit Sign Inspection and Testing Documentation**

- ☐ **Fire Drill Documentation for the last year**

- ☐ **Fire and Evacuation Plan**

- ☐ **Fire Watch policy for Sprinkler or Fire Alarm outages**

- ☐ **Smoking Policy**

- ☐ **Portable Space Heater Policy**

- ☐ **Boiler Certificate**

- ☐ **Elevator Certificate**

- ☐ **Fire Pump Testing Report(s)**

- ☐ **Fire Hydrant Testing Report**

- ☐ **Non-healthcare Grade Receptacle Testing Report**

This list does not cover all requirements for a healthcare facility. Refer to National Fire Protection Association (NFPA) 101 (2012 Edition) and the adopted standards within NFPA 101 Chapter 2 for a complete list of anticipated inspection, testing, or maintenance requirements.

What to Expect When Surveyors are in the Building

Upon entrance to the facility, the Team Coordinator will provide the facility with a copy of each surveyors' business cards. The survey team will need a private area, such as a conference room, to work out of. There should be enough space for all team members.

The Team Coordinator will meet with the facility administrator for the Entrance Conference and review the information needed (see the Entrance Conference Form). The Team Coordinator will also provide the facility with a copy of the DQA/Provider Relationships During the Nursing Home Survey Process (P-00098). This document outlines the shared expectations of the provider and the Division of Quality Assurance to be treated with respect, dignity, and professionalism throughout the survey and during any subsequent interactions. When concerns are identified, both parties should refer to the document and follow the guidelines set forth to expedite a resolution.

While the Team Coordinator is meeting with administration, all other surveyors will report to their assigned areas to begin the survey process. Throughout the survey, surveyors will be speaking with residents, families, and staff as well as making observations of cares/staff interactions, and also reviewing facility records.

The Team Coordinator will meet with administration on a daily basis to keep the facility up to date on the progress of the survey. Even though there will be daily meetings, the survey team, including the Team Coordinator, cannot speak to proposed deficiencies or scope and severity levels until the investigation into a concern is completed. If more than one surveyor has concerns in an area, all surveyors must complete the investigation before disclosing findings. Surveyors will ensure that the facility is made aware of concerns as soon as possible and will ensure the facility has time to provide additional information related to those concerns.

Additional information on the survey process can be found in Survey Resources located https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes

DQA/Provider Relationships During the Nursing Home Survey Process, P-00098

The next page of this booklet has a version of the DQA/Provider Relationships During the Nursing Home Survey Process, P-00098 document as of 11/2016. This document was included for your convenience but may change periodically. To find a more recent copy, go to
https://www.dhs.wisconsin.gov/publications/p0/p00098.pdf.

SHARED EXPECTATIONS

It is the shared expectation of the provider community and the Division of Quality Assurance (DQA) that all parties will be treated with respect, dignity, and professionalism during the survey process and subsequent interactions. The ultimate goal of the survey is to promote quality resident care and services. Regardless of the survey outcome, both surveyors and nursing home staff should feel that the survey was conducted fairly and in a transparent manner consistent with the <u>CMS Long Term Care Survey Process Procedure Guide, effective February 6, 2021</u>

1. The nursing home administrator (NHA) is responsible for the overall management of the facility. The NHA may delegate certain survey-related responsibilities to the Director of Nursing (DON). Upon commencement of the survey, the facility will inform the DQA team leader which staff person is the primary point person for the facility during the survey process.

2. The survey team leader is responsible for the activities and schedule of the survey. The DQA team leader does not have direct supervisory responsibility over the survey team; provider concerns should be brought to the individual surveyor and/or the team leader. All parties agree that issues or concerns that arise during the survey are best addressed on-site. However, in the event that a situation is escalating, the Regional Supervisor for the surveyors is the correct party to become involved.

   Provider concerns that arise during the survey that cannot be addressed on-site should be referred to the DQA Regional Field Office Director/Supervisor. DQA concerns should be brought to the attention of the NHA or DON. If issues cannot be resolved or consist of a bigger concern, please contact the Deputy Bureau Director then the Bureau Director at <u>BNHRC Regional Office Map and Contacts</u>

JOINT RECOMMENDATIONS OR STATEMENTS OF EXPECTATIONS

The following recommendations or statements of expectations are offered jointly by DQA and the provider community.

