Class 9

Preparing for Survey:
Achieving an A+ for Social Services

- Survey Trends
- Psychosocial Survey Process
- F Tags Related to Social Services
- Combating Survey Stress
- Survey Preparation Checklist
- Quality Indicators
- Reading the 2567
- Developing and Implementing a Plan of Correction

Presenter: Kris Webster, LCSW

Monday, November 15, 2010, 8:30am – 12:30pm

PsychoSocial Consultants
Social Services Training for Long Term Care

Social Services Department
Survey Preparedness Checklist

- Conduct resident and family interviews to identify any concerns of needs related to grievances and resident rights using the interview guidelines from the long term care survey manual.
- Provide a list for the medical records staff to perform an audit on required medical record information:
  - Advance directives;
  - Acknowledgements of advocacy information;
  - Notification of room changes;
  - Timeliness of assessment and progress notes;
  - Notification of change in treatments or health status.
- Perform daily action rounds and staff interviews to identify all of the following:
  - Advocacy information is posted and available to customers;
  - Appropriate staff interactions:
    - Maintaining resident's privacy;
    - Empowering and/or exercising resident rights;
    - Maintaining resident's dignity;
  - Dental and visual needs;
  - Clothing needs (i.e., shoes, undergarments, sweaters, etc.);
  - Residents at risk for social isolation
- Ensure department office is well organized and maintained.
- Review complaint log and resident council minutes in the QA&A Committee to identify trends and ensure all resident and family complaints have been addressed and a plan for resolution has been communicated.
- Ensure behavior management and dose reduction programs are functional.
- Review records of residents discharged from the facility for appropriate planning and follow-up. Conduct interviews with discharged residents.
- Ensure the resident interviewable list is accurate and current.
- Identify potential sample of high risk residents with special needs that may be targeted by a survey team. Ensure appropriate treatment and services are planned and provided according to their needs.

ENTRANCE CONFERENCE WORKSHEET

Administrator Copy

Facility Name: _____ **Survey Date:**_____ **to:** _____

Administrator/Designee: _____ **Time:** _____

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. Provide a copy to each surveyor.	Immediately	
☐	3.	An alphabetical list of all residents (note any resident out of the facility).	Immediately	
☐	4.	A list of residents who smoke, designated smoking times, and locations	Immediately	
ENTRANCE CONFERENCE				
☐	5.	Conduct a brief Entrance Conference with the Administrator.		
☐	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.	End of EC	
☐	9.	A copy of an updated facility floor plan, if changes have been made.	End of EC	
☐	10.	Name of Resident Council President _____ Room # _____	End of EC	
☐	11.	Provide the facility with a copy of the CASPER 3.	End of EC	
INFORMATION NEEDED FROM THE FACILITY WITHIN ONE HOUR OF ENTRANCE				
☐	12.	Schedule of meal times and location of dining rooms, copies of all current menu (spread sheets) including therapeutic menus that will be serve for the duration of the survey and the policy for food brought in from visitors.	1 Hour	
☐	13.	Schedule of Medication Administration times.	1 Hour	
☐	14.	Number and location of med storage rooms and med carts.	1 Hour	
☐	15.	The actual working schedules for licensed and registered nursing staff for the survey time period.	1 Hour	
☐	16.	List of key personnel, location, and phone numbers.	1 Hour	
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE				
☐	17.	Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.	4 Hours	
☐	18.	Admission Packet.	4 Hours	
☐	19.	Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.	4 Hours	
☐	20.	List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.	4 Hours	
☐	21.	Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.	4 Hours	
☐	22.	Does the facility have an onsite separately certified ESRD unit? _____	4 Hours	

☐	23.	Hospice Agreement, and Policies and Procedures for each hospice used (name of facility Designee who coordinate(s) services with hospice providers)	4 Hours	
☐	24.	Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.	4 Hours	
☐	25.	Influenza / Pneumococcal Immunization Policy & Procedure.	4 Hours	
☐	26.	QA&A committee information (name of contact, names of members and frequency of meetings.	4 Hours	
☐	27.	QAPI Plan	4 Hours	
☐	28.	Abuse Prohibition Policy and Procedures.	4 Hours	
☐	29.	Description of any experimental research occurring in the facility	4 Hours	
☐	30.	Facility Assessment	4 Hours	
☐	31.	Nursing staffing waivers	4 Hours	
☐	32.	List of rooms meeting any one of the following conditions that require a variance: • Less than the required square footage • More than four residents • Below ground level • No window to the outside • No direct access to an exit corridor	4 Hours	
INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY				
☐	33.	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."	End of Day	
INFORMATION NEEDED FROM THE FACILITY WITHIN 24 HOURS OF ENTRANCE				
☐	34.	Completed Medicare/ Medicaid Application **(CMS-671).**	24 Hours	
☐	35.	Completed Census and Conditions Information **(CMS-672).**	24 Hours	
☐	36.	Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".	24 Hours	
CA REQUIRED ITEMS				
☐	37.	Administrator – please complete **SNF/NF Disaster Preparedness** tool and return it to the Team Coordinator. (AFL 07-31, L&C P&P Section 301.30.11)	24 Hours	
☐	38.	A copy of the facility **Disaster Policy and Procedures**, including availability of water. (AFL 07-31, L&C P&P Section 301.30.11)	24 Hours	
☐	39.	List of ALL **employees hired** since the last survey (SOM App P = **4 mo**, CA W&I 15655(a)(1)= **1 yr** – therefore this list covers both requirements)	24 Hours	
☐	40.	List of **Current Employees** with their **hire date.** (CA W&I 15655(a))	24 Hours	
☐	41.	Staff development **training records** for mandated reporting of **abuse** since last survey. (CA W&I 15655(a))	24 Hours	
☐	42.	**Civil Rights Compliance** form (DHS 1051)	**Mail to address on form**	
☐	43.	Survey **Evaluation**	**Electronic Submission see AFL 15-19**	

SOCIAL SERVICE CHART REVIEW

Facility: Consultant: Date:

	Res Name		Res Name		Res Name	
INITIAL SOCIAL ASSESSMENT 1. Social Assessment completed within 7 days of admission.						
2. Social Assessment identifies psychosocial problems identified elsewhere in the record.						
INVENTORIES 1. Inventories are signed by Res/Res Rep and staff. 2. Reflects adaptive aids indicated in MDS						
PSYCHOTROPIC MEDICATIONS 1. MD order lists diagnosis, medication and behavior to be monitored.						
2. There is a Care Plan that matches the MD order.						
3. Behaviors are summarized on the monthly Behavior Summary Form.						
4. SS QU notes address mood/behavior problems.						
5. GDR is addressed by MD (primary or psychiatrist)						
6. GDR must be attempted two different times in the first year Or there is documentation re: why GDR is not recommended.						
SOCIAL SERVICE PROGRESS NOTES 1. Progress notes are written between Quarterly Updates as necessary.						
QUARTERLY UPDATES 1. Quarterly Updates are written approx every 3 months.						
2.QU include all the essential information.						
3.QU review any mood or behavior problems.						
CARE PLANS 1. SS Baseline CP is written within 48 hours of admission, including d/c goals (LTC or STC).						
2. Care Plan problems match SS problems indicated elsewhere in the record. **ROOM CHANGES-** 1.Advanced written notice documented. 2.Folow-up Note 2-3 days after room change.						
ADAPTIVE AIDS 1.Dentures, Hearing Aids, Glasses are listed in Inventory.						
2.Adapative Aids listed in MDS are indicated in Inventory and SS documentation.						
ADVANCED DIRECTIVES 1 .PIC OR POLST has been completed. Res. has signed if capable. If not capable, Responsible Party has signed.						
2. If Res. indicates there is a DPOA-HC a copy is in the chart.						
3. CPR order matches PIC or POLST						

