Long Term Care Survey Process (LTCSP) Procedure Guide
Effective July 14, 2025

LTCSP Application HELP

- Contact the iQIES Security Official (SO) if you require assistance to access iQIES.
- Contact the QIES/iQIES Service Center (1-888-447-7876: Select Option 1) for technical support. Inform the Help Desk responder that the contact is about a LTCSP and immediate assistance is required because the team cannot continue with the survey until the issue is resolved. Email: iQIES@cms.hhs.gov
- If an "unhandled exception" error message occurs click on the "Copy Error Code" and paste the information in a Word document. To make a print screen of the message, press the Function [Fn] key and the Print Screen [Prnt Scrn] key. Paste the print screen [Ctrl+V] in a Word document. Describe in the Word document the actions being completed just before the error message. Send the document to the iQIES Service Center.

I. Offsite prep

Step 1: Create survey in iQIES

- **Create a survey** in iQIES according to your state practice and iQIES roles. Refer to the *iQIES Survey and Certification (S&C): Manage a Survey: Long Term Care Facilities User Manual* for details (referred to as the User Manual).
- Add **team members** and designate the team coordinator (TC). If no TC is selected, the first staff member listed is designated as TC. The system will not allow a team member to be removed if they have contributed any data to the survey. The only exception is if the team has not entered the facility yet. In that case, the TC should unassign facility tasks from the surveyor and then remove the surveyor from the team. Follow these steps to make **team composition changes** when necessary:
  - Select Teams in the Navigation menu.
  - Click Search.
  - Select applicable team members.
  - Click Save.
- **Link any active complaints and Facility Reported Incidents (FRIs)** to the survey according to your state practice and iQIES roles. Refer to the User Manual for details.

Step 2: Access the LTCSP survey

- Go to the My Tasks screen, click on the Surveys tab and click on the applicable event ID.

Step 3: TC completes offsite prep screen

- TC completes the Offsite Prep process to identify concerns present in the facility.
- Offsite Prep should be completed as close to the survey start date as possible but no more than 5 business days before the survey start date to include the most up-to-date Minimum Data Set (MDS) data. TC receives an **email five business days before the survey start date** once MDS calculations occur with a link to complete offsite prep. The email includes the number of residents included in the survey. This number will be used to identify the **maximum number of complaints/FRIs** that may be included in the initial pool since the number is indicative of the facility census size.

- – Ensure there is an **adequate number of residents included in the survey** as compared to the facility bed size. If there are very few residents, it is recommended that the SA's MDS/RAI Coordinator resolve the issue if possible (e.g., address submission concerns with the facility) and reschedule the survey once the issue has been resolved. It is critical to have MDS data for the survey, if at all possible.
  - – If the survey is delayed, a new email notification will be sent based on the updated survey start date. If the delay is more than five business days, all data entered on the Offsite Prep screen will be deleted.
- Click on Survey Prep | Offsite Prep in the navigation menu.
- The administrator's name and previous survey date will automatically populate.
- Use the link to review the **Provider History Report** for pattern of repeat deficiencies. Document your findings in the Repeat Deficiencies notes field.
- Review the system-populated **results** (tag, tag description, severity and scope [S/S] and opening statement) of the **last Standard survey** or use the Generate 2567 form link to review details.
- Review the list of closed **complaints (COMP)** and **Facility Reported Incidents (FRI) since** the **last Standard survey** to gain a general understanding of repeated issues or concerns that have been reported. Click on the link to review closed intake notes. Add any relevant notes in the Notes field.
- Review the **CASPER PBJ Staffing Data Report** (which can be accessed via the link) for identified concerns regarding staffing.
  - – For Standard Surveys **without a staffing related complaint/Ombudsman concern**, the TC should review the **most recent quarter** of staffing data available.
  - – Select Yes/No to indicate whether the facility has any staffing concerns. If Yes is selected, the table is enabled.
    - – Place a checkmark in the box next to the applicable staffing concerns. Identify the Fiscal Year (FY) quarter and year for each area of concern.
    - – If the facility failed to submit PBJ data, CE1 (F851) on the Sufficient and Competent Nurse Staffing pathway will automatically be marked as No. The TC should cite F851 at an F-level (CE1 will be blank for all other team members). Note: If the facility failed to submit PBJ data for a previous quarter but shows evidence that they have corrected the reporting noncompliance, the facility still must be cited, but can be cited at past noncompliance.
  - – Document details regarding the staffing concerns (e.g., infraction dates) in the Staffing Notes field.
  - – Select Yes/No to indicate if the facility has a current **nurse staffing waiver** in place.
  - – Document the specific staffing waiver details in the Staffing Waivers/Variances Notes field.
  - – Attach the PBJ staffing report by clicking on Attachments in the navigation menu and follow the instructions on the screen.

    Note: There is a lag between when the facility submits their staffing information and when that information is available as a CASPER PBJ Staffing Data Report.

- If you are investigating **active intakes** with the survey, identify the **maximum number of complaints/FRIs residents that may be included in the initial pool and sample based on the facility census size** (i.e., the number displayed in the email when Offsite Prep was ready).

This information is shown in **Attachment A to the LTCSP PG**. If you are including more than the designated maximum number of complaint/FRI residents for the facility census size, any residents over the maximum are considered additional complaint/FRIs; do not include these additional complaint/FRI residents in the initial pool or sample. You will conduct a direct investigation for these additional residents.

- The **active intakes** table lists all intakes linked to the survey. Each intake shows the following information: Intake ID with a link to notes, Type (Complaint or Incident), Complaint Resident Name, and an indicator if the intake resident is also offsite selected. Expand the intake ID (using the down arrow) to review the allegations that has a link to notes entered in iQIES. State-only complaints will be identified with a "(ST)" after the Intake ID.
  - Review the intake ID notes and allegation notes to identify the concern.
  - For complaint residents, **link the complaint resident name** to the name listed in the LTCSP system by using the drop-down box under Resident (ID)-Room column. **Select Facility, Facility** if the complaint resident is listed as anonymous or blank.
  - If the resident isn't listed in the Resident (ID)-Room drop-down, add the resident to the resident list by clicking on the **Add New Resident icon** above the table. Enter the resident's name. If you don't know the room number or admission date, you can leave those fields blank. Click Save. Once added, select the resident from the drop-down in the Resident (ID)-Room column. The resident will be automatically included in the initial pool. If you do not want to include the resident in the initial pool, deselect the checkmark in the In Pool column.
  - **Click Edit** for each intake to identify the **LTCSP areas that require investigation** based on the allegations. Note: Hover on the information icon next to each section to review the guidance.
  - For residents with allegations and for general complaints that are covered by the initial pool, add the **Care Areas.** Use the Care Areas drop down and select the applicable Initial Pool Areas for that intake. Once added, the areas will be listed under the Care Areas label on the Offsite Prep screen and a checkmark will be added to the In Pool box. The initial pool areas for general complaints will be flagged as a complaint for all initial pool residents.
  - If there are more complaint/FRI residents than the designated maximum identified in Attachment A, or an initial pool complaint/FRI resident has an allegation area that is not covered by the initial pool (e.g., a tag that is not mapped to the initial pool such as self-administration of meds or blood pressure medications), add the area to be investigated using the **Investigations** option. Once added, the areas will be under the Investigations label. The resident and investigation will be displayed on the assigned surveyor's investigation screen.
  - If the allegation is related to mandatory or triggered **Facility Tasks,** add the task, which will be displayed on the facility task screen. Triggered facility tasks and sufficient staffing also will be displayed on the initial pool screens.
  - If the allegation is related to a **Closed Record,** add the **Intake Closed Record area**. Then add the resident's **discharge location** which will either be the same (e.g., allegation and final discharge status are both related to a hospitalization) or different (e.g., intake related to a hospitalization, but the resident later died in the facility) than the closed record allegation after the survey team verifies the discharge location onsite.

- – The system automatically assigns the TC to all initial pool active intake residents and facility tasks. To change the assigned surveyor, select Initial Pool | **Resident Manager** in the navigation menu to **reassign the initial pool surveyor** to initial pool residents with a complaint or FRI.
- Use the Yes/No option to indicate whether the facility has a **history** of **abuse** allegations, **patterns of abuse,** or **citations** since the prior standard survey. This information can be useful to the survey team to help understand what issues may be present in the facility.
- Note any facility Federal **variances/waivers.**
- Note **active enforcement cases** that should not be investigated (e.g., pending complaints already investigated that have a civil money penalty). Consult with your SA or CMS location when there is an active enforcement case.
- **Contact the Ombudsman** in accordance with the policy developed for communicating between the State Agency (SA) and State ombudsman agency. Notify the ombudsman of the proposed day of entrance into the facility and if applicable, obtain any information/concerns. Ascertain whether the ombudsman will be available if residents wish her/him to be present during the Resident Council Interview. Enter the Ombudsman's name, number, contact date, and areas of concern.
- **Assign all units** equally across the team members using last year's floor plan. Team members will be listed by the system.
  - – Do not assign the same surveyor to the rehab and Alzheimer's unit.
  - – If the facility's rehab unit is large, consider assigning two surveyors to cover it.
  - – Consider the location of offsite selected residents and complaint or FRI residents.
  - – Keep surveyors on one unit/floor as much as possible. Be mindful of the number of residents in each surveyor's workload. The expectation is that each surveyor screens all residents in their assigned area and includes about eight residents (may be adjusted depending on team size) in the initial pool.
  - – Assign units according to surveyor specialty, when applicable (e.g., assign a social worker to the dementia care unit).
  - – To attach a copy of the floor plan with assignments in the software, click on Attachments in the navigation menu and follow the instructions on the screen.
- Once Offsite Prep has been completed, click on the **Finalize button** at the top right of the screen which will notify team members by email that offsite prep is ready to be reviewed. If changes are needed, once the TC edits the screen, the Finalize status will change to In Progress. If Offsite Prep is finalized multiple times, multiple emails will be sent.