- Upon entrance to the facility the team coordinator will introduce the survey team members and any staff in training. If other staff join a team such as a consultant or the Regional Manager, inform the NHA.

- At the commencement of the survey, the facility representative and DQA team leader will meet to discuss their common understanding of how surveyor-facility communications will occur during the survey process and what information should be gathered to enable the surveyors to complete their assigned tasks.

- In the event the demeanor or conduct of facility staff during the course of the survey is viewed by a survey team member as being inconsistent with the common expectation depicted above, the survey team leader shall be notified. The team leader shall, in turn, alert the nursing home administrator (NHA) to the nature of the concern. Similarly, if a concern is expressed by facility staff that surveyor demeanor or conduct is not meeting shared expectations, the NHA shall be notified. The NHA shall, in turn, communicate that concern to the survey team leader. In either event, the team leader and administrator shall attempt to address and informally resolve all concerns expressed by or about their respective staff.

- When being interviewed by DQA surveyors, a facility staff member may request to be accompanied by another member of the facility staff. Such requests will be accommodated by DQA unless confidentiality or privacy concerns dictate otherwise.

- Whenever possible, on-site resolution of survey findings, concerns, or problems is encouraged. DQA surveyors will share information about potential deficiencies as permitted under the federally-prescribed Long-Term Care Survey Process. DQA encourages facilities to provide surveyors with additional information and documentation, as appropriate, to clarify any potential deficiencies.

- Facilities are encouraged to provide, as necessary and appropriate, additional information or documentation to DQA prior to issuance of the *Statement of Deficiencies* (CMS-2567); these materials may be submitted after the survey team exits the facility. If these materials are submitted in a timely manner, DQA agrees to acknowledge that they were reviewed and considered prior to issuance of the final CMS-2567. This is not meant to circumvent or replace the Informal Dispute Resolution (IDR) process.

- Facility nursing policies and procedures should reflect a recognized standard of practice. The Clinical Resource Center (CRC) (wisc.edu), provides free access to the Society for Post-Acute and Long Term Care Clinical Practice Guidelines, is an excellent source of recognized standards of practice. DQA acknowledges that many standards of practice exist for specific clinical areas. DQA will not issue a citation simply because one standard may be "favored" over another.

- DQA may, as appropriate, share information on facility best practices and innovations. In doing so, the provider community acknowledges that the sharing of this information is intended to improve the care and services to Wisconsin's nursing home residents; it does not constitute an endorsement of such practices or innovations or imply blanket immunity to regulatory actions if adopted or followed.

- Regardless of the survey outcomes or performance, all providers are encouraged to complete the DQA *Post Survey Questionnaire* (DQA form F-62579), available at https://www.dhs.wisconsin.gov/forms/index.htm.

PRE-SURVEY CHECKLIST

Area Reviewed	Date	Action Needed
Previous survey results (focus areas)		
QM/QI Reports (6 month history)		
Fall and accident logs		
Care plans for falls and accidents		
Abuse reporting and investigations		
Grievance logs and follow up		
Care plans accurate		
Pressure injury documentation		
Medication administration review		
Med room storage		
Call lights within reach		
Call lights answered		
Knocking before entry into rooms		
Speaking respectfully		
Hygiene and grooming		
Catheters with proper diagnosis		
Bladder incontinence assessments		
Toileting programs individualized		
Handwashing observations		
Dressing change observations		
Lab work reconciliation system		
24 hour report		
MD/Family notification		
Peri-care observations		
Meal assistance observations		
Shower schedule/completion		
Split schedules/placement		
Repositioning program		
MD visits timely		
Pharmacy reports		
Weight loss report and care plans		
Menu accuracy		
Therapeutic diets		
Test tray temps and palatability		
Kitchen sanitation		
Food storage practices		
Environmental rounds		
Odors		
Dirty floors		
Trash storage		
Condition of furniture		
Shower room condition		
Windows/Doors		
Privacy curtains		
CNA performance and training		
Background/reference checks		
Agency staff orientation		
Survey results posted		
QA committee		
Facility assessment		