SOCIAL SERVICE CHART REVIEW

Facility: Consultant: Date:

	Res Name		Res Name		Res Name	
4. Res. has declining condition. PIC/POLST & DPOA-HC match intensity of care provided.						
5. If Res. has a Conservator, updated court documents are in the chart.						
WEIGHT LOSS 1. Recent significant weight loss? (5% in a month or 5 lbs in a month)						
2 .Is Res weight within IDBW range?						
3. IDT documentation regarding possible contributing factors to the weight loss, including psychosocial stressors.						
4. SS has documented possible psychosocial interventions						
HOSPICE 1.There is an M.D. order for Hospice Services.						
2. List of Hospice staff & their discipline, in Hospice section of chart.						
3.Calendar in Chart indicating when Hospice RN & HHA will see Res.						
4.Care Plan integrated with SNF staff re: comfort or end-of-life care.						
DISCHARGE PLANNING-Open Charts-LTC 1. Initial D/C Plan is documented with 48 hours of admission.						
1. D/c plan is included in SS Assessment. 2. D/C plan addressed in CP Conference Review Form						
4. D/C Plan is updated quarterly or annually (per MDS Q)						
DISCHARGE PLANNING-Short-term stay- Above plus below 1. Notes are written to indicate the D/C planning process and/or changes in the D/C Plan.						
2. SS Progress Notes indicate sufficient preparation for d/c with Res and res representative.						
3. There is evidence that Res./Responsible Party have received D/C instructions upon D/C.						
4. SS Documentation indicates D/C dates, approx. time, mode of transportation, and individual escorting Res. home.						
5. Referrals to community resources are indicated, including name, phone #, and services/products ordered.						
6. Recapitulation of the Res.' stay is completed by the IDT.						
7. Inventory-Signed by Staff and Resident/Family. 8. Notification of Transfer/Discharge Faxed to Ombudsman						

Social Services Consultation

Emphasis in Long-Term Care

Date:_____

Facility:_____

Anticipated Survey Date:_____

Consultant:_____

Preparation For Survey Check List

I. Documentation (based on chart review and SSD interview.	Y	N	Comments
a. There is a Social Assessment on every Resident, both a personal /family history and psychosocial assessment.			
b. All Assessments are signed.			
c. SS PCP problems are written when appropriate.			
d. SS PCP reflects what has been triggered from the MDS and RAPs.			
e. Initial Documentation completed within required time frame.			
f. Quarterly Documentation.			
g. Progress notes are written re: important SS interventions.			
h. Aware of family/resident notification of room change documentation.			
i. Discharge Note - Initial evaluation, Quarterly minimum			
j. Discharge Active Plan - Evidence of meeting with resident/and family to plan post discharge plan of care			
k. 30 day transfer-discharge notice			
l. Interdisciplinary discharge summary form used for active discharges			
m.Physical Restraint Review			
n. Psychopharmacological Meds - SS Care Plan Approaches			
o. Residents Rights			
p. Resident Council and follow-up			
q. Social Services Referral System			
r. Aware of Advance Directive/PIT documentation requirements and policies.			
s. Aware of required Room Change Documentation.			

II. SS Staff attends PCP conferences			
III. Social Service staff provides private, accessible office space for interviews			
IV. S S staff provide annual in-services on psycho-social issues, and how to make a social service referral.			
V. S S staff meet with new admissions and their families if needed			
VI. S S staff assure that new residents are informed of their "Resident's Rights" upon admission.			
VII. Family Councils (not required)			
IX. Behavioral Management			
a. Evidence that S S staff and nursing work together to provide behavioral interventions before a medication is selected.			
b. S S /IDT documentation that reviews all behavioral efforts staff have attempted before a medication is ordered as part of behavioral management.			
c. Evidence of attempts to reduce medication whenever possible when dealing with a behavioral concern.			
d. Evidence of IDT documentation that verifies evidence of behavioral management for behavioral issues as they arise.			
e. Does facility have a behavioral management policy?			
X. Theft and Loss Policy and Documentation of follow through.			
XI. Grievance Policy and documentation of follow through.			
XII. Updated list of Community Resources			
XIII. S S policies and procedures are reviewed, and revised as necessary, at least annually.			
XIV. Concrete Needs			
a. Clothing			
b. Vision			
c. Hearing			
d. Dental			
XV. Voting			
XVI. Assistance with legal and financial matters (refer to lawyers, funeral homes, etc.).			
XVII. QA activity to reflect SS program Needs.			
XVIII. Abuse/Aware of Reporting Responsibilities and *what is required for Resident to Resident Alleged Abuse* Documentation.			
Other:			

Survey Tag Numbers Relative to Social Services

When reviewing the requirements for social services you may want to consider the following survey tag numbers that are relative to social services.

F151	Vote/Right to
F152	Matters of incompetency
F154	Informed in language that is understood
F155	Advanced directives
F156	Informed of Medicaid benefits: Post names, addresses, phone numbers of all client advocacy groups; Policies and procedures regarding: Advanced directives; How to apply for and use Medicare and Medicaid benefits, etc.
F165	Grievances
F166	Resolution of grievances
F169	Work
F171	Access to stationary, postage
F174	Telephone
Refer to F252	Personal property
F175	Married couples
F177	Refusal of certain transfers
F201	Transfer and discharge
F203	Notice before transfer
F207	Equal access to quality care
F221	Physical restraints
F222	Chemical restraints
F240	Quality of life
F241	Dignity
F243	Participation in resident and family groups
F244	Resident and family groups/Act upon grievances
F247	Receive notice before room/roommate change
F250	Facility must provide medically-related social services
F251	Qualifications of social worker/Size of facility
F252	Homelike environment
F272	Comprehensive assessments
F272	Psychosocial well-being
F272	Discharge potential
F274	Significant change
F276	Quarterly review of assessments
F278	Appropriate participation of health professionals
F279	Comprehensive care plans
F283	Discharge summary
F284	Post-discharge plan of care
F285	Pre-admission screening of MI/MR
F309	Quality of care

F319	Mental and psychosocial functioning
F328	Foot care/Podiatrist
F329	Unnecessary drugs
F330	Antipsychotic drugs
F331	Antipsychotic drugs—Dose reduction and behavioral interventions
F411	Dental services
F506	Transportation for lab services
F512	Transportation for radiology
F514	Clinical records requirements
F520	Quality assessment and assurance

Tips for Self-Care

Listening to the body caring for the self

- Believe that optimal wellness is possible and that your body has the knowledge to achieve wellness and healing.
- Listen to your body's symptoms and its messages of health and healing. Seek medical care or the expertise of a holistic practitioner if necessary.
- Work with what you have, dispelling fears and finding strength to handle what is happening in the present moment.
- Keep reminding yourself that you have a right to nurture yourself because if you don't value yourself, you cannot be renewed.
- Realize that you don't have to be all things to all people. You can say no and set limits without putting others out of your heart.
- Remember that you have a right to your own life. Giving to others does not mean neglecting yourself.
- If you feel angry, tired, or resentful at the end of the day, ask what actions, thoughts, or interactions have drained your energy, and then let them go.
- Consider that your best is good enough and no one has the right to judge you or make you feel guilty.
- Keep a positive attitude, and accept each day's offerings.
- Do not try to control people or events or expect certain outcomes.
- Pay attention to the people and activities that nurture your mind, body, and spirit. Commit to making time to increase those interactions or activities.
- Acknowledge negative feelings without judgment, and let go of negative emotions as soon as possible.
- Prioritize your tasks and responsibilities, and delegate when appropriate or necessary.
- Ask for help and accept it when it's offered.
- Learn to say no to protect your time and energy while setting reasonable expectations for yourself.
- Remember that service means enhancing another person's life, not giving yours away.
- Be aware of destructive ways of coping such as misusing medications, drinking too much, or overeating. Seek health care if you are experiencing changes in your physical or emotional health.