Step 4: TC makes mandatory facility task assignments

- **Assign mandatory facility tasks** by selecting Investigation | Facility Tasks from the navigation menu:
  - – Beneficiary Notification Review
  - – Dining Observation (assign all surveyors who are assigned to a dining area or room trays, select the Primary surveyor, and communicate who has primary responsibility)
  - – Infection Control (assign all surveyors, select the Primary surveyor, and communicate who has primary responsibility)
  - – Kitchen
  - – Medication Administration (notify the surveyor who should complete all CEs)

- Medication Storage and Labeling
- QAPI/QAA Review
- Resident Council Interview
- Sufficient and Competent Nurse Staffing (assign all surveyors, select the Primary surveyor, and communicate who has primary responsibility)

Step 5: TC prepares documents

- **Print the following documents** (select Resources in the navigation menu to ensure the most current forms are used).
  - Facility Matrix with instructions (1 copy of instructions, multiple copies of the blank matrix)
  - Entrance Conference worksheet (1 copy)
  - Beneficiary Notice worksheets (3 copies)
- **MDS Indicator Facility Rate Report.** Save an attachment of the report.
  - Click on Reports in the top banner of the screen
  - Select Find a Report
  - Keyword = MDS
  - Report Category = LTCSP
  - Report Type = Survey Reports
  - Click on Find Reports
  - Click on Run Report next to the MDS Indicator Facility Rate Report
  - Enter the Event ID and click Search
  - Select the applicable provider and run the report
  - Attach the report to the survey

Step 6: Team reviews offsite information

- Once notified via email that Offsite Prep is ready for review, **team members independently review the Offsite Prep information prior to entering the facility.** There is no required offsite prep team meeting.
  - Review all information on the **Offsite Prep screen** including the details for any general complaint or complaint/FRI residents assigned to you.
  - **MDS Indicator Facility Rate Report.** Review the report, attached to the survey by the TC or follow Step 5 to review the online version, to get a sense of how many residents and which MDS indicators are of potential concern at the facility.
  - **Offsite selected residents.** Review the list of offsite selected residents and their MDS indicators. Select Initial Pool | Resident Manager in the navigation menu and filter by Offsite Selected.
- **Assign yourself to the offsite-selected residents** in your assigned unit/area, **if desired, or wait to do this onsite** when you know that the MDS room numbers are accurate. Once onsite, if you find the MDS room numbers are inaccurate, update the room numbers in the system with the room numbers provided by the facility.
- The current **Survey Resource Folder** can be accessed on the Survey Resources tab in the navigation menu.
- **Supplies**
  - The team should bring a power strip with surge protector for use as needed (do not use an extension cord).

Step 7: Make survey available offline

- **All surveyors make the survey available offline** in case there's no Wi-Fi at the facility. On the 'My Task' page, click "Enable Offline" under the Survey ID. Once every status is changed to Complete, click Close. The survey is now available offline. To access the offline survey, if needed, refer to the iQIES Offline User Manual (refer to LTCSP Application HELP for the iQIES Help Desk info, if needed).

II. FACILITY ENTRANCE

Step 8: Enter the facility and go to your assigned area

- TC: Upon **entering the facility, discuss with the Administrator information needed from the facility immediately,** which is listed on the Entrance Conference screen (located under Survey Prep | Entrance Conference in the navigation menu) **prior to conducting the Entrance Conference.** Ask the facility about any policies for entering/exiting special units, if applicable.
- TC: Conduct an **Entrance Conference** and then go to your assigned area.
- The first time you click on the Entrance Conference screen, the date and time will populate at the top of the screen. To change the **date and time,** click on the **Edit** button.
- Cover the remaining items on the entrance conference screen and ensure the administrator/facility representative understands what is needed.
- If RN hours and/or LN coverage is triggered on the PBJ Staffing Data Report, inform the facility of this and specific infraction dates during the entrance conference making them aware a citation at F725 and/or F727 will be issued unless acceptable evidence is provided. (The TC should refer to the Interpretive Guidance for F725 and F727 along with the Sufficient and Competent Nurse Staffing Review Facility Task.)
- If failed to submit PBJ data is triggered on the PBJ Staffing Data Report, inform the facility of this during the entrance conference making them aware a citation at F851 is being issued. (The TC should refer to the Interpretive Guidance for F851 along with the Sufficient and Competent Nurse Staffing Review Facility Task.)
- Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Invite the Medical Director to provide feedback to the survey team during the survey period if needed.
- The facility should **exclude** bed holds from the facility census number.
- While you request the Facility Assessment upfront, you will only review it if there are systemic concerns identified in resident-specific areas (e.g., hospice, dialysis, ventilators, activities, nutrition, behavioral/emotional, dementia) or if there is a systemic concern with a lack of adequate resources (e.g., specialized rehabilitation, pharmacy).
  - Place a checkmark on the screen next to items once they are received, if desired. Document any notes regarding the Entrance Conference under the Notes field at the top right of the screen. Pin the **Entrance Conference Notes** field to the bottom of the screen to enter notes while navigating the items.
- Indicate whether the facility has asked a resident or his/her representative to enter into a **binding arbitration agreement** (scroll to the bottom of the screen under the Additional Questions section). If the response is Yes, the arbitration task will be triggered. **Add three residents** (preferably two residents who signed a binding arbitration agreement and one resident who resolved a dispute) who will be reviewed for the task, if available (e.g., there are

only two residents on the list). Residents can be added via the facility task screen in the resident box.

- Surveyor assigned to kitchen: Conduct an initial brief visit to the **kitchen** and then go to your assigned area. To access the kitchen task pathway:
    - Go to Investigation | Facility Tasks under the navigation menu.
    - Verify that you are assigned to this task. If not, click the Assigned To drop-down list for Kitchen, select your name and click somewhere on the screen or press Esc(ape) to close.
    - Click on Kitchen to open.
    - Review the guidance for each CE on the screen (applicable probe section is listed after the CE) or by using the View Pathway PDF button.
    - Document any concerns under the Kitchen Notes. The Notes icon is located at the top right of the screen. Pin the Kitchen Notes to the bottom of the screen to enter notes while navigating the probes.
    - Use the Drawing Tool tab to document your kitchen observation just as if you were writing on a piece of paper.
- **All other surveyors: Go to your assigned areas.**
- **Ask for** a **resident roster** for your assigned area with an indicator for the **new admissions** in last **30 days** (in addition to the nurse verbally identifying new admissions) and then begin your initial pool process. The facility will provide a matrix for new admission residents and then a matrix for all other residents a few hours into the survey. **Do not wait for the roster or matrices** to begin screening residents.

Note: If this is an **off-hour survey,** complete this step with the designated person in charge. Conduct a follow-up Entrance Conference with the administrator, as needed, upon his/her arrival at the facility.

III.   INITIAL POOL PROCESS

Step 9: Screen residents and observe, interview, and complete a limited record review for initial pool residents

Overview:

During the initial pool process, you will **briefly screen all residents in your assigned area** to identify **about eight residents** to include in your **initial pool.** The number of residents per surveyor could vary depending on the number of surveyors on the team (see Initial Pool Workload below). The first eight to ten hours onsite are primarily spent completing the initial pool process. The initial pool process entails **screening all residents** in the facility and **narrowing down** residents, first to an initial pool of about eight residents per surveyor. Surveyors complete an observation, interview (if appropriate), and limited record review for the initial pool residents to help the team **further narrow residents from the initial pool to identify residents for the sample who have potential deficient practice.**

This section describes the following areas: the initial pool workload, the screening process, organization options for conducting the screening process, completing the interview, observation, and record review for initial pool residents, and the system procedural steps for completing the initial pool process.

Initial Pool Workload:

Attachment A to this document shows the **expected initial pool size** according to the **recommended survey team size.** For example, if the recommended survey team size is four surveyors, then each surveyor is expected to have about eight residents in their initial pool, which results in an initial pool of about 32 residents across the survey team. States should **adhere closely to the expected initial pool size but can change the team size** if beneficial.

