

# Long Term Care New LTC Survey Process

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# Disclaimer

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- **Health Facility Survey & Field Operations**





# Objectives

**Enhance professional development**

**Update on the new LTC Survey Process**

**Share with partners**



# What is not changing

- **Life Safety Code and Complaint surveys: traditional survey process; however, complaints can be added to the standard survey and then would follow new survey process.**
- **Three (3) methods of information gathering, observation, interview and record review.**
- **Exit conference**

- **All electronic – surveyors using tablets**
- **Unaccompanied facility tour**
- **No phase I and phase II sample selection**
- **Information requested on entrance**

# Sample Selection

- **Facility census –**
- **70/30 – resident sample selection**
- **Complaints/Facility Reported Incidents**

# Entrance Form

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## 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.
- 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.
- 10. Name of Resident Council President.
- 11. Provide the facility with a copy of the CASPER 3.

### INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE

- 12. Schedule of meal times, 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.
- 13. Schedule of Medication Administration times.
- 14. Number and location of med storage rooms and med carts.
- 15. The actual working schedules for licensed and registered nursing staff for the survey time period.
- 16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
- 17. 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) The names 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.

### INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE

- 18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
- 19. Admission packet.
- 20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
- 21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
- 22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
- 23. Does the facility have an onsite separately certified ESRD unit?
- 24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

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## ENTRANCE CONFERENCE WORKSHEET

<input type="checkbox"/> 25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
<input type="checkbox"/> 26. Influenza / Pneumococcal Immunization Policy & Procedures.
<input type="checkbox"/> 27. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/> 28. QAPI Plan.
<input type="checkbox"/> 29. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/> 30. Description of any experimental research occurring in the facility.
<input type="checkbox"/> 31. Facility assessment.
<input type="checkbox"/> 32. Nurse staffing waivers.
<input type="checkbox"/> 33. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"> <li>• Less than the required square footage</li> <li>• More than four residents</li> <li>• Below ground level</li> <li>• No window to the outside</li> <li>• No direct access to an exit corridor</li> </ul>
<b>INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY</b>
<input type="checkbox"/> 34. 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."
<b>INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE</b>
<input type="checkbox"/> 35. Completed Medicare/Medicaid Application (CMS-671).
<input type="checkbox"/> 36. Completed Census and Condition Information (CMS-672).
<input type="checkbox"/> 37. Please complete the attached form on page 3 which is titled "Beneficiary Notice - Residents Discharged Within the Last Six Months".

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# Entrance Form

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## ENTRANCE CONFERENCE WORKSHEET

### Beneficiary Notice - Residents Discharged Within the Last Six Months

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).

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

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## 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	

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: \_\_\_\_\_

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# Information needed immediately

- **Census number**
- **Complete matrix for new admissions in the last 30 days who still reside in the facility**
- **Alphabetical list of all residents (notation of any resident currently out of the facility)**
- **List of resident who smoke, designated smoking times & locations**

# Entrance

- **Signage for survey**
- **Information regarding full time DON coverage**
- **Emergency water source**
- **Floor plan - updated**
- **Name of the resident council president**
- **Copy of Casper 3 report**





# Information needed within one (1) hour

- **1. Schedule of meal times, Dining room locations**
- **Copies of menus & outside food policy**
  
- **2. Schedule of medication administration times**
- **Number/location of med storage rooms and med carts**
  
- **3. Schedules for licensed, registered nursing staff**
  
- **4. List of key personnel, location and phone numbers**



## **Information needed within four (4) hours**

- **Completed matrix for all other residents**
- **Admission packet**
- **Contracts Dialysis / Hospice (if applicable)**
- **Infection control – antibiotic stewardship**
- **QAA committee information**
- **QAPI plan**





## **Information needed within four (4) hours**

- **Abuse prohibition policies/procedures**
- **Facility assessment**
- **Nurse staff waivers (if applicable)**
- **Experimental research in facility (if applicable)**
- **Room information**

## **Information needed within 24 hours of entrance**

- **Completed Medicare/Medicaid Application (CMS-671)**
- **Completed Census and Condition Information (CMS-672)**
- **Completed Beneficiary Notice – Residents Discharged within the last six months.**





# Survey Process

- **Mandatory tasks – investigated on every survey**
- **Triggered tasks – investigated if information gathered through observation, interview and record review prompts one of tasks.**

- **Substandard Quality of Care (SQC) – definition changed**
- **New regulatory groupings**
  - **1. Freedom from Abuse, Neglect and Exploitation**
  - **2. Behavioral Health Services**
- **Renumbered F - Tags**

# Citations

- **Based on a review of consolidated survey information by F – tag**



- **Review of findings / concerns by the survey team**

- **Thank you**

● **Questions ?**