Adapted with permission from McLeod B. Self-care: the path to wholeness. In: Doka K, Davidson J, editors. *Caregiving and loss: family needs, professional responses*. Washington, DC: The Hospice Foundation; 2001. p. 205-7.

Where Does Your Stress Live?

Physical:

My body tells me when I am stressed:

1. I get headaches
2. I have to get up and move
3. I get an upset stomach/diarrhea
4. I pick at a sore
5. I have a nervous tic or twitching of muscles
6. I feel exhausted
7. My back, neck, or shoulders tells me
8. I grind my teeth

Mental:

My mind tells me when I am stressed:

1. I worry about things I can't do anything about
2. I have trouble concentrating
3. I am forgetful
4. I am indecisive
5. I am often telling people how busy I am
6. I feel pressured by and avoid doing tasks I don't like
7. I worry about failing or not being good enough
8. I tend to think something will go wrong or there won't be enough

Emotional:

My feelings tell me when I am stressed:

1. I feel critical of others and blame them for not doing things right
2. I want to yell or throw things
3. I want to run away from it all
4. Many tasks feel like more than I can handle during the day
5. I feel like I am wound up
6. I feel guilty for wanting some peace and quiet
7. I feel like a failure for not managing my stress better
8. I compare myself to others and often feel inadequate

Spiritual:

My spirit tells me when I am stressed:

1. My life seems to not have any purpose or meaning
2. I don't have the energy to grow closer to people
3. I feel angry with or abandoned by God
4. I carry resentment and am not willing to forgive
5. I believe others are responsible for my unhappiness
6. I feel that life has been unfair to me
7. I don't feel that I deserve to be happy or have a sense of joy in my life
8. I have lost my sense of wonder and curiosity

List compiled by Karin Kupka, LCSW

Managing Stress

A Few Examples

Physical:

1. Exercise
2. Six Count
3. Stretching
4. Massage
5. Sleep
6. Eating Well

Mental:

1. Reframe—It's a challenge. It's an opportunity.
2. Positive self-messages—I am doing well. I will do this.
3. Use dreams to seek answers
4. Create list and prioritize
5. Ask for help
6. Research the problem

Emotional:

1. Breathe deeply
2. Imagine a peaceful scene
3. Let go of blame
4. Change your thoughts
5. Use a mantra
6. Use odors and lighting that please you
7. Play restful music

Spiritual:

1. Join a faith community
2. Pray
3. Read devotional literature
4. Practice deep forgiveness of others and yourself
5. Seek a connection with your Higher Power
6. Enjoy nature, grow a plant, adopt a pet

List compiled by Karin Kupka, LCSW

Plan of Correction Worksheet

Statement of
Deficiency: _____

A. Immediate corrective action for deficiency: _____

B. How other residents who may be affected may be identified: _____

C. What measures and systems will be put in place to ensure the deficiency will not re-occur?

D. What type of quality assurance monitoring will be put in place? _____

E: Date to be completed: _____

Federal Regulatory Groups for Long-Term Care Facilities

Resident Rights

F150	Definition of SNF & NF
F151	Exercise Rights/Vote/Free of Coercion
F152	Rights Exercised by Surrogate
F153	Access and/or Copy Clinical Records
F154	Informed of Health Status/Med Condition
F155	Right to Refuse Treatment/Research
F156	Inform of Services/Charges/Lgl Rights/Etc
F157	Inform of Accidents/Sig Chnges/Trnsfer/Etc
F158	Resident Manage Own Financial Affairs
F159	Facility Management of Resident Funds
F160	Conveyance Upon Death
F161	Surety Bond or Other Assurance
F162	Limitation on Charges to Personal Funds
F163	Free Choice of Personal Physician
F164	Privacy and Confidentiality
F165	Voice Grievances without Reprisal
F166	Facility Resolves Resident Grievances
F167	Survey Results Readily Accessible
F168	Receipt of Info/Contact Resident Advocates
F169	Right to Work/Refuse to Work for Facility
F170	Send/Receive Unopened Mail
F171	Access to Stationery, Etc
F172	Access and Visitation
F173	Ombudsman Access to Clinical Records
F174	Access to Telephone with Privacy
F175	Right to Share a Room – Married couple
F176	Self-administration of Drugs
F177	Refusal of Certain Transfers

Admission, Transfer and Discharge Rights

F201	Reasons for Transfer/Discharge
F202	Documentation for Transfer/Discharge
F203	Proper Notice Before Transfer/Discharge
F204	Orientation For Transfer/Discharge
F205	Notice of Bed-hold Policy Upon Transfer
F206	Return of Res After Bed-hold Days Expire
F207	Fac Establish Equal Access Policies
F208	Admission Policies – Cannot Waive 18/19

Resident Behavior and Facility Practices

F221	Right to be Free from Physical Restraints
F222	Right to be Free from Chemical Restraints
F223	Right to be Free from Abuse
F224	Staff Treatment of Residents
F225	Not Employ Persons Guilty of Abuse
F226	Facility Policies Prohibit Abuse, Neglect

Quality of Life

F240	Fac Promotes/Enhances Quality of Life
F241	Dignity
F242	Self-determination – Res Makes Choices
F243	Res Participation in Res/Fam Groups
F244	Fac Listens/Responds to Res/Fam Groups
F245	Res Participation in Activities
F246	Accommodation of Needs & Preferences
F247	Notice Before Room/Roommate Change
F248	Activity Program Meets Individual Needs
F249	Qualifications of Activity Director
F250	Medically Related Social Services
F251	Qualifications of Social Worker
F252	Safe/Clean/Comfortable/Homelike Env
F253	Housekeeping & Maintenance Services
F254	Clean Linens in Good Condition
F255	Private Closet Space in Each Room
F256	Adequate & Comfortable Lighting Levels
F257	Comfortable & Safe Temperature Levels
F258	Comfortable Sound Levels

Resident Assessment

F271	Phys Orders at Admission
F272	Comprehensive Assessments
F273	Assessment Freq – No Later than 14 Days
F274	Assessment After Sig Change
F275	Assessment Every 12 Months
F276	Qtrly Review of Assessments
F277	Coordinate Assess w/PASRR
F278	Accuracy of Assess/Coord w/Professionals
F279	Develop Comprehensive Care Plans
F280	Develop/Prep/Review of Comp Care Plan
F281	Servs Provided Meet Prof Standards
F282	Qualified Servs in Accord w/Care Plan
F283	Discharge Summary
F284	Req for Post-discharge Plan of Care
F285	PASRR Requirements for MI & MR
F286	Access to 15 months of MDS records
F287	MDS Transmission Requirement

Quality of Care

F309	Nec Care for Highest Prac Well Being
F310	ADLs Do Not Decline Unless Unavoidable
F311	Res Treatment to Improve/Maintain ADLs
F312	ADL Care for Dependent Residents
F313	Treatment to Maintain Hearing/Vision
F314	Treatment to Prevent/Heal Pressure Sores
F315	Res Not Catheterized Unless Unavoidable
F317	No Reduction in ROM Unless Unavoidable
F318	Range of Motion Treatment & Services
F319	Mental/Psychosocial Treatment
F320	No Development of Mental Problems
F321	No Feeding Tube Unless Unavoidable
F322	Proper Care & Services - Feeding Tube
F323	Fac Free of Accident Hazards
F325	Maintain Nutrit Status/Therapeutic Diet
F327	Fac Provides Sufficient Fluid Intake
F328	Treatment/Care for Special Care Needs
F329	Free From Unnecessary Drugs
F332	Medication Error Rates of 5% or More
F333	Res Free From Sig Medication Errors
F334	Influenza and Pneumococcal Immunization