- If a State decides to send **more than the recommended number of surveyors** on a survey (e.g., to finish the survey more quickly), then it is acceptable for the team to split unit assignments and distribute the expected initial pool size across the larger team. For example, if a State sends a team of six surveyors when the recommendation is four surveyors, then the expected initial pool size remains 32 residents. These residents can be distributed across the team (e.g., four of the six surveyors have five residents in their initial pool and the other two surveyors have six residents in their initial pool).
- If a State sends **fewer than the recommended number of surveyors,** the smaller team also must adjust their initial pool numbers. For example, if a State sends three surveyors when the recommendation is four surveyors, then the three surveyors must still include about 32 initial pool residents across the team, or two surveyors with 11 initial pool residents and one surveyor with 10 initial pool residents.

Screening:

The purpose of briefly **screening residents in your assigned area** is to identify residents to include in the initial pool. Go **room to room** without staff. Screening and initial pool selection is based exclusively on surveyor-identified information and is not reliant on staff input at this point.

- **All offsite selected residents (unless discharged)** and **any complaint/FRI residents** (maximum number as outlined in Attachment A) are to be **included in the initial pool** (IP)**,** and therefore do not need to be screened. If the facility census is lower than what was expected, you do not have to remove any complaint/FRI residents added during offsite prep. If the facility census is higher than what was expected, additional complaints/FRI residents (up to the maximum) may be included in the initial pool. The TC should update the information on the offsite prep screen (Step 3).
- You will screen all other residents (including newly admitted residents) to determine if they should be in the initial pool as onsite selected residents. If the team includes the maximum number of complaint/FRI residents in the initial pool, there may be fewer slots open in the initial pool for onsite selected residents. Prioritize and include residents with a higher number and/or more serious concerns in the initial pool even if this results in a slightly higher initial pool workload.
- Before you enter each room, **review the MDS indicators** (listed on the Resident Manager screen) **and matrix information** (if available) to give you a more complete picture.
- If you have no concerns based on the MDS indicators and matrix information, **conduct a quick head-to-toe observation** of the resident. If there are no observation concerns, the screening is complete.
- If you identify a concern during your quick observation (e.g., staff are ignoring a resident yelling out in pain; resident has facial bruising) OR if you have a concern based on your review of the MDS indicators or matrix, introduce yourself and ask a few high-level questions (e.g., How long have you lived here? Do you have any concerns with your care?) and then ask the

resident about your identified concern(s) to help decide if the resident should be included in the initial pool.

- Interactions should be quick to allow time to complete full interviews and observations with residents who are selected for the initial pool.
- Include **any newly admitted resident with potential concerns** in the initial pool. If numbers are too high, you may need to prioritize based on the most significant potential concerns and whether a potential concern is unique to a resident or if it is present for other residents who will be in the initial pool.
- There are no initial screening questions or screening tool included in the system. Conduct the screening based on your knowledge and critical thinking skills.

Here are three illustrative examples for the brief screening:

- Resident A has an MDS indicator for depression (and no other MDS indicators). The matrix shows the resident is receiving an antidepressant. I observe the resident in her room, well groomed, dressed appropriately, and playing cards. I have no observation concerns. My screening is complete and I would not include this resident in the initial pool.
- Resident B has an MDS indicator for weight loss. I have not received the matrix yet. The resident is in her room at 8:30 am with her breakfast meal on the over-the-bed table. The resident consumed 100% of her breakfast. During the brief screening, the resident says she likes the food. The resident says she had a cold and lost her appetite a couple months back but has gained the weight back. My screening is complete after a couple of minutes and I would not include this resident in the initial pool.
- Resident C has no MDS indicators listed. When I first observe the resident, I haven't received the matrix yet. The resident is sitting in her recliner talking to another resident. I don't have any concerns based on my observations from the hall. An hour later, I receive the matrix. The matrix indicates the resident has a facility acquired pressure ulcer. I go back to the resident's room to ask about their skin. The resident says she had a pressure ulcer on her heel from a pair of new shoes she got from her daughter. She said she wore them for a day and did not realize they were hurting until she took them off and she had an open area on her heel. The resident said the daughter returned the shoes and got a pair that are more comfortable. The resident said her sore was now healed and she has had no other issues. My screening is now complete and I wouldn't include this resident in the initial pool.
- During your screening, you are required to change the IP Indicator to Yes for the residents included in the initial pool. In addition, you may use the IP Indicator to help keep you organized during your screening.
  – All residents, excluding offsite selected and complaint/FRI residents, will have a default IP Indicator set to Unknown (gray U) which means the resident has not yet been screened. Offsite selected and complaint/FRI resident (who were included in the initial pool during offsite prep) will have a default of Yes (green Y).
  – Once you decide to exclude a resident from the initial pool you may change the IP Indicator to No (red N).
  – If a resident is unavailable (e.g., not in the room, sleeping) OR you identify a concern but aren't sure whether you want to include the resident in the initial pool, you may change the IP Indicator to Maybe (yellow M). Any resident who has an IP Indicator of Maybe is not part of the initial pool.

- Once you know you will include a resident in the initial pool, the IP Indicator should be set to Yes and click Save.
- You are not required to document the results of your screening. However, it may help keep you organized as you determine who to include in the initial pool.
  - If you would like to **document your screening results** (e.g., Resident A is playing cards, well groomed – not for pool OR Resident A is leaning in w/c, dirty nails – consider for pool) or take notes for the residents in your assigned area to help keep you organized (e.g., out of room, in therapy next half hour), document these notes under the **Surveyor Notes.**
  - To **pin Surveyor Notes** so they remain static on the screen, click on the Notes icon on the top, far-right side of the screen and select the "Docked to Bottom" icon in the upper right corner.
  - **Highlight** information in Surveyor Notes by using the highlight icon.
  - If **information is deleted** from your Surveyor Notes, view the document history by clicking on the timer icon which is located on the surveyor notes tool bar. Select the date and time to determine if the information was **saved in the history.** If so, copy and paste the text from the history into the Surveyor Notes screen.
  - **Do not document your screening results on the RI, RO, RR screens.** You should not be completing the RI, RRI, RO, or RR areas when screening – these are to be completed only for residents that are included in the initial pool. The RI, RO, RR screens are read-only until the IP Indicator is set to Yes (i.e., these screens can only be completed for residents included in the initial pool).
  - **Do not enter an interview status** for any resident not included in the initial pool.
- If you determine that one of the residents you have screened will be in the initial pool and you have notes in the Surveyor Notes section, you can copy and paste those notes into the correct Initial Pool Care Area.
- If you exclude a resident from the initial pool, you do not have to update the resident list (e.g., add a resident not listed, update room number or d/c status) if the resident's information in the system is incorrect.

Initial Pool Residents:

You will **complete observations, interviews, and record review** for the residents who are in **your initial pool** following the process steps identified below.

The initial pool will be comprised of the offsite selected residents still remaining in the facility, active complaint/FRI residents, and the team's onsite-selected residents.

When you are assigned to complaint/FRI residents, complete the interview, observation, and record review as you would for any other initial pool resident. You may begin to obtain information about the allegation during these activities. However, it is during the investigation portion of the survey that you will conduct the investigation of the allegation and of any other areas you marked for further investigation during the initial pool activities, unless it appears that there may be a significant concern (Immediate Jeopardy or actual harm). Note: Refer to Attachment B.

- If an **initial pool complaint resident is discharged**, discharge the resident on the Resident Manager screen and follow the on-screen steps to move and assign the initial pool areas to areas that go directly to an investigation and click Save.

If there are too many residents in your area to include in the initial pool (e.g., more than eight offsite selected residents, or too many qualifying residents who have issues), discuss the issue with the team to create a plan (e.g., adjust workload or increase initial pool time). It is the team's decision whether to include a resident admitted early during the initial pool process.

Organizational Options for Screening and Initial Pool Residents:

You can choose the order in which you do the screening and initial pool activities. These are some options (there are pros/cons to each approach):

- **Option A: Interview and observe initial pool residents as you choose them during screening**
  - **As you conduct your screening,** immediately decide if a resident should be in your initial pool. If so, change the IP Indicator from Unknown to Yes and conduct the observation and interview (if appropriate) for the resident at that time.
  - f you have about eight residents in your initial pool before you have screened all residents in your area, you must screen all remaining residents in your area and include any other appropriate residents in the initial pool.
- **Option B: Screen all residents, identify your initial pool, then return to conduct interviews and observations for all initial pool residents**
  - When you have completed screening all residents, choose your initial pool residents. The IP Indicator of Maybe may be useful to help you quickly identify potential candidates.
  - Once you select the residents for the initial pool, change the IP Indicator to Yes and go back to the rooms to conduct observations and interviews for your initial pool residents.
  - You likely will encounter the offsite selected and complaint/FRI residents in your area during your screening for onsite selected residents and may begin the interview (if appropriate) and observation for these residents (ensure you are assigned to the resident) or you may wait until you return to the rooms after choosing your initial pool.
- **Option C: Interview and observe offsite selected and complaint/FRI residents first, then screen all other residents**
  - Assign yourself to the resident and then conduct interviews and observations for your offsite selected and complaint/FRI residents first. If other residents are in the room, you may screen those residents for inclusion as an onsite selected resident at that time.
  - When the above is complete, go to the rooms with no offsite selected or complaint/FRI residents, and briefly screen all residents following Options A or B.
- Regardless of the approach you use, **look at the resident names** on the door or resident roster **before you enter a room** and determine if the residents are offsite selected, complaints or FRIs, or new admissions (which the nurse told you or new admission matrix shows). For residents who are not listed in the above subgroups, you will determine if they are vulnerable or are concerning in some other way and if they should be included in the initial pool as onsite selected residents.

There are two **organizational methods in the system** to help you manage the screening and initial pool process:

- **Organizational Option 1: Assign initial pool residents to yourself as you identify them.**

- Go to Initial Pool | Resident Manager in the navigation menu.
- Sort Residents by Room by clicking on the caret next to the Room column.
- As you go room to room and identify a resident for the initial pool, change the IP Indicator from Unknown ("U") to Yes ("Y") which will automatically assign you to the resident if not already assigned.
- **Once the IP Indicator is Yes and you are assigned, that resident is included in your initial pool under My Residents.**
- Anytime you do not see a resident listed in the system, you should first **search for the resident's name** using the search feature in the upper left side of the screen to avoid duplicating names. Residents' names are listed in the system according to MDS information. There may be only slight differences in names. Click the "X" to clear the search.
  - If the resident is a new admission and isn't listed on the Resident Manager screen, add the resident using the **Add New Resident** option at the right top of the screen only if you decide to include the resident in the initial pool. Do not add New Residents if they will not be in your initial pool. Enter the resident name, room number, admission date, and select Yes that the resident will be included in the initial pool. Click Save.
  - The system automatically assigns **New Admissions** badge which is listed under the resident's name**.**
  - If you **accidentally duplicate a resident's name,** select Actions, Update Resident, Delete Resident, and then select Yes, Delete. Do not delete the resident name that was already included in the resident list since that resident has MDS indicator information. If you have responses or notes under the resident you've incorrectly added to the system, you will receive a warning message. You will have to manually transfer the information to the correct resident.

If you need to update an initial pool resident's information (e.g., room number), select Actions and click on the **Update Resident** option. Edit the pertinent information and click Save. If an **offsite selected resident has moved to a different unit**, unassign yourself and update the resident's room number.

- Click on the resident's name to access the interview, observation and record review screens. Note: the IP Indicator must be set to Yes in order to enter information on the RI, RO or RR screens.
- If an **offsite selected resident is discharged**, there are two ways for the primary surveyor to remove the resident from the initial pool: 1) select Actions and select the Discharge Resident option, or 2) change the IP Indicator to No. Enter the Resident Removal Reason (i.e., expired, hospitalized, planned or unplanned discharge). A Discharge badge will be displayed under the resident's name. If you have marked any area of concern (i.e., further investigation) for a discharged resident, you will be asked whether you want to remove the resident and concerns from the initial pool or retain the concerns which means the resident should not be discharged.
  - You are not required to discharge any resident (excluding offsite selected residents) who is no longer in the facility. You can update the discharge status if this was done in error and then you can include the resident in the initial pool.

- **Organizational Option 2: Assign all residents in your area to yourself (after you receive your unit assignment) and then unassign them or change the IP Indicator to No as you determine they are not appropriate for the initial pool.**
    - Go to Initial Pool | Resident Manager on the Navigation menu.
    - Sort Residents by Room by clicking on the caret next to the Room column.
    - Place a checkmark next to every resident in your assigned area. At the top of the screen select your name in the Assign To drop down and the system will automatically assign all checked residents to you.
    - Select the My Residents tab as you go room to room. As you identify a resident that you do not want to include in the initial pool, change the IP Indicator to No, which will remove the resident from your assignment.
    - If an offsite selected resident is discharged, there are two ways for the primary surveyor to remove the resident from the initial pool: 1) select Actions and select Discharge Resident option, or 2) change the IP Indicator to No. Enter the Resident Removal Reason (i.e., expired, hospitalized, planned or unplanned discharge). A Discharge badge will be displayed under the resident's name. If you have marked an FI for a discharged resident, you will be asked whether you want to remove the resident and concerns from the initial pool or retain the concern which means the resident should not be discharged.
        - As with Organizational Option 1, you are not required to discharge any resident (excluding offsite selected residents) who is no longer in the facility.
        - Once the IP Indicator is Yes, click on the resident's name to open the RI, RO and RR screens.
- For both options, be sure to use the names on the door or the resident roster as your reference point to ensure you are aware of any room changes. If a resident has changed rooms and is no longer in your area, you are no longer responsible for that resident.

Process Steps for Initial Pool Residents:

- On the Resident Manager screen, select the My Residents tab to display residents assigned to you.
- **Review the MDS indicators**, **matrix information**, **PBJ Staffing** concerns, and **Active Intakes** prior to entering the room.
- **Complaint/FRI information** is flagged as "View Intakes" with a link to the allegation details and is displayed in the header and next to the applicable area. Allegation or intake notes can be copied and pasted into the applicable note's fields.
- The **complainant's phone number** will display on the View Intakes pop-up.
- **CASPER PBJ Staffing Data information** is flagged as "PBJ Staffing" in the header and next to the Sufficient Staffing initial pool area with a link to the staffing details the TC entered on the offsite prep screen (i.e., specific staffing area of concern, notes, and staffing waivers).
- The facility should complete the facility matrix within four hours (check the conference room periodically). Once the matrix is received, each surveyor will **review the matrix** for residents in their assigned area to identify any substantial concern that should be followed-up. At least one resident who **Smokes,** one resident who is receiving **Dialysis,** one resident on **Hospice,** one resident on a **Ventilator,** and three residents who are on **Transmission-Based Precautions** should be included in the initial pool for the team if available.
- In order to enter any information on the RI, RO or RR screens, the IP Indicator must be Yes.

- **Assess the interview status** of **residents in your initial pool** and mark one of the following in the **Interview status** field based on your assessment and critical thinking, regardless of the resident's BIMS score.
  – Interviewable – Conduct a full resident interview.
  – Non-interviewable – Skip the resident interview, but complete the observation and record review. The resident is a candidate for a resident representative interview (RRI)/family interview.
  – Refused - If the resident refuses, do not attempt to interview the resident again. Complete the record review and you still may be able to complete the resident observation unless the resident refused to be observed or participate in the survey.
  – Unavailable for Interview - If the resident is busy when you attempt an interview, make a few more attempts or try to schedule an appointment before marking this option, but still complete the resident observation (as you are observing the resident during each encounter) and limited record review.
  – Out of Facility – If the resident is out of the facility for the duration of the initial pool process (dialysis), mark this option but still complete the record review.
  – Representative Interview – a resident representative interview (RRI)/family interview is conducted for a resident who is non-interviewable.
- **If the initial pool resident is interviewable, conduct a full resident interview (RI)** using the RI in the survey software.
  – Conduct the interview in a manner that allows for the greatest degree of confidentiality for residents, particularly regarding the information gathered during the in-depth interviews. To easily navigate to different care areas on the RI screen, click Jump to Care Area to open the pull-out care area menu. To **alphabetize the initial pool list** in the Care Area Menu, click on the AZ icon. The order of the initial pool areas on the screen will remain the same for all your IP residents. You can pin the Care Area menu.
  – The interview care areas are organized first by quality of life/resident rights, followed by quality of care. The same resident interview and observation care areas are shown together to facilitate making observations while interviewing a resident. The resident interview Care Areas will be read-only with a completion check for residents who are non-interviewable, refuse, are unavailable for an interview, or out of the facility.
  – Questions listed for each care area may be used as a guide; however, you can ask the **questions as you would like,** just maintain the intent of the care area. Surveyors are not required to review or ask all of the questions listed.
  – You can review the question probes by unchecking the Hide All Probes box at the top of the screen.
  – You **must cover every care area** regardless of whether the area is an MDS indicator for a resident and determine if each area warrants further investigation (FI) or if there is no issue unless the area is **not applicable** (e.g., the resident doesn't have a catheter). Skip any care area that is not relevant to the resident you are interviewing (e.g., the resident doesn't have a tube feeding).
  – To ensure all areas have been addressed, it is best practice to select the No Issues/NA checkbox when there are **no concerns or** a **concern is ruled out.** However, you are not required to mark No Issues/NA for areas with **one RI exception:**

- For the required areas of dialysis, hospice, smoking, and TBP, mark No Issues if the area applied to the resident but concerns were not identified so the system knows which residents were reviewed for these required areas.
- Any care area that has been marked as No Issues/NA will have a green checkmark next to the Care Area and on the Jump to Care Area pull-out menu.
- For any resident-expressed concern, ask follow-up questions to **determine if the concern warrants FI,** which is comparable to potential noncompliance, or if it can be ruled out. Probing is critical so you only identify concerns indicative of potential noncompliance.
- **If a concern warrants FI,** select the Further Investigation checkbox and document the specifics of the concern in the Notes field after clicking the Add Notes icon to help guide your investigation. Any resident interview or observation area marked as FI will have an orange "!" next to the area since it is a combined RI/RO screen. If an FI is marked, an **Investigate badge** will be displayed on the Resident Manager screen under the resident's name.
- You are **required to mark FIs** for any area of concern.
- **If you only mark FIs, check the Complete box** for the RI screen to attest to the fact that you addressed all areas with the resident.
- Add notes for an area by clicking "Add Notes." All surveyors' care area notes are viewable by default. You can check the Show Only My Notes checkbox to only display your notes. The date/time will be populated for your first entry in the Notes field. Any subsequent date/time can be added by using the **Insert Date/Time** icon (clock) or **Alt+T.** Notes are saved automatically.
- Enter the resident's ID in the notes field by clicking on the **Insert Resident ID** icon (the person next to the clock) or **Alt+R.**
- If you identify a potential **MDS discrepancy** (e.g., MDS says the resident has pain and the resident says he/she has never had pain, or the resident has a contracture but the MDS doesn't have it marked), select the MDS Discrepancy checkbox. Base your decision to select MDS Discrepancy solely on the MDS indicator information and your initial pool findings – you do not have to confirm an actual discrepancy at this time. A link to the MDS Assessments is available in the header.
- For nutrition, use the **Weight Calculator** to calculate % weight loss/gain. If you identify a weight loss/gain concern, add the dates and weights in the Weight Calculator, then click Save. To insert the weight information in your notes, click Add Notes in the Nutrition care area where the information should be inserted and then click the Insert Weight Data icon which looks like a scale. The system will identify the weight loss or gain in your inserted note.
- If you have answered every care area in the interview (best practice) or if you mark the FIs only and click on the Complete box, you should receive a **green checkmark** on the RI icon. This is your indication that the **interview is complete.**
- If you want to collapse the care areas that have been completed, select **Collapse Completed** in the header.
- If the resident halts the interview midway, make additional attempts later to complete the interview. If you are unable to complete the interview, keep the responses you have and leave the rest of the interview blank. If you were unable to complete an interview with a resident, you can place a checkmark next to **Complete** on the resident's interview screen.

- – If you **entered information under the wrong initial pool resident,** you have to move the responses and cut and paste any initial pool notes to the correct resident.
- **Conduct resident representative interviews (RRI)/family interviews.**
  - – The RRIs/family interviews are for non-interviewable residents.
  - – The person (e.g., friend, family or other resident representative) should be familiar with the resident's care.
  - – The goal is to complete **at least three RRI/family interviews across the team on the first day** of the survey to be better informed for sampling decisions. You may call the resident representative/family, especially if you have observational concerns with a resident in the initial pool.
  - – If you complete an RRI/family interview during the initial pool process, include the resident in the initial pool and follow the same guidance as the RI (e.g., address every care area, document details for any area that warrants FI).
  - – To access the RRI/family interview care areas, select **Representative Interview** for the Interview Status**.** Select RRI Contact and document the RRI/family member's name, relationship, and contact information if contacted by phone. Once saved, hover over the RRI Contact icon to quickly see the contact information.
  - – You **must cover every care area** regardless of whether the area is an MDS indicator for a resident and determine if each area warrants further investigation or if there is no issue unless the area is **not applicable**. Skip any care areas that is not relevant to the resident.
  - – To ensure all areas have been addressed, it is best practice to select the No Issues/NA checkbox when there are **no concerns or** a **concern is ruled out.** However, you are not required to mark No Issues/NA with **one RRI exception:**
    - – For the required areas of dialysis, hospice, smoking, and TBP, mark No Issues if the area applied to the resident(s) but concerns were not identified so the system knows which residents were reviewed for the required areas.
  - – You are required to **mark FIs** for any area of concern that is indicative of potential noncompliance.
  - – **If you only mark FIs, check the Complete box** for the RRI screen to attest to the fact that you addressed all areas with the resident representative/family.
  - – If the three RRI/family interviews have not been completed when the sample is selected, an RRI can be conducted after sample finalization for a sampled resident (preferably) or a non-sampled resident if you are having difficulty locating a representative/family member for resident in the sample. If an RRI/family interview is conducted after the sample is selected, you must complete it early enough in the survey to follow up on any concerns.
  - – **If you complete an RRI after the sample has been finalized,** the areas you mark for FI will not carry forward automatically for investigation. Instead, you will have to initiate the areas for investigation by going to Investigations and clicking on the Add New Investigations in the upper right-hand corner.
  - – The system will track the RRIs/family interviews and display the number completed on the team meeting screen.
  - – If three cannot be completed (e.g., all residents are interviewable), document a rationale on the team meeting screen.
- **Conduct the full resident observation (RO)** for all residents in the initial pool.

- **RI and RO shared care areas** are combined and displayed on the Interview tab. The care areas unique to Observation only display on the Observation tab.
- If you want to collapse the care areas that have been completed, select **Collapse Completed** in the header.
- Probes listed for each care area may be used as a guide when conducting your observations.
- Conduct rounds until you know whether all observation areas should be answered with No Issues/NA, FI (i.e., potential noncompliance), or NA for hospice, ventilator, transmission-based precautions, and smoking.
  - Even if continuous observations are not completed, you can identify repositioning and incontinence care concerns based on whether a resident is in the same position for an extended period of time during your rounds.
  - Complete formal observation (e.g., wound or incontinence care) if the situation presents itself or is necessary (e.g., resident has not been provided incontinence care for a long period of time or a resident is covered in bed).
  - Only a licensed nurse, physician's assistant, or a physician may make an observation of a resident's genitals, rectal area, and for females, the breast area.
- You **must cover every care area** regardless of whether the area is an MDS indicator for a resident and determine if each area warrants FI or if there is no issue unless the area is **not applicable** (e.g., the resident doesn't have a catheter). Skip any care areas that is not relevant to the resident (e.g., the resident doesn't have a tube feeding).
- To ensure all areas have been addressed, it is best practice to select the No Issues/NA checkbox when there are **no concerns or** a **concern is ruled out**. However, you are not required to mark No Issues/NA for areas with **one RO exception:**
  - For the required areas of hospice, vent, smoking, and TBP, mark No Issues if the area applied to the resident(s) but concerns were not identified so the system knows which residents were reviewed for the required areas.
- Any care area that has been marked as No Issues/NA will have a green checkmark next to the Care Area and on the Jump to Care Area pull-out menu.
- If a concern warrants FI, document the specifics of the concern in the Notes field to help guide your investigation. You will receive an orange "!" for any area marked as FI.
- **If you only mark FIs, check the Complete box** for the Observation screen to attest to the fact that you addressed all areas for the resident.
- Once you have **completed the observation** (i.e., answered all areas or marked FIs and the Complete box), you will receive a **green checkmark on the Observation tab**. This is your indication that the observation is complete.
- **Conduct a record review (RR) after** your interviews and observations are completed for all initial pool residents. Surveyors should continue to complete observations of the residents while working on record reviews by completing the RRs on the floor and not in the conference room.
  - The system will automatically show the record review areas required for your initial pool resident based on interview status, new admissions, and specific MDS indicators.
  - If the facility uses Electronic Health Records (EHRs), refer to the **EHR information** the facility provided to quickly locate the information required for the initial pool record review. For the initial pool, limit your record review to the areas on the RR screen unless you notice a serious concern (Harm or potential IJ) while you are identifying the RR areas.

– For all residents in the initial pool, you will briefly review the record for the following: 1) **advance directives,** 2) **confirm specific information** based on interviews and observations (e.g., questionable interview status or pressure ulcer), and 3) any **other concerns** (e.g., identify a resident-to-resident altercation) you may identify as you review the record for the areas required for the resident. An FI for **other concerns** will trigger an investigation at F684 using the **general pathway.** If your investigation is not related to F684, use the drop down next to Additional Care Areas in the header to add the applicable area.

– For any resident marked as non-interviewable, refused, unavailable, or out of facility, review the record for the following information: **pressure ulcers, dialysis, infections, nutrition** (system can help calculate % weight loss)**, falls** in the last 120 days**, ADL decline** in the last 120 days**, low risk bladder and bowel (B&B), hospitalizations, elopement** and **change of condition** in the last 120 days.

– For any resident in the initial pool who is currently receiving **insulin, an anticoagulant, an antipsychotic with a diagnosis of Alzheimer's** or **dementia, an antibiotic, is 65+ years and has a new diagnosis of schizophrenia with or without an antipsychotic,** or has an appropriate diagnosis but is not receiving **PASARR Level II** services, review the record to confirm the information**.**

– Additionally, for newly admitted residents in the initial pool, complete a review of the record to identify current **high-risk meds, diagnoses,** and **hospice.** If a newly admitted resident is marked as having a diagnosis of schizophrenia (diagnoses) and is or isn't receiving an antipsychotic (high-risk meds), then a new record review item (i.e., **new schiz and antipsychotic or new schiz and no antipsychotic**) will appear asking if the schizophrenia diagnosis is new since admission.

– If you **identify a concern for an area not listed on the Record Review screen,** add the applicable area by clicking the drop down for the Additional Care Areas in the header. Check the applicable additional care areas in the list and click Update. Any newly added RR area will be listed in the Jump to Care Area Menu.

– To ensure all areas have been addressed, it is best practice to select the No Issues/NA checkbox when there are **no concerns or** a **concern is ruled out.** However, you are not required to mark No Issues/NA with **two RR exceptions:**
  – For dialysis, mark No Issues if the area applied to the resident but concerns were not identified so the system knows which residents were reviewed for dialysis.
  – For insulin, AC, antipsychotic, antibiotic, high risk meds, diagnosis, new schiz and antipsychotic, new schiz and no antipsychotic, and hospice, document whether the resident is currently receiving the medication to ensure the Unnecessary Med selection is based on accurate and current medication information.

– You are required to **mark FIs** for any area of concern that is indicative of potential noncompliance.

– **If you only mark FIs, check the Complete box** for the Record Review tab to attest to the fact that you addressed all areas.

– If you have **answered every care area within the record review** (including any newly added RR area) or you marked FIs and medication information and then clicked the Complete box, you should receive a **green checkmark on the RR icon.** This is your indication that the record review is complete. If there are extenuating circumstances (e.g.,

you cannot gain access to the EHR), you may interview staff. However, every effort should be made to review the information in the resident's record.

- The majority of your time should be spent conducting interviews and observations, and limited time spent on record review.

- Once you **respond to all care areas (best practice) for the RI or RRI/family interview, RO, and RR, or you mark FIs and click the Complete box**, the system will display a green checkmark next to RI/RO/RR areas on the Resident Manager screen so you can quickly identify any area that is not complete.
  - Hide completed residents clicking **Hide Completed Residents** on the Resident Manager screen.

- **If you identify a significant concern (IJ or harm)** during your observations, interviews or limited record review, select Harm or IJ in the **Include in sample due to** (in the header) to ensure the resident is included in the sample. At any time during the survey, if IJ is identified, the team should meet immediately to confer.
  - Immediate jeopardy is defined as a situation in which the facility's noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, serious harm, serious impairment, or death to a resident.
  - The guiding principles to determine immediate jeopardy and serious threat make it clear that the threat can be related to mental or psychosocial functioning, as well as physical well-being.
  - If the team concurs, the team coordinator must consult immediately with his/her supervisor. If the supervisor concurs that the situation constitutes immediate jeopardy, the team coordinator immediately informs the facility Administrator or designee of the presence of IJ. The team coordinator should explain the nature of the IJ to the Administrator or designee. The Administrator/designee should immediately begin to take actions to remove the IJ. If the IJ is not removed prior to the end of the survey, a revisit must be conducted for determination of removal of the IJ. The SA and/or CMS location will invoke appropriate termination procedures.
  - See Appendix Q for guidance regarding determination of immediate jeopardy, and §3010 for procedures to follow if the immediate jeopardy termination procedures are invoked.
  - You should use the online "**Immediate Jeopardy Template**."
    - In the header on any LTCSP screen, click on the "IJ."
    - Select the applicable tag. If there's more than one tag, place a checkmark in the "Add another citation after save" field.
    - Select "Add IJ Template."
    - To view the IJ Template instructions, select the information icon at the top next to "Template Edit."
    - Answer the three required elements and enter information into the Notes fields.
    - Once you have finished, select Save.
    - Select Download PDF to convert the information into the IJ Report format to send to the facility.
    - Enter the date and time the IJ Template was provided to the facility.
    - If you **want to make changes,** use the **Edit** button on the IJ template screen.
    - When Potential Citations are moved to Citations, **IJ Reports can be reviewed** by clicking the Download IJ Template button.

- Complete all resident observations, interviews and limited record review for the initial pool residents within eight to ten hours.

Additional Initial Pool Process Information:

- To **navigate to another resident,** click on the back arrow at the top left corner of the screen to return to the resident view you were previously working with.
- **If you finish your initial pool activities early** or you are having **difficulty finding at least eight appropriate residents** to include in the initial pool, check to see if other team members need assistance. If not, continue making observations for your initial pool residents, conduct interviews or observations for additional residents (e.g., include more than eight residents in your initial pool), begin the investigation for any complaint/FRI resident who was **not included** in the initial pool, or begin facility tasks (e.g., Resident Council Interview).
- To **share a resident** during the initial pool:
    - The assisting surveyor will assign themselves to the resident. The newly assigned surveyor should see the other surveyor's information.
    - The surveyor helping out finishes any outstanding areas for the resident.
- If a **complaint is called into the State Agency and added to the survey during the initial pool process,** the team should discuss whether to include the complaint resident in the initial pool as long as there are fewer complaint/FRI residents than the maximum number (from Attachment A) already in the initial pool and there is enough time left (in the initial pool time frame) to complete the interview, observation, and record review. To include the complaint resident in the initial pool:
    - Link the complaint to the survey.
    - On the Offsite Prep screen, link the complaint resident, identify the initial pool areas based on the allegations, and assign the resident to a surveyor.
- For **off-hour surveys,** modify the Initial Pool Process as necessary to accommodate the residents' activities occurring at the time of entry. Introduce yourself, make observations and begin screening residents that are available. Begin other facility tasks as appropriate (e.g., medication administration, medication storage).
- **Dining Observation:** Each surveyor will **observe the first scheduled FULL meal** using the Dining facility task pathway in the software.
    - Note: Starting on 11/12/21, CMS is temporarily allowing the dining task to be discretionary and completed only if a resident is investigated for nutrition, weight loss, or FIs related to dialysis.
    - Go to Investigations | Facility Tasks in the navigation menu (ensure you and the primary are assigned the task; if not, add yourself to the task) – click on Dining to access the investigation screen.
    - In the Probes/CE tab, check on Expand all Probes to use the probes to guide your investigation OR you can click on "View Pathway pdf" to see a full screen display of the pathway (you will have to toggle between the pathway and entering notes on the screen or do a split screen to keep the pathway static while entering notes).
    - The team should cover all dining locations and room trays. If there are more dining areas than surveyors, prioritize the dining areas with the most dependent residents.
    - Observe the beginning of the first scheduled full meal and enough of the dining experience for all residents to adequately identify concerns.

- Click the Notes icon in the upper right corner of the screen and use the Dining Observation Notes field for your documentation regarding dining.
- In the Drawing Tool tab, use your stylus to document any dining observations just as if you were writing on a piece of paper (e.g., to draw the layout of a table or meal).
- If feasible, observe the meal for your initial pool residents who have weight loss, food, or hydration concerns. A list of residents will be displayed on the Residents tab if the resident had an MDS indicator or you marked further investigate for nutrition/hydration concerns. If nutrition/hydration concerns are identified, document the concern under the resident (not on the dining screen).
- If concerns are identified, a second meal observation may occur after the sample is selected.
- To add a resident who has dining concerns to the notes section and to the Sample List Provided to the Facility, click on the **Add Residents For Task** icon in the upper right corner OR add the resident's ID in the Notes field using **Alt+R** or the Insert Resident ID icon (next to the clock icon).

- **General Observation of the Facility:** During the initial pool process, all surveyors should make general observations of the facility to determine whether there are concerns in the common areas. During the team meeting, discuss any of these concerns to determine whether the Environment task should be initiated.
- **Team composition changes: If a new surveyor is added to the team** because a surveyor (TC or team member) does not return, the new surveyor assigns him/herself to any initial pool residents, as needed.

Step 10: End of Day 1 team meeting

- Meet at the end of Day 1.
- Team members should follow along on the screen while the TC conducts the team meeting. Team members will have read-only access to the screen.
- The TC should cover the areas listed on the Team Meeting screen. Go to Survey Prep | **Team Meeting** in the navigation menu.
- Enter any general notes for the team meeting under Surveyor Notes.
- The TC should ensure that the following information is covered. The following questions have **information provided in the system** that the TC should discuss with the team:
  - Were any offsite selected residents discharged?
  - Ensure all offsite-selected residents were included in the initial pool, unless discharged.
  - Was at least one resident who smokes included in the initial pool? This is system populated if a surveyor marked further investigate or no issue for smoking. If no residents were marked for further investigation or no issue, then ensure that one resident, if available, is observed for safe smoking.
  - Go over each newly admitted resident listed on the matrix and ensure each resident listed was screened by a team member.
  - **Ensure the residents each surveyor included in the initial pool is accurate.** If a resident is listed who shouldn't be in the initial pool, the surveyor should change the IP Indicator to No or unassign his/her name from the resident on the Resident Manager screen. Any resident who has an IP Indicator of Maybe is not a part of the initial pool.
  - How much work does each surveyor have left to do?

- Any harm, SQC, IJ, or other concern that should be discussed? All concerns will be discussed during the sample meeting.
- **If SQC is suspected –** when you meet to select the sample, expand the sample as necessary to determine scope and whether there is sufficient evidence to rule out SQC. If the evidence is not adequate and the number of observations only allowed for isolated scope when there is a severity level 3, or pattern for scope when there is a severity level 2, then expand the sample to include additional reviews of that requirement. For example, if 6 residents in the facility are receiving care for a colostomy, and for the one resident in the sample with a colostomy, it is determined that care provided caused actual harm to the resident, there would be a deficiency of isolated actual harm, but there would not be sufficient evidence to determine that there was substandard quality of care. Thus, the sample would need to be expanded before determining that substandard quality of care did or did not exist. On the other hand, if the number of individuals with a colostomy in the facility was 6, and 4 residents with colostomies were included in the sample and only one had deficient care, there would be no need to expand the sample. If the team verifies the existence of SQC, the Administrator should be informed that the facility is in SQC and an extended survey will be conducted. When communicating the issues to the facility, identify the resident(s) by name if the situation was identified through observation or record review (e.g., practices such as improperly applied restraints, medication error, cold food, gloves not worn for a sterile procedure, and diet inconsistent with order). Do not identify residents or family members/representatives who provided information through interviews (e.g., about injuries due to broken equipment, prolonged use of restraints, and opened mail) without their permission. If expanding the sample determines that SQC does not exist, no extended survey will be conducted.
- Review the list of initial pool areas of concerns (i.e., FIs) and ensure the team discusses potential staffing concerns. To see specific details (e.g., residents, assigned surveyor, and triggered facility tasks), refer to the Initial Pool Data Report (refer to Step 5 for instructions using the key word Initial Pool). **CASPER PBJ Staffing Data information** is flagged as "PBJ Staffing" with a link to the staffing details.
- How many resident representative/family interviews were completed?
- The system does not automatically provide information for these questions. The TC can enter notes for each item in the in-line notes field:
  - Ensure any resident on the matrix who has a unique significant concern was included in the initial pool or was screened and ruled out. For example, if only one resident with a facility-acquired pressure ulcer is noted on the matrix, include the resident in the initial pool.
  - Discuss any discrepancy between the matrix and information from the interview, observation, and limited record review.
  - What is the status and pertinent information for complaint and FRI residents?
  - Enter the total number of new admissions.

IV. SAMPLE SELECTION

Step 11: TC Confirms Initial Pool Data is Completed

- Select Survey Prep | Team Meeting from the navigation menu and the Initial Pool option.
- **Confirm residents included in the initial pool are accurate** by reviewing the question: How many residents did each surveyor include in the initial pool? If a resident is listed who should not be in the initial pool, the surveyor should change the IP Indicator to No or unassign his/her name from the resident on the Resident Manager screen.
- **Ensure all initial pool work has been completed** under the system populated section titled: How much work does each surveyor have left to complete?
  - The surveyor should complete any initial pool work, if needed.

Step 12: Select the Closed Records, Finalize the Sample, and Make Investigation Assignments

Once the initial pool process is finished, meet to finalize the closed records and sample, and make assignments. This meeting generally takes an hour. Each team member should follow the PG steps to help the team follow the sample selection process.

Select Closed Record Sample:

- **Finalize the selection of at least one resident for the three closed record reviews** (expired, hospitalized and discharged) on the **Initial Pool | Closed Record Sample** screen in the navigation menu. You are required to finalize the closed record selection before you can start the sample selection.
  - If there is an **active intake for a closed record,** ensure the intake closed record area is listed. If it isn't, first include the resident in the sample and then update the area.
  - If there is an active intake for a closed record area, the team is required to sample a total of three closed record residents, if available.
    - For death, you may need to ask for a list of additional residents from the facility.
    - For hospitalization and discharge prioritize including initial pool residents who had an FI marked for the area. If not, include any additional closed record residents with the same area, if available.
  - Select the best candidate for each area in the following order:
    - Active intake for a closed record area.
    - Discharged offsite selected residents.
    - System-selected residents for each area, if available.
  - Ensure an **unplanned discharge** is selected over a planned discharge.
  - If the system did not identify a resident in one of the three closed record review care areas (e.g., a resident did not unexpectedly die in the last 90 days and there are no discharged offsite selected or complaint residents who died unexpectedly), you do not need to find a resident that fits that care area.
  - Click on the **Finalize Closed Record Sample** box after confirming the appropriate residents have been selected.
  - If a **change is needed**, deselect the Finalize Closed Record Sample box, make the change, and then check the box again.

– Once the Finalize Closed Record Sample box is checked, the Close Record Sample is read only to all users.

Finalize Sample Selection:

- Select **Initial Pool** | **Finalize Sample** in the navigation menu.
- Once the sample is finalized, the team will complete an in-depth investigation for concerns marked for the residents included in the sample.
- Some residents who had concerns from the initial pool may not be included in the sample. Ensure their concerns are covered by the sampled residents.
- The sample should include only active residents.
- Residents investigated for closed records and investigative areas that were initiated are not included in the total sample number. These residents cannot be removed on the sample screen.
- Discuss the triggered task concerns.
- Determine if concerns may indicate staffing concerns.
- **Complaint/FRI residents:** Include up to the maximum number of complaint/FRI residents in the sample based on the current facility census (see Attachment A). If there are more than the maximum number of complaint/FRI residents, the TC will have assigned the resident and complaint area directly to the investigation screen during offsite prep (i.e., the residents/investigations will be displayed as read-only on the sample screen). The team should ensure that three residents are sampled for each of the care area(s) being investigated for the COMP/FRI residents.
- **Enter the facility census number** if different than the number in the Facility Census box. The sample size number will automatically be adjusted, if necessary.
- Check the **Start Sample Finalization** box. Remember, you are required to finalize the Closed Record selection before you can Start Sample Finalization .
- To **refresh the screen,** uncheck the Start Sample Finalization box. Do not refresh once any changes have been made to the sample (e.g., residents added, sampled areas adjusted). If **an FI is added after the Start Sample has started**, click the Refresh icon to have the newly marked FIs displayed. Once the TC finalizes the sample, the refresh will not work.
- **Unnecessary Medication Review:** The system will select and display five initial pool residents for this review – these residents may or may not be in the sample. Click OK to close the Unnecessary Medications Resident Selection pop up window.
  - The system will only select non-initial pool residents for an Unnecessary Medication Review for two reasons: 1) A resident does not exist in the initial pool to cover the four required medications of insulin, anticoagulant, new diagnosis of schizophrenia with an antipsychotic for a person 65+ years, and Alzheimer's/dementia with an antipsychotic, and 2) If there are not five residents in the initial pool with medication concerns.
  - Confirm any non-initial pool resident selected is still in the facility. If one of these residents has been discharged, replace the discharged resident with one still in the facility. To do this, click on Actions, select **Discharge Unnecessary Meds Candidate.** A pop up will appear with the name of a resident to replace the discharged resident, select Save. Ensure the replacement resident is still in the facility.
- Click the **up arrow in the IP Surveyor** column to sort the list by surveyor.
- Finalize Sample Screen Display:

- The Finalize Sample screen **displays all potential investigations** to ensure the team is aware of and adequately samples every investigative area. The displayed investigations include initial pool residents with at least one FI, including triggered tasks, sufficient staffing and infection control (for TBP and Infections [not UTI, Pressure Ulcer, or Respiratory]), closed record residents, unnecessary med residents, and any initiated area such as complaints that went directly to the investigation screen.

- All resident information should be expanded to facilitate the team discussion of specific concerns. After each resident is discussed, close that resident section.

- The **concern areas** (e.g., FIs, closed records, or initiated investigative areas) for a resident have a **Y listed under the Include Care Area in Investigation** column.

- To review your **initial pool notes** and the **reason Infection Control triggered** (which is displayed on the first line of the notes pop-up), click the care area or facility task. The area will be bolded and underlined if there is an initial pool note associated with the area.

- To remove a care area because of a **data entry error** (Included in Investigation = Y), click on the Y and select 'data entry error' from the drop down. Follow the on-screen messages to change a response for hospice, dialysis and ventilator (e.g., changing an FI or No Issue to NA). You can change the response for TBP to N/A, if applicable, by clicking on the Infection Control area and selecting the 'Change TBP to NA' option in the Notes pop-up.

- To **copy your initial pool notes** (for a care area or triggered task) **to a different area** for the same resident, ensure both areas are listed. If not, add the area by selecting Actions and the Modify Care Areas option. Click on the area with the notes you want moved. Next to the "Copy Notes To" field, select the area you want the notes moved to. Select Save.

- A **complaint badge** (COMP/FRI) will display next to the resident and complaint/FRI care areas or task. A **facility task badge** (TASK) will display next to triggered tasks, sufficient staffing, and infection control if at least one resident has an FI. A **closed record badge** (CR) will display in the Sample column.

- The **# of Care Areas** columns lists the total number of investigations for the resident which includes all FIs (resident-specific or triggered tasks) and any initiated area (e.g., COMP that went directly to the investigation screen).

- To add areas, select **Actions** and the **Modify Care Areas** option.

- The **Care Area Menu** displays areas of concern and is organized by Investigative Area (e.g., Accidents). Below the bolded Investigative Area, you will see an indented list of the initial pool areas that map to the Investigative Area (e.g., for Accidents, the IP areas are: Falls, Elopement, Smoking, and Accident Hazards).
  - Each Investigative Area displays: 1) the number of residents included in the sample in the relevant area (# sampled/numerator) and the total number of residents who have the concern marked (total # of concerns/denominator) – that is, all residents with the concern whether selected for the sample yet or not.
  - The indented Initial Pool areas show the same information (# sampled/numerator)/ (total # of concerns/denominator) specific to the IP area.
  - Using the Accidents area as an example, you might see the following: Accidents (2/5). This means that two of the five residents with Accidents concerns are in the

sample. Determine whether one or more of the three remaining residents with Accidents concerns should be included.

- The Investigative Areas are displayed by the total # of concerns from highest to lowest.
- Use the **Sort: AZ icon** to alphabetize the list for easier navigation.
- If an **area is selected in the Jump to Care** Area menu that area will list all residents with that concern. To **refresh back to the full list,** uncheck the selected Care Area.

- The system identifies residents that should be included in the sample, even if the sample number is exceeded. **Discuss the system-selected residents** to determine if the team wants to replace any of the residents (if a system-selected resident is removed, you must provide a rationale). System-selected residents include:
  - Any offsite-selected resident who had at least one FI.
  - Any resident that a surveyor marked as harm or IJ. If you try to remove the resident, you will receive a warning reminding you the resident had harm/IJ marked.
  - Any resident with abuse concerns. Note: If abuse is being investigated based exclusively on a facility history of abuse (refer to Offsite Prep screen), ask the facility for all allegations of abuse since the last survey so you can select at least one resident to review (different from residents reviewed by the SA in the past).
  - COMP/FRI residents included in the initial pool on the Offsite Prep screen. These residents cannot be removed from the sample since they were part of the initial pool.

- **Have each surveyor identify additional residents they want to include in the sample** and provide the reason why, even if the sample number must be exceeded. **To include a resident in the sample,** the TC selects the checkbox next to the resident's name**.** Surveyors should include:
  - Residents who have the most concerns.
  - If the TC did not link COMP/FRIs on the Offsite Prep screen, the COMP/FRI residents added on the Resident Manager screen will not be system selected; therefore, up to the maximum number of complaint/FRI residents may be added to the sample.
  - **Transmission-based precautions** is mapped to the infection control task. The system selects three residents who had TBP marked as further investigation (or No Issue, if needed) on the sample screen and the infection control screen once the sample is finalized.
  - Add at least one resident for **hospice, dialysis, and ventilator,** if available, even if there were no potential concerns identified in the applicable area. The sample screen displays the two applicable initial pool responses (Y = FI and NI = No Issue) for all residents associated with each of these required areas.
    - If a required area has both FIs and NIs listed on the screen, you are only required to sample at least one resident with a Y. For example, two residents are listed for dialysis. One resident has dialysis listed with a Y and the other resident has dialysis listed with a NI. The TC should include the resident who has dialysis = Y in the sample.
    - If the required area only has residents with a NI, the team is required to include at least one of those residents in the sample. To include the area in the sample, click the NI and select Yes to confirm the area will be investigated.

- Ensure at least **one resident** (goal is three, if available) **is sampled for all areas of concern noted** (i.e., the sample number for the Investigative Area on the Jump to Care Area Menu does not = 0). Check the **Show No Coverage Only** box to filter the areas that are not yet represented in the sample. If there are areas listed, select residents with concerns in these areas to add to the sample. If there aren't any care areas listed, this confirms you have sampled at least one resident for every area. Uncheck the Show No Coverage Only box to return to the list.

- **If COMP/FRI residents were added on the Resident Manager screen or new COMP/FRIs are received for initial pool residents during the sample meeting, identify the complaint or FRI areas being investigated.**
  - Select **Actions** and the **Modify Care Areas** option for the resident.
  - Ensure the COMP/FRI allegation area is listed next to the Care Areas field. If not, select the areas associated with the complaint/FRI.
  - Using the drop down next to the Complaint Care Areas field, select the complaint allegations being investigated.
  - The COMP badge will now be listed next to the area and resident's name.
  - Select Save.

- If **new COMP/FRIs are received during the sample meeting**, **return to the Offsite Prep screen**.
  - Review the intake ID notes and allegation notes to identify the concern.
  - Link the complaint resident name to the name listed in the LTCSP system by using the drop-down box under Resident (ID)-Room column. Select Facility, Facility if the complaint resident is listed as anonymous or blank.
  - **Click Edit** for each intake to add the applicable Direct Investigation, Closed Record area, or Facility Task.

- Using the Jump to Care Area Menu, **adjust sampled areas** as necessary:
  - Ensure up to three residents have been **sampled for the complaint areas**, if available.
    - If there were no other residents who had concerns regarding the complaint allegation, the team is only required to investigate the complaint resident.
    - **General complaint areas not associated with a resident:** If there were no concerns identified during the initial pool for the complaint area (resident-specific initial pool areas, personal funds and environment), the area does not require any further investigation, with the **exception of abuse.**
    - Abuse will automatically be initiated for the facility and will be listed on the TC's investigation screen once the sample is finalized. Since there is no resident to review, you will complete a review of the facility's policy and procedures and QAA system for monitoring reported allegations of abuse (refer to F607 and F867).
    - If the **complaint is not covered by the initial pool** (e.g., record keeping or death), then the team is required to sample three residents to investigate the area.
    - Any **complaint related to medications** will be investigated in addition to the five system-selected residents for the Unnecessary Medication Review. If this is the case, you only have to investigate the complaint-specific medication.

- **Adequately investigate the scope of each resident-specific area:** If an area has a high number of residents with the identified concern or the team has to rule out SQC, the TC should ensure the area is adequately sampled.
- **Remove sampled areas if oversampled:** If the team determines a resident specific area is oversampled (e.g., six sampled residents for Activities), the TC may remove sampled areas if another resident has a higher likelihood of deficient practice in the area. For example, the team may remove the Activities area for three of the sampled residents but still keep it for the other three residents. The three who had Activities removed may still be in the sample but will not be investigated for Activities. If the area was the only reason the resident was in the sample, then that resident would be dropped from the sample once the Activities area was removed.
  - Click on the Y of the Care Area you would like to remove under the Include Care Area in Investigation.
  - Select 'another resident with higher likelihood of deficiency' as the rationale.
  - The Y indicator will change to an N on the screen. You will receive a warning if you try to remove an area that will no longer be covered by any resident in the sample.
  - Click on the N to stop the removal of the area and keep it included.
- **If the sample size is not met, consider the criteria below, listed in priority order, to include more residents in the sample:**
  - Residents who were selected for the Unnecessary Medication review but are not a part of the sample.
  - Residents with concerns related to QOL and resident rights.
  - Initial pool residents who only had a FI (or complaint) in one or more of the following facility tasks: infection control, sufficient staffing, personal funds and/or environment.
  - Unrepresented area(s) of the building – determine whether residents in the sample are representing all parts of the building.
  - Prior survey and complaint results.
- If you have met the total sample number, but there is a **concern you want to investigate for a resident who did not make it into the sample,** include the resident and just the specific area of concern even though the team is over the total sample number, so you have sufficient time to investigate the additional resident. To include a resident in the sample that is not listed on the sample screen, click the All Residents tab to select a resident from the resident list on the Resident Manager screen.
- Once the sample is finalized, click the **Finalize Sample** button. You will receive a warning if there is a concern with the sample (e.g., sample size not met, a complaint area not covered). Dialysis, hospice, or ventilator will be displayed on the warning message if a resident was not sampled for the area and a surveyor marked No Issue or FI. Resolve the issue or provide a rationale for the reason. You will receive a warning if there are initial pool residents with an FI for hospitalization or discharge who haven't been included in the sample AND there are closed record residents for those two areas. Ensure you include the initial pool resident in the sample to adequately cover hospitalization or discharge for residents currently residing in the facility.
  - Note: If you realize you made a mistake but already finalized the sample, make any sample adjustments on the Investigation screen.

Make Investigation Assignments

- The investigation assignments screen includes all sampled areas, active intake areas, unnecessary med residents, initiated investigations, mandatory and triggered facility tasks, and closed records.
- Click on the Investigation | **Assignments screen** in the navigation menu.
- Complaint allegations will be displayed with an intake badge (COMP/FRI) next to the resident's name and area, if applicable.
- **Ensure a surveyor is assigned** to all areas listed as **Assign Surveyor.**
  - Select a surveyor from the drop down under the Assigned To column while considering each surveyor's workload listed in the header.
  - If **multiple areas will be assigned**, check the box next to all applicable areas, select the surveyor in the Assigned To field in the header, click Confirm and Yes.
  - Assign every surveyor who had MDS discrepancy concerns to the Resident Assessment task since each surveyor will follow up on their own concerns.
- **Make additional adjustments until the workload is balanced.** In addition to balancing workload units, the team should also consider the complexity and increased time it takes for some investigations (e.g., Pressure Ulcers versus a Personal Property concern).
  - If all areas associated with a resident will be reassigned, check each box next to the resident's name, update the Assigned To