Long Term Care
New LTC Survey Process

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Disclaimer

This power point presentation is an educational tool prepared by the New Jersey Department of Health that is general in nature. It is not intended to be an exhaustive review of the Department’s administrative code & is not intended as legal advice. Materials presented should not substitute for actual statutory or regulatory language. Always refer to the current edition of a referenced statute, code &/or rule or regulation for language.
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- New Jersey Department of Health
  - 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
Survey Process - changes

- 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

**Entrance Conference Worksheet**

- 1. Census number
- 2. Complete roster for any admissions in the last 30 days who are still residing in the facility.
- 3. An alphabetized list of all residents (name any resident out of the facility).
- 4. A list of residents who smoke, designated smoking times, and locations.
- 5. Conduct a brief Entrance Conference with the Administrator.
- 6. Information regarding full time DSU coverage (with) continuation is acceptable.
- 7. Information about the facility’s occupancy or warm ever (optional in addition to the acceptable).
- 8. Signs maintaining the survey that are posted in high-visibility areas.
- 9. A copy of an updated facility floor plans, if changes have been made.
- 10. Name of Resident Council President.
- 11. Provide the facility with a copy of the CASPER.

**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.
- 14. Number and location of bed storage areas and bed carts.
- 15. The usual working schedules for licensed and registered nursing staff for the survey time period.
- 16. List of key personnel, location, and phone numbers. Note hours of work (e.g., shift 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 law, with a minimum of 8 hours of training.
  b. The names of staff (excluding agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals 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 roster for all other residents. Ensure that every patient was completed accurately.
- 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 no more separately certified ESRD unit?
- 24. Hospice Agreement, and Policies and Procedures for such hospice care (name of facility designee) with coordinator(s) services with hospice providers.

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**Entrance Conference Worksheet**

- 27. QA committee information (name of contact, names of members, and frequency of meetings).
- 30. Description of any experimental research occurring in the facility.
- 33. List of areas noting any one of the following conditions that require a variance:
  - Less than the required square footage
  - More than five residents in the same area.
  - Below standard level
  - No residents in the area.
  - No direct access to an exit corridor.

**Information Needed By the End of the First Day of Survey**

- 34. Provide each surveyor with access to all resident electronic health records – do not include 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.”

**Information Needed From Facility Within 24 Hours of Entrance**

- 37. Please complete the attached form on page 4 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months.”
### Entrance Conference Worksheet

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

Please complete and return this worksheet to the survey team within 30 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 data range.*

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8/2017

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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 hardcopy/faying until EHR is entered into the system that allows for the actual paper record review process). Surveyors require the same access staff members have to review EHRs as a read-only format.

**Example:** Medications

- EHR: Online - Reports - Administration Record - obhAR - Custom date range - Run Report

**Example:** Hospitization

- EHR: Ccraus (will show current facility)
- MDS (will show discharge MDS)
- Pay Now - View All - Custom - Create Date Range - Enter time period leading up to Hospitalization - have (will show when and why resident was staff)

1. Pressure ulcers
2. Injuries
3. Infections
4. Nutrition
5. Falls
6. ADLs
7. Breathing and Bladder
8. Hospitalization
9. Equipment
10. Change of conditions
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: ____________________________

8/2017
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.
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Survey Process

• Mandatory tasks – investigated on every survey

• Triggered tasks – investigated if information gathered through observation, interview and record review prompts one of tasks.
SQC, Regulatory groupings and F-Tags renumbered

• 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
Exit Conference

- Review of findings / concerns by the survey team
Thank you
Questions?