Regulatory Groups in the pink boxes are the Extended Survey F tags

Federal Regulatory Groups for Long-Term Care Facilities

Nursing Services

F353	Sufficient Nursing Staff on 24-hour Basis
F354	Use of Charge Nurse & Registered Nurse
F356	Nurse Staffing Data Posted

Dietary Services

F360	Appropriate Diet
F361	Employment of Qualified Dietitian
F362	Sufficient Support Personnel
F363	Menus Meet Needs & Are Followed
F364	Food Preparation/Palatable/Temperature
F365	Food Form Meets Individual Needs
F366	Substitutes of Similar Nutritive Value
F367	Therapeutic Diets Prescribed by Phys
F368	Frequency of Meals – 14 hours
F369	Adaptive Eating Equipment/Utensils
F371	Sanitary Food Procure/Prep/Dist/Storage
F372	Proper Disposal of Garbage & Refuse
F373	Paid Feeding Assistants

Physician Services

F385	Residents' Care Supervised by Physician
F386	Physician Responsibilities During Visits
F387	Frequency/Timeliness of Physician Visits
F388	Visits by Physician/Phys Assistant/Etc
F389	Emergency Physician Services 24 Hr/Day
F390	Phys Delegation of Tasks in SNFs/NFs

Specialized Rehab Services

F406	Fac Provides Specialized Rehab Services
F407	Qualifications For Providing Rehab Svcs

Dental Services

F411	Dental Services in SNFs
F412	Dental Services in NFs

Pharmacy Services

F425	Facility Provides Drugs & Biologicals
F428	Drug Regimen Reviewed Monthly
F431	Proper Labeling of Drugs & Biologicals

Infection Control

F441	Infection Control Program
F442	Isolation Available When Appropriate
F443	Empl w/Comm Disease - No Res Contact
F444	Hand Washing
F445	Linen Handling to Prevent Infection

Physical Environment

F454	Fac Designed to Protect Health/Safety
F455	Emergency Electrical Power
F456	Essential Equipment in Safe Condition
F457	No More than Four Residents per Room
F458	Rms Sq Ft - $\geq$ 80/res or 100 in private rm
F459	Rooms - Access to Exit Corridor
F460	Rooms - Assure Visual Privacy
F461	Rooms - At least one window to outside
F462	Rooms – Toilet and Bathing Facilities
F463	Resident Call System
F464	Requirements for Dining & Activities
F465	Env is Safe/Functional/Sanitary/Comfort
F466	Emergency Water Availability
F467	Adequate Outside Ventilation
F468	Corridors Have Firmly Secured Handrails
F469	Maintain Effective Pest Control Program

Administration

F490	Facility Administered Effectively
F491	Licensure Under State / Local Laws
F492	Fed/State/Local Laws/Prof Standards
F493	Gov Body Appoints Admin/Mgs Facility
F494	Nurse Aide Training/Competency
F495	Comp Nurse Aides Worked < 4 Mo
F496	Nurse Aide Registry Verification
F497	Regular Perf Rev/Inservice Education
F498	Proficiency of Nurse Aides
F499	Facility Employ Qualified Prof Staff
F500	Use of Outside Professional Resources
F501	Responsibilities of Medical Director
F502	Fac Obtains/Provides Lab Services
F503	Laboratory Services Provided by Fac
F504	Laboratory Services Only When Ordered
F505	Phys Promptly Notified of Lab Results
F506	Fac Assists Res in Transport to Lab
F507	Lab Reports Filed in Clinical Record
F508	Fac Provides/Obtains Radiology Svcs
F509	Radiology Services Meet Requirements
F510	Radiology/Diag Svcs When Ordered
F511	Prmptly Notify Phys of Rad/Oth Findings
F512	Assist Res in Transport for Radiology
F513	Reports of Xrays/Diag Srvs Filed in Rec
F514	Clinical Records Meet Prof Standards
F515	Retention of Clinical Records
F516	Fac Safeguards Clinical Records
F517	Plans to Meet Emergencies/Disasters
F518	Train Employees, Emergency Proc/Drills
F519	Transfer Agreement w/Hospital
F520	Fac Maintains QA Committee
F522	Disclosure of Ownership Requirements

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University of Colorado at Denver and Health Sciences Center

Quality Indicators

The new survey system uses quality indicators derived from the minimum data set (MDS) to direct surveyors to areas of potential concern. State surveyors use 24 Quality Indicators (QI) to help focus the survey process. QIs allow surveyors to obtain a picture of the residents in the facility while off-site, and allows the surveyors to analyze how the facility compares with other facilities in the state. The indicators are based on the MDS transmissions for each facility. When a facility transmits its MDS data, the information generates a facility QI profile, which shows the facility's score for each QI and how the facility compares with a statewide peer group.

QI Focus

The 24 QIs focus on such areas as:

- Accidents
- Behavioral and emotional problems
- Clinical management
- Cognitive patterns
- Elimination and incontinence
- Infection control
- Nutrition and eating
- Physical functioning
- Psychotropic drug use
- Quality of life, and
- Skin care

PERCENTILE RANKING

The reports show how the facility compares to its peer group using a percentile rank system. A percentile rank of 90 would indicate that 90 percent of peer facilities have scored better on the QI than the facility surveyed. The higher the percentile, the more potential for a care concern in the facility.

DOWNLOADING QI REPORTS

Access your facility QI reports by going to the MDS transmission site and following the instructions to print your reports. Access your QI reports using the same process as submitting MDS data – over the modem with Netscape, same user IDs and passwords as for MDS transmission. Facilities can only request reports for their own facility. The three reports that can be downloaded are:

1. **Facility Characteristics**: demographic information about the resident population (in percentages) for the selected facility compared to all the facilities in the state. It provides information such as gender and age of residents, payment source, diagnostic characteristics, assessments completed by type, and a summary of the number of assessments completed per month.

2. **Facility Quality Indicator Profile**: Provides facility status for each of the MDS based QIs as compared to a peer group of the facilities in the state. Listed are the individual QIs. Use the report to select concerns based on the following:

   Any sentinel health event QI that is flagged. A sentinel health event is a QI that represents a significant occurrence that should be selected as a concern, even if it applies to only one or a few residents. The sentinel event QIs are:

   - Prevalence of Fecal Impaction (MDS: H2d)
     - Regular bowel elimination pattern: resident has at least one movement every 3 days.
     - Constipation: resident passes 2 or fewer bowel movements per week, or strains more than 1 out of 4 times when having a bowel movement.
     - Fecal impaction: the presence of hard stool upon digital rectal exam. Fecal impaction may also be present if stool is seen on abdominal x-ray in the sigmoid colon or higher, even with a negative digital exam or documentation in the clinical records of daily bowel movement.
     - How to find out? Ask the resident. Examine the resident. Review the clinical records; documentation of bowel elimination patterns. Ask the direct care staff (nursing assistants from all shifts).
   - Prevalence of Dehydration (MDS: J1c)
     - Resident usually takes in less than the recommended 2500 ml of fluids daily (water or liquids in beverages, and water in food).
     - Resident has clinical signs of dehydration: dry tongue dry mucous membranes, muscle weakness,
     - confusion, speech difficulty, sunken eyes.
   - Prevalence of Pressure Ulcers (low risk)
     - All residents who are not high risk. High risk residents are those impaired for transfer/bed mobility, comatose, malnourished or have end stage disease.

   Any other QI that is flagged at the 90th percentile

   Any unflagged QI in which the facility is at the 75th percentile or greater

3. **Resident Level Summary**: Provides resident specific QI information. This report is generated using the most current MDS records in the state database at the time the report was generated, including all residents who have an MDS in the system. It is used by surveyors to preselect residents for the Phase 1 sample who have conditions representing the concerns selected using the Facility Quality Indicator Profile.

Steps in the Facility QI Review Process

1. Review the QI reports and select a group of quality indicators to review. Consider:

   - The percentile rank and peer group/facility percentages;
   - Clinically linked quality indicators; and
   - Previous regulatory survey results (deficiencies).

2. Select a separate sample of residents for each QI that will be reviewed for potential problems. Some resident may be in more than one sample. Choose:

   - Residents from every unit;
   - Residents with many and few flagged QIs;
   - Residents with a similar pattern of flagged QIs;
   - The number of residents necessary to establish whether or not a problem exists:
     - Select at least 5 residents if possible to determine if there is a pattern of inaccuracy.
     - Select more residents for QIs that commonly have a higher prevalence such as incontinence or little or no activities.

3. Review the care for each sampled resident related to the QI being reviewed.

   - Determine accuracy of information.
   - Evaluate accuracy of assessment.
   - Evaluate accuracy of decision making and care planning.
   - Evaluate adequacy of care plan.
   - Evaluate adequacy of monitoring and evaluation.

4. Make conclusions about the quality of care for each resident for each QI reviewed.

5. Decide if there is a facility-wide problem with the QI after reviewing the care for each resident in the sample.

6. Discuss the conclusions of the QI investigation with the Quality Improvement Council and plan improvement initiatives.

7. Evaluate the effectiveness of the improvement plan based on subsequent QI reports after determining if the resident population is the same.

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Gather Information

Obtain all available sources of information for review by the facility team.

Statements of Deficiencies (HCFA-2567)

These statements of deficiencies from the previous surveys should be reviewed by the facility team members.

- Make a list of any resident cited in the deficiency list who is still a resident in the facility.
- Review the specific information under each deficiency and note any special areas of concern. Determine if the facility has patterns of repeat deficiencies in particular tags or related tags.

Results of Complaint Investigations

Review the information from complaints investigated during the past year and complaints that have not been investigated by the state agency yet.

- Make a list of resident and staff names related to the complaints.
- Note any patterns or problems relating to specific wings or shifts.
- Note prevalence of unsubstantiated complaints that may reveal an impending issue.

Information About Waivers or Variances

Make a list of any staffing waiver or room variances that the facility has or has requested. Determine if there has been a negative effect on resident care or quality of life.

Information Received from the State Ombudsman's Office

Contact the ombudsman and resolve any outstanding issues or concerns.

OSCAR Reports (Parts 3 & 4)

Determine if the facility has patterns of repeat deficiencies in any particular tags or related tags.

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Prepare for Off-Hour Surveys

State surveyors may arrive at the facility beyond the business hours of 8:00 a.m. to 6:00 p.m. or on a Saturday or Sunday. To be prepared:

1. Inservice the evening, night, and weekend staff about the survey process.
2. Provide them with a list of administrative staff and telephone numbers.
3. Provide instructions about whom to call, phone numbers, beepers, etc.
4. Instruct the evening, night, and weekend staff to pay particular attention to:
    a. types and numbers of staff available (sufficient staff and replacement of call-ins);
    b. restraint use and proper application of use;
    c. meal service, including adherence to planned menu;
    d. medication, treatment, and enteral/parenteral fluids are being administered/completed as ordered;
    e. whether incontinent residents are checked, toileted, changed, etc.;
    f. residents are turned and repositioned;
    g. proper positioning of residents;
    h. timeliness of response to call lights; and
    i. residents are well groomed and appropriately dressed.
5. Instruct evening, night, and weekend staff on the location of the expandable file and what is to be provided to surveyors upon initiation of the survey (within one hour).

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Organize the Expandable File

The Administrator assigns facility staff members to gather the following information and places the information in an expandable file behind a properly marked tab. This file must be accurate, current, and easily accessible at all times. Update weekly.

DURING THE CONFERENCE

During the entrance conference, the Administrator will reply to the waiver questions.

BY CONCLUSION OF INITIAL TOUR

By the end of the initial tour or earlier, if possible, provide the surveyor with:

- copy of actual working schedule for licensed and registered nursing staff for the current time period, and
- completed Roster/Sample Matrix (HCFA-802) including all residents on bed hold. Copy the form from the chapter of HCFA forms and instructions in this book.

WITHIN ONE HOUR OF ENTRANCE CONFERENCE CONCLUSION

Give the surveyor the following information within one hour of the conclusion of the entrance conference:

1. List of key facility personnel and their locations. Key facility personnel include:
   - Administrator
   - Bookkeeper
   - Director of Nursing Services
   - Director of Social Services
   - Director of Activities
   - Dietitian or Food Supervisor
   - Rehabilitation Services Staff (PT, OT, SLP, RT)
   - Charge Nurses
   - Pharmacist Consultant
   - Maintenance Supervisor
   - Housekeeping Supervisor
   - Laundry Supervisor
   - Designated Infection Control Nurse
   - Person responsible for quality assurance
   - Health Information Management Professional (Medical Records)
   - Medical Director
2. A copy of the written information provided to residents regarding their rights (e.g., Resident Rights Booklet).
3. Meal times, dining locations, copies of all menus, including therapeutic menus, and medication pass times by unit, if variable. Worksheet provided.

4. List of admissions during the past month and a list of residents transferred or discharged during the past three months with their destinations. Worksheet provided.

5. Facility floor plan indicating the location of nurses stations, individual patient rooms, offices, and common areas.

6. The current activity calendar.

7. A copy of the facility's admission contracts for all residents (Medicare, Medicaid, and other payment sources).

8. The name of a person the Administrator designates to answer questions about what the facility does to prevent abuse and a copy of policies and procedures designed to protect residents from abuse, neglect, involuntary seclusion, and misappropriation of their property. This includes:

   - Hiring practices, including reference checks, background checks, drug testing, verification of licenses, and certifications with state boards;
   - Training (copies of inservice/orientation material and sign-in sheets) and ongoing supervision for employees and volunteers who provide services; and
   - Reporting and investigating allegations and occurrences that may indicate abuse.

9. The names of any residents age 55 and under. Worksheet provided.

10. The names of any residents who communicate with:

    - non-oral communication devices,
    - sign language; or
    - who speak a language other than the dominant language of the facility.

    A worksheet is provided.

11. Policy, procedure, and copy of forms demonstrating that the facility, on a routine basis, monitors accidents and other incidents, records these in the clinical or other records, and has in place a system to prevent and/or minimize further accidents and incidents.

WITHIN 24 HOURS OF ENTRANCE CONFERENCE CONCLUSION

The Administrator will give the surveyors the following information within 24 hours of the entrance conference.

- A completed Long Term Care Facility Application for Medicare and Medicaid (HCFA-671). Copy the form from the chapter of HCFA forms and instructions in this book.
- A completed Resident Census and Conditions of Residents (HCFA-672). Copy the form from the chapter of HCFA forms and instructions in this book.
- A list of Medicare residents who requested demand bills in the last six months (SNFs or dually certified SNF/NFs only). A worksheet is provided.

Identified Patients

During the initial tour, the survey team will have facility staff identify:

- Residents who have no family or significant others
- Newly admitted residents (within the past 14 days)
- Residents for whom transfer or discharge is planned within the next 30 days.

The survey team may include one or more of these residents in the Phase 2 sample.

In preparation, keep current lists of these residents.

Assess residents who have no family or significant others for quality of life issues. Surveyors consider these residents at risk of neglect and abuse. If appropriate include these residents in the Resident Interview process. Address any concerns.

Evaluate newly admitted residents for decline or deterioration that may occurred before all MDS, other resident assessment information, and care planning is complete. Check that an initial plan of care is available and implemented. Care plan and implement interventions to prevent decline or deterioration. Evaluate and update interventions. Document decline or deterioration in clinical record stating resident declined or deteriorated because (state the appropriate medical reason).

Evaluat the discharge plan for resident to whom transfer or discharge is planned within the next 30 days. Review and document resident and family teaching. Identify needed equipment, supplies and services.

In addition, the surveyors will ask each charge nurse or unit manager for information about the residents and activities on their unit. Educate the nurses so they are prepared to provide the information. A worksheet for the nurses is provided.

Worksheet for Residents Who Have No Family

Copy and complete this worksheet then place it in the expandable file.

1. _____
2. _____
3. _____
4. _____
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8. _____
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11. _____
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15. _____
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17. _____
18. _____
19. _____
20. _____
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22. _____
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24. _____
25. _____

Worksheet for Residents Admitted Within Past 14 Days

Copy and complete this worksheet then place it in the expandable file.

1. _____
2. _____
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4. _____
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9. _____
10. _____
11. _____
12. _____
13. _____
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18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

Worksheet for Residents with Planned Transfer or Discharge

Copy and complete this worksheet. List the names of any residents for who transfer or discharge is planned within the next 30 days. Place it in the expandable file.

Planned Transfer

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Planned Discharge

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Checklist for Survey Preparation

No.	Complete the following tasks & place the documents with ** in a folder.	Completion Date	Initials
1.	Print Q-Card report (quality indicators).		
2.	Access facility QI reports from MDS transmission site		
3.	Follow steps in QI Review Process		
4.	Obtain Statement of Deficiencies (HCFA-2567) from survey during the past three (3) years.		
5.	Obtain copy of last three years' OSCAR reports.		
6.	Using the 2567s & OSCAR reports, determine if the facility has patterns of repeat deficiencies in any particular tag or related tag.		
7.	Make a list of any resident cited in the deficiency list who is still a resident in the facility.		
8.	Review the specific information under each deficiency and note any special areas of concern.		
9.	Determine if the facility has patterns of repeat deficiencies in particular tags or related tags.		
10.	Obtain the results of complaint investigations, if any.		
11.	Review the information from complaints investigated during the past year and complaints that have not been investigated by the state agency yet.		
12.	Make a list of resident and staff names related to the complaints.		
13.	Note any patterns or problems relating to specific wings or shifts.		
14.	Obtain information about any waivers or variances that the facility has requested and/or has had approved.		
15.	Inservice evening, night, and weekend staff about the survey & what to do if surveyors show up.		
16.	Obtain any information received from the state ombudsman's office.		
17.	Contact the ombudsman and resolve any outstanding issues or concerns.		
18.	Complete waiver worksheet.		
19.	** Complete the Roster Sample Matrix (HCFA-802). Include all residents on bed hold.		
20.	** Use HCFA-802 to identify and list residents who may be selected for the survey sample.		
21.	** Copy an actual up-to-date working schedule for licensed & registered nurses.		
22.	** Make list of key facility personnel and their locations.		
23.	** Make copy of the facility's floor plan.		
24.	** On the copy of the facility's floor plan, identify key personnel and their locations as well as the location of nurses stations, individual rooms, and common areas.		
25.	** Obtain a copy of the written information provided to residents regarding their rights, e.g., Resident Rights Booklet.		
26.	** Make a list of meal times, dining locations, copies of all menus, including therapeutic menus, and medication pass times (by unit).		
27.	** Make a list of admissions during the past month and a list of residents transferred or discharged during the past 3 months.		
28.	** Make a copy of the current activity calendar.		
29.	** Obtain a sample of the admission package and admission contract for all payer sources. Be sure they do not directly or indirectly request residents to waive their rights to Medicare or Medicaid.		
30.	** Make a copy of policies/procedures to prohibit & investigate allegations of abuse & name of designated person.		
31.	** Make a list of the names of any residents age 55 and under.		
32.	** Make a list of the names of any residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.		

No.	Complete the following tasks & place the documents with ** in a folder.	Completion Date	Initials
33.	** Make copy of blank Accident/Incident Monthly Tracking Log and Monthly Accident/Incident Analysis.		
34.	** Complete the Long-Term Care Facility Application for Medicare and Medicaid (HCFA-671) including the Disclosure of Ownership.		
35.	** Complete the Resident Census and Conditions of Residents (HCFA-672).		
36.	** Make a list of Medicare residents who requested demand bills in the last 6 months (SNF's or dually certified SNF/NF's only).		
37.	Administrator and Social Worker and/or Activities Director plan a meeting with the Resident Council President.		
38.	** Be sure council president has access to council minutes, they are organized, issues and concerns have been followed up or resolved, and resolution is reflected in the minutes.		
39.	Provide council president with a copy of the group interview questions and the resident interview questions. Review and discuss questions at resident council meeting		
40.	Administrator and Social Worker plan a meeting with the Family Council. If the facility does not have a family council, meet with family members who are actively involved with the facility.		
41.	Provide the family member with a copy of the Quality of Life Assessment Family Interview questions. Review and discuss the questions at the family council meetings (or individually) so that issues and concerns can be resolved and corrected.		
42.	Complete Unintended Weight Loss Review. Assess residents for risk factors.		
43.	Complete Hydration Review. Assess residents for risk factors.		
44.	Complete Pressure Ulcer Review. Assess residents for risk factors.		
45.	Review 2-3 alleged violations to be sure they are compliant.		
46.	Inservice & interview resident & families regarding their awareness of to whom and how to report allegations.		
47.	Inservice & interview direct care staff (all three shifts – include activity staff & nursing assistants) about appropriate intervention involving aggressive residents & what, when and to whom to report allegations.		
48.	Inservice & interview front line supervisors (nursing, dietary, housekeeping, activities, and social services) about monitoring care, services.		
49.	** Make a list of all employees hired in last 4 months.		
50.	Implement ADR monitoring form and procedure.		
51.	Conduct Medication Pass Review for each nurse assigned to pass medications.		
52.	Complete Nursing Services Staffing Review		
53.	Administrator & Dietary Supervisor complete Dining & Food Review.		
54.	Complete worksheet for Kitchen/Food Service Observation.		
55.	** Make list of residents who have no family.		
56.	** Complete worksheet for Resident Admitted within past 14 days.		
57.	** Complete worksheet for Residents with Planned Transfer or Discharge.		
58.	** Inservice charge nurses & unit managers regarding survey information they will provide. Complete worksheet.		
59.	Administrator completes General Observation Of The Facility with the appropriate department heads.		
60.	Conduct the Resident Quality of Care and Quality of Life Reviews.		
61.	** Make a list of residents who have elected the hospice benefit and are currently receiving hospice care from an outside agency.		
62.	** Make a list of residents who receive dialysis services within the facility.		
63.	Conduct Resident Care Review.		
64.	Conduct Audit Of Closed Record.		
65.	** Conduct the infection control Skills Validation tests, and complete the Infection Control Interview.		
66.	Administer the pneumococcal vaccine to all new residents.		
67.	Administer the flu vaccine yearly to your residents.		

No.	Complete the following tasks & place the documents with ** in a folder.	Completion Date	Initials
68.	Check the amount of residents' funds the facility is managing to make sure that it is at least equal to the total amount of the surety bond, as of the most recent quarter. If the facility manages residents' funds, the bookkeeper checks to see if the records are in order.		
69.	** Bookkeeper reviews financial records to determine if any residents have accounts that are within $200 of the SSI limit. Make a copy of a sample notification letter.		
70.	Bookkeeper reviews the residents' monthly statements to ensure that personal funds are not used to pay for covered items.		
71.	** Make a copy of the written information given to Medicare and Medicaid eligible residents and family members on admission that notifies them of the items and services that are covered under Medicare or the state Medicaid plan.		
72.	** Obtain and review the policy regarding access and visitation rights.		
73.	** Obtain and review the policy for ombudsman access to clinical records.		
74.	** Obtain and review the policy for Notice of Bed-Hold and Readmission.		
75.	** Copy your facility\state-specific bed-hold and readmission notice.		
76.	Social worker sends or reviews a copy of the bed-hold and the right to return to the facility notice with the local ombudsman and local hospital discharge planners.		
77.	** Obtain and review the self-administration of drugs policy and a copy of the guideline for self-administration of medications.		
78.	** Nursing completes the list of residents who self-administer medications.		
79.	** Social worker and activity director complete the list of ways they help residents pursue activities outside the facility.		
80.	Medical records audits the frequency of physician visits and requests the assistance of the medical director, if a physician is not making visits timely.		
81.	Director of Nursing posts "In Case of Emergency" sign and inservices each nurse.		
82.	Director of Nursing completed nurse aide list for "Training and Competency."		
83.	Director of Nursing completes Nurse Aide Registry Verification.		
84.	Director of Nursing completes the "Nurse Aide Inservice Education."		
85.	** Obtain a copy of the Quality Improvement Council policy. Know the committee/ council members and their functions. Direct care staff should know what the committee is and how it works.		

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SAMPLE PLAN OF CORRECTION

Resident #1, #2. #3, #4, and #6, #9, #10, #11, AND #13 will be evaluated by the Social Services Director and Social Services Consultant to determine an appropriate plan of care that includes their individual needs/issues and interventions. Referrals for needed outside services will be made.

An evaluation of the delivery of social services has been completed. A review of Social Service policies and procedures has been completed and revisions to the existing policies and procedures will be forwarded to the Patient Care Policy Committee for review and approval to assure that resident's social service needs are assessed and met.

The Social Service Director/Designee will evaluate and assess resident's needs through observation, record review and interviews to identify any psychosocial needs. Residents psychosocial needs will be documented and monitored on an ongoing basis. Resident care plans will be based on individual needs and will include the type and frequency of social service interventions required.

A Social Services referral log has been implemented and is available at the nurses station to encourage and facilitate communication about residents social services needs between departments in the facility. The IDT will communicate with the Social Services Director/Designee any immediate needs that may require social services interventions. The Social Services Director/Designee will follow-up on each referral to assure that residents medically related social services needs are met and their well-being enhanced.

The Social Service Director/Designee and/or the Social Service Consultant will provide an inservice to staff on the importance and availability of social services in the facility.

A Social Services Consultant is currently assisting the Social Services Director/Designee in identifying and responding to resident's medically related social service needs. A new employee will start on November 1, 2001 and will be given the responsibility of responding to the medically related social service needs of the residents. Additional orientation and training of this new employee will be provided by the Social Services Consultant.

Monitoring for compliance will be done by the Director of Nurses in conjunction with the Social Services Director, Social Services Consultant and Administrator. The CQI/QA Committee will review (at least annually) the social services referral system to assure that the residents medically related social services are met.

Pamela C. Regner, LCSW 10/01

RESIDENT COUNCIL QUESTIONS

1. Do you, as a group have input into the rules of this facility?
2. Do you feel the staff here treats residents with respect and dignity?
3. Do you feel that the activities meet your interests?
4. Are your meals generally on time?
5. Is the air temperature comfortable for you?
6. Do you feel free to make complaints to the staff?
7. Are you offered a bedtime snack?
8. Can you have your own belongings here if you choose?
9. Does you mail arrive unopened daily?
10. Can you meet privately with your visitors?
11. Does the facility administration listen to your suggestions?
12. Have you ever had anything lost or stolen? Do you feel the facility staff acted promptly to your report?
13. Do you know whom the facility Social Service Director is?
14. When you tell us that you don't like a certain food, do we stop putting it on your tray?
15. Do you know how to reach an ombudsman if you wanted to?
16. At the time of admission, were you made aware of your rights and responsibilities in a language you understood?
17. Do you know who your doctor is?
18. Do you know if you have the right to refuse CPR at this facility?
19. Do you know where a copy of the most recent regulatory survey report is located?
20. Do you sleep well at night without the staff waking you?

RESIDENT QUESTIONS THAT DETERMINE THEIR PERCEPTION OF QUALITY

1. Would you say that the staff are kind in the way they speak to you?
2. Would you say that the staff is gentle when they touch or move you?
3. Would you say that you feel your property is safe here?
4. Would you say the food is good here?
5. Would you say that the activities provided here are fun?
6. Would you say our nurses here are will educated?
7. Would you say our nursing and rehab facility is kept clean?
8. Would you say that you are encouraged to be independent here?
9. Would you say that you are able to participate in the care you receive here?
10. Overall, would you say this is a good place to receive care?

RESIDENT QUESTIONS THAT DETERMINE IF THE FACILITY ACCOMMODATES FOR RESIDENT NEEDS

1. Can you get up and go to bed when you want to here?
2. Other than meal times, do we provide you something to eat?
3. Can you obtain your trust money when you want it?
4. Did you know we have a safe here to lock up your valuables?
5. Did you choose what you are wearing today?
6. Can you dine with whomever and wherever you choose?
7. Are your religious needs being met here?
8. Are you asked to attend meeting with staff to discuss your care?
9. If you wanted to look at your medical chart to see what your doctor wrote about you, could you?
10. Does the staff give you a choice of the foods you like to eat?
11. Do you have the right to refuse medicine or treatment here?
12. Do you know that we have a dentist that comes to the facility?
13. If you wanted to stay up to midnight watching a movie on T.V., would the staff find a place and let you?
14. If you wanted to go out for lunch with your family member could you?
15. Can you determine what time of day you want to take a bath/shower?
16. Can you make a telephone call without other people overhearing your conversations?

POSTING OF CONSUMER INFORMATION

The following items should be posted on the facility's Consumer Information Board:

1. Name, license number and date of employment of the current administrator.
2. A listing and charges of all services and special programs provided in the facility and those that are contracted.
3. The current and following week's menus for regular and therapeutic diets.
4. A notice indicating the facility's written policies are available upon request. Including admission criteria, admission contract, and discharge policies.
5. A copy of the most recent state and federal surveys and plan of correction.
6. List of other facilities owned by the same corporation.
7. Designee in absence of the licensed Administrator.
8. Theft and Loss Policy with forms readily available
9. Grievance policy with forms readily available
10. Smoking policy, if applicable
11. Resident Rights
12. Non-discrimination policy
13. DHS license; Medicare approval (if applicable); Medical/Medicaid certification, HCFA and/or state licensing waivers
14. Written information about how to apply for and use Medicare and Medicaid benefits and how to receive refunds for previous payments covered by such benefits.
15. A statement that a resident may file a complaint with the state survey and certification agency concerning resident abuse, neglect, and mis-appropriation of resident property in the facility.
16. A posting of names, addresses, and telephone numbers of all pertinent state client advocacy groups such as State Survey and Certification agency, the State Licensure Office, the State Ombudsman Program, the Protection and Advocacy Network, and the Medicaid Fraud Control Unit.

* Staff observed standing over resident's while being assisted with their meal.

* Television on during meal times with staff members watching and commenting on the program being aired.

* Resident observed in the activity program with uncombed hair, dirty fingernails and food particles about their mouth.

* Resident observed with "bib" in place prior to being transported to the dining room.

* Resident rooms lacked personalization.

* Staff observed not pulling privacy curtain around bed when being assisted in putting on pajamas.

* Resident observed with hospital gown on under their clothing. Staff indicated that this was done so when the resident took a nap they wouldn't have to be changed.

* Resident rooms observed with care instructions prominently displayed.

* Staff observed talking about resident's characteristics and medical problems in the corridor and in the breakroom. This is a violation of confidentiality as well as dignity and privacy.

* Resident's observed sitting in lounges, dining rooms and hallways for long periods of time with no interventions.

* Resident's observed with torn and tattered clothing. Button's missing and zippers that do not work.

* Female resident's observed with no undergarments on, no underwear and gapping clothing.

* A nurse was heard yelling across the dining room to a resident, "Go to the bathroom now. Wait a minute. I want to go with you so I know you went."

VIOLATIONS OF DIGNITY/PRIVACY

* Residents smelled of urine and/or were wearing urine-soaked clothing

* Staff members were observed entering residents' rooms without knocking

* A resident complained that the facility did not follow up to obtain needed dentures and a hearing aid.

* A staff member pulled a resident backwards, while the resident was in a geri-chair, from one room to another. The staff member did not speak to the resident before taking this action.

* Nurses were observed pulling up clothing, exposing private areas of bodies, to give treatments and injections to residents in public areas.

* Two residents seated at the same table in the dining room were served their meals ten minutes apart.

* Staff observed talking in another language in front of resident who did not speak the same language.

* Staff did not put on resident's glasses, dentures or hearing aids.

* Staff observed turning off call lights and not returning.

* Staff observed speaking to resident's in baby talk and addressing resident by saying, honey, baby doll, sweetie, dearie.

* Resident observed wearing another resident's clothing.

* Resident observed not completely covered while being pulled backwards in a shower chair. Resident also had a bowel movement that landed on the floor while being transported to the shower room.

* Resident's not offered a choice of clothing

* Resident observed left on the toilet with the door open

April 23, 2009

Mr. Sam Bergstrom, ADM
Fredericka Manor
111 Third Avenue
Chula Vista, CA 91910

Hello Sam,

I have been working on your question regarding Title 22 and Social Services, and believe that I have information that may be of use to you. Below is what I wrote in my consultant report, 4/1/09:

I reviewed with Sam the memo from Jody Giacopuzzi RE: recent confusion as to social services and Title 22. Sam is still concerned about this issue, and would like clarification from the Dept. of Health as to this issue. He understands it is listed under "optional services" BUT it's unclear and he was warned by the surveyor specifically about this issue. Sam stated that the surveyor said "social services is fine today, but by next year's review your social services' documentation will NOT meet the standards", and she then mentioned the weekly notes guideline for social services under Title 22.

Sam's question is: Because our SNF follows OBRA F tag 250, and provides medically-related social services, does this automatically put us in the optional category of providing social work services under Title 22? It is awkward in the writing and is confusing. *We do need clarification on this as it will impact how Fredericka Manor implements social services for the residents.*

According to Title 22, 72401, a social work services unit is listed as an optional services unit, and a SNF is not required to operate an optional service unit. In addition, if a facility wants to have an optional services unit, it needs to apply for one through the state licensing. Once a unit is approved, it will then be listed on the facility's license. If Fredericka Manor has not applied for a social work services unit, and it is not on the license, then your facility cannot be cited for these services.

Jody Giacopuzzi received a report from a recent CAHF training on Title 22 recommending that if this topic comes up during survey, the staff need to have the Title 22 Optional Services regulation ready to show the surveyors. If this problem is written in the 2567, CAHF advises the administrator not write a POC stating that the social services designee will complete weekly progress documentation, but instead cite the Title 22 social work services unit as an optional service.

I've attempted to contact the surveyor who made these statements to you during your recent survey. I believe her name is Barbara Jackson from the SD South District Office, (619) 688-6190. Her supervisor is Donna Loza (the ADM for this office). Barbara has not returned my call as of this afternoon. If you would like further information, perhaps you can speak to either Barbara or Donna.

We know these regulations for Title 22, but we cannot guarantee how the surveyors will interpret them! There is nothing else we can tell you to guarantee that licensing won't cite you for social services under Title 22. You will need to cite the regulation if it is brought up during the facility's survey.

Please call me (858)248-0389 if you have any more questions or concerns. Thanks!

Kris Webster, LCSW
PsychoSocial Consultants
P.O. Box 500782
San Diego, CA 92150-0782

CC: Jody Giacopuzzi, LCSW

PsychoSocial Consultants

State Survey Regulations 2009: Title 22

(As they relate to Social Services in SNF)

- SB 1312, effective July 1, 2007, mandates CDPH conduct state licensing surveys for all long term health facilities.
- Surveys will be annual except for facilities that are CMP-free (no AA, A or B level violations.); their state survey will be every 2 years.
- The inspection will be in the form of **a single survey process.**
- For SNFs the state licensing survey will be conducted at the same time as the federal annual inspection.
- Phase-in statewide first and second quarter of 2009.
- SB 1312 mandates that CDPH include in their licensing survey all state statue and regulations that are more stringent or more precise than federal certification requirements.
- Administrators will be informed during survey entrance conference that state and federal survey will be conducted.
- Patients chosen for the federal survey will be used for the state survey when appropriate.
- A separate 2567 will be generated for the state licensing survey.
- A single exit conference will be conducted.
- Increased length of survey time in facility- 40+hours.
- The average length of pilot surveys is 2 days.
- CDPH anticipates survey length will diminish as survey process is streamlined.
- Use SNF survey workbook produced by CDPH.

- PAIN: assessed as the 5th vital sign; method for pain assessment based on resident's ability to communicate, etc.

- INFORMED CONSENT: Must be documented prior to initiation of restraint (chemical and physical) or psychoactive drug.

  Exception is an emergency.

  Informed consent must be obtained upon prescribing, ordering or increasing a psychoactive medication.

  Consent of resident is sought to notify the resident's interested family member as designated in the record.

- CAPACITY:

  Physician records lack of capacity (or recovered capacity) in the record.

  Determination is communicated to resident/authorized decision maker.

- RESTRAINT USE:

  Specific behavior or manifestation is identified;

  Data is collected

  Plan identifies methods for reducing behavior

- HEALTH CARE DECISIONS:

  The facility must comply with individual patient health care instructions and decisions made by the authorized decision maker.

  EXCEPTION: Health care provider may decline to comply if:

  -The instruction or decision is contrary to a policy of the institution based on reasons or conscience and that policy was timely communicated to the patient/decision maker.

  -A health care provider may decline to comply with an individual instruction/decision that requires ineffective healthcare or healthcare contrary to generally accepted health care standards.

- DISCHARGE PLANNING REQUIREMENTS:

  Upon admission, assessment includes projected length of stay and discharge potential must include:

  -Resident indication of preference to return to community and,

  -Identify social support that may sustain or facilitate return to community.

  -Applicable, the care plan reflects attending physician orders for care necessary to assist resident in achieving preference of returning to the community.

  -Discharge potential is evaluated quarterly or upon significant change in medical condition.

-Mental Health residents must receive an aftercare program that includes:

- Nature of illness and required follow-up.
- Medication, dosage and side effects.
- Expected course of recovery
- Relevant treatment recommendations.
- Referrals to medical/mental health services.

- MEDICAL RECORDS:

  -Discharge records must be completed within 30 days post discharge.
  -Name and address where resident transferred upon discharge.
  -Must maintain for at least 7 years.
  -Must be readily available to any person authorized by law to obtain same.
  -If records destroyed/defaced prior to termination of retention period, must notify CDPH within 3 business days.

- PAIN: assessed as the 5th vital sign; method for pain assessment based on resident's ability to communicate, etc.

- PATIENT VALUABLES:
  -Theft and loss program must be established.
  -Must make reasonable efforts to replace lost or stolen patient property at its then current value. (HSC 1289.3-1289.5)
  -Theft and loss policies to reduce same required by HSC1418.7.

- OPTIONAL SERVICES
  -Physical Therapy Unit
  -Occupational Therapy Unit
  -Speech Pathology/Audiology Service Unit
  -Social Services Unit
  -Special Treatment Program
  -Dialysis Services