Think Survey Preparedness

- Identify your survey window for your recertification survey – 9 to 15 months since the last recertification survey. If you are designated as a Special Focus Facility, your interval will be shorter.
- Review your last annual survey and plan of correction. Maintain compliance.
- Make sure your last recertification survey and any Statements of Deficiencies from subsequent complaint surveys are posted.
- Make sure "daily staffing" is posted.
- Make rounds daily using a variety of rounding tools or QA audit forms.
- Review QA committee minutes, grievance logs, and incident logs for trends to address.
- Review facility Quality Measure/Indicator reports for anything ranked about the 90th percentile.
- Schedule medication pass audits with consultant pharmacist.
- Monitor dining service and room trays. Ask for a test tray and monitor hot and cold food temperatures.
- Assure all meals are served on time.
- Review interventions for residents with weight loss/gain.
- Make sure staff (both dietary and dining room assistants) are not handling food with bare hands.
- Does the menu match what is being served? Are there alternates available and offered?
- Conduct frequent infection control rounds with staff and work towards making improvements.
- Check resident refrigerator temperatures and the temperatures of all other refrigerators outside the kitchen. Are they clean? Is food labeled? Is old food disposed of?
- Are microwaves outside the kitchen clean?
- Are there unpleasant odors in resident areas?
- Conduct inservice training and one-on-one training as needed for staff.
- Observe if staff are knocking on resident doors and waiting for permission to enter before entering.
- Are window curtains, privacy curtains, and doors closed while residents are receiving cares?
- Are privacy curtains missing, soiled, or damaged?
- Is fresh water within residents' reach?
- Are call lights within residents' reach when they are in their room?
- Is there mold in shower rooms? Are there unsecured chemicals in the shower rooms? Are water temperatures monitored and corrected?
- Are resident rooms clean and free of clutter?
- Are personal items labeled?
- Are oral care supplies separate from pericare supplies?
- Are wheelchair cushions in place, clean, and free of odors?
- Are staff responding to call lights with 3 to 5 minutes?

- Are noise levels kept low – monitor for overhead paging, staff chatter, or unnecessary noise.
- Do your employees know how to respond to complaints, concerns, or grievances?
- Are the background checks on all staff?
- Are licenses and certifications current?
- Have CNAs received 12- hours of education annually?
- Do care plans address resident needs? Are they current and updated? Are staff providing care in accordance with the care plan?
- Are there holes in documentation – MARs, TARs, ADLs?
- Are there missed signatures?
- Do staff perform hand hygiene at appropriate intervals when providing cares?
- Are residents properly positioned in bed and while seated?
- Are glucometers being properly calibrated each month? Are they disinfected correctly? Are they used for more than one resident?
- Check for good resident grooming, post-meal grooming, oral care, no facial hair for men or women (unless resident's choice and is care planned), dirty or long nails, etc.
- Observe designated smoking areas. Is there a proper cigarette disposal system? Are residents using appropriate smoking safety equipment? Are resident's being supervised appropriately? Are there burn holes in resident clothing or in linens?
- Is Foley catheter tubing off the floor? Are leg straps used? Is the bag covered? Is the drainage bag kept below the level of the bladder, especially during transfers?
- Do staff know what to do in the event of severe weather, a missing resident, fire, etc.?
- Are med carts clean?
- Are expired medications removed and disposed of properly?
- Is O2 tubing off the floor? Are cylinders properly stored?
- Do O2 concentrators have clean filters?
- Ice scoops are not stored in the ice bins?
- Labs are tracked, reconciled, and acted upon?
- Dumpsters are closed.
- 24 hour report is utilized.
- Gait belts, mechanical lifts are used appropriately
- Is the restorative program being implemented and followed?
- Are resident trust funds balanced and reconciled? Are quarterly statements provided and interest allocated to each account?
- Is there an activity calendar posted? Are there activities offered in the evenings and on weekends?
- Is resident mail delivered unopened and when it is received including Saturdays?
- Are residents able and encouraged to vote during elections?
- Is there evidence that accident and incidents are reviewed and follow up is completed?

QUESTIONS STATE SURVEYORS MIGHT ASK CNAs

1. Do you participate in resident care conferences?
2. Name some of the topics presented at past inservices you have attended?
3. If you saw someone hurt a resident, what would you do?
4. If you discovered a fire in a resident's room, what would you do?
5. What type of orientation did you receive when you began working here?
6. How often do you have staff meetings?
7. What is the purpose of range of motion exercises; why are they done and when do you do them?
8. What is the difference between active and passive range of motion exercises?
9. How do you know which residents are on a restorative plan?
10. In what situations would you suggest the social service designee to see a resident?
11. How often do you reposition residents in bed or in their chair?
12. Where on the body are pressure injuries most likely to occur?
13. What would you do if you witnessed a resident choking?
14. At what times are between meal nourishments/snacks provided to residents?
15. Where are resident dentures stored when they are not in their mouth?
16. What do you do if you walk into a room and find a resident on the floor?
17. Where would you find information about the cares a resident needs?
18. Have you ever attending training on abuse or neglect?
19. Describe what you do if a resident refuses to eat?
20. How and when do you report what a resident has eaten?
21. How often do you provide incontinence cares?
22. Do any residents use adaptive devices to eat? Can you describe them and their purpose?
23. When do you wash your hands?
24. What do you do if a resident refuses care?
25. I noticed that you have been helping (resident name). Can you tell me what you do for him?

SURVEY PREPAREDNESS QUIZ Page 1

Employee:_____   **Date:**_____

1. CNAs are not allowed to see a resident's plan; only nurses need to know the information there.
   True   False

2. Where is the resident's current care plan is kept? (Circle all that apply)
   a. The DON's office
   b. In a notebook at the nurse's station
   c. In each resident's chart
   d. In the computer

3. Which staff can have input when a resident's care plan is being completed?
   a. Any staff member who works with the resident
   b. Only licensed nurses
   c. The care plan team

4. QA&A meetings are required under federal regulations.
   True   False

5. According to federal regulations, the QA&A committee must meet at least:
   a. Quarterly
   b. Monthly
   c. Weekly
   d. Annually

6. You hear a staff member talking about their intimate relationship with a resident. What should you do?
   a. Mind your business; it's none of your concern what they do on their off hours.
   b. Gossip about it with other staff.
   c. Report the conversation to administration.
   d. Confront the resident.

7. Who attends the facility QA&A meetings?
   a. The Medical Director and DON go out for lunch and call it QA&A
   b. Only the facility department heads
   c. The Medical Director, Administrator, DON, and other staff members and professional consultants as designated.
   d. All of the above.

8. The family and resident have the right to participate in the care plan process and have input into how the care is directed.
   True   False

SURVEY PREPAREDNESS QUIZ Page 2

9. Policy and Procedure Manuals are kept ONLY in the DON's and Administrator's offices.
    True   False

10. When a resident is on Hospice services, the facility staff are not required to provide any care for them such as bathing, medications, or repositioning.
    True   False

11. CNAs and other nursing staff should not do range of motion or use wheelchair seating devices, splints or other adaptive equipment because only therapists are allowed to do this.
    True   False

12. When a resident reports an allegation of abuse, neglect, or other concerns, or if staff observe injuries, what should they do?
    a. Tell other staff so the story can be shared amongst the grapevine because that is the best way to make sure it doesn't happen again.
    b. Ignore it because residents are confused and bruise easily.
    c. Ensure the resident is safe and report the situation immediately to the charge nurse, DON, or the Administrator.

13. It is not necessary for staff to wash their hands or use alcohol based hand sanitizer after doing patient cares if they wear gloves.
    True   False

14. The facility's policy states to keep a log of all refrigerator temperatures, but it is up to the individual employee whether they complete the logs or not.
    True   False

15. A facility can be cited for NOT following a facility designated policy and procedure even if it doesn't result in harm to a resident.
    True   False

16. If a resident appears distressed, upset, crying or is having behaviors that are not usual for the resident, what should staff do?
    a. Ignore it; it's a full moon.
    b. Leave the resident's room and let them cry in peace.
    c. Report this to the charge nurse or social service designee so it can be appropriately addressed.

17. Residents should be turned and repositioned according to their care plan not every two hours.
    True   False

18. If a staff member is assisting a resident with personal care, there is no need to shut the door or close the privacy and window curtain.
    True   False

19. Before preforming any care for a resident, staff members should:
    a. Tell the charge nurse and other staff what they are doing.
    b. Explain to the resident what is being done.
    c. Just do the cares because the resident won't understand what you tell them anyway.

20. When assisting resident with their meals, staff should:
    a. Remain standing so you can talk with your coworkers.
    b. Use your bare hands to pick up foods.
    c. Sit down and focus on residents at the table to provide a pleasant dining experience.
    d. Entertain the residents with a food fight.

21. There is never really a need to call residents by their preferred name, most are hard of hearing anyway.
         True   False

22. The only thing that changes for a resident when they move into a facility is their address.
         True   False

23. It is acceptable to tell a surveyor that you don't have the information they are requesting and go to ask your supervisor or look up the facility's policy and procedure.
         True   False

24. The term "MSDS" stands for:
    a. Minimum Data Set, an assessment required by federal regulations.
    b. Material Safety Data Sheet which outlines precautions to take while using any chemical in the building.
    c. A computer operating system.
    d. An unmarried female who has a Doctorate in Sociology.

25. The first thing a staff person should do if they discover a fire in a resident room is:
    a. Evacuate all residents from the facility.
    b. Rescue the resident in the room if it is safe to do so.
    c. Contain and extinguish the fire.
    d. Activate the fire alarm.

26. You observe a staff person remove a resident's wig and state, "You can have your hair back when you finish eating." This would not be considered a reportable incident since the goal was positive in getting the resident to eat their meal.
         True   False

SURVEY PREPAREDNESS QUIZ Page 4

27. Upon entering a resident's room, you observe the resident lying on the floor next to the bed. Your first action would be to:
    a. Call the doctor
    b. Check the resident and if they are OK, help them off the floor.
    c. Call the family.
    d. Notify the nurse immediately before moving.

28. When doing rounds on your assigned unit, you observe a medication cart outside a resident's room with a drawer standing open. You should:
    a. Walk past; it's not your job to take care of the med cart.
    b. Look through the drawer to see if there is anything you can use.
    c. Get on the facility intercom and announce "Attention, the med cart is now open."
    d. Stay with the cart to assure that no unauthorized access occurs until the responsible person returns.

29. It's OK to call a resident by a pet name, such as "Honey" or "Grandma" because you always call the resident this.

           True   False

Write your responses:

30. You find medications in a resident's room. What do you do?

31. A call light is not working in a resident's room. What should you do?

32. You are assisting a resident with their meal when another resident requests to use the bathroom. What do you do?

33. While in the dining room, you notice a resident not eating. What should you do?

34. While dressing a resident, they begin to cry in pain. What should you do?

35. Where do you find a resident's code status?

SURVEY PREPAREDNESS QUIZ ANSWERS

1. CNAs are not allowed to see a resident's plan; only nurses need to know the information there.
    True   **False**

2. Where is the resident's current care plan is kept? (Circle all that apply)
    The answer can be different for each facility
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    f. In a notebook at the nurse's station
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Write your responses:

These answers will be facility specific

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35. Where do you find a resident's code status?

Survey Preparedness Scavenger Hunt

1. Where are blood spill kits located?

2. Where is the Disaster Manual located?

3. Where are the MSDS located?

4. Location of 4 fire extinguishers.

5. Where are the Survey Results kept?

6. Where are resident care plans located?

7. Where is the nearest eye wash station?

8. Where is the Ombudsman poster posted?

9. Where are the daily staffing schedules posted?

10. Name 3 members of the QA&A Committee.

11. Who is the Resident Council President?

12. Where are menus and alternates posted?

13. Where are the grievance forms located?

14. Where are the Maintenance Request slips located?

15. Where are the Wet Floor signs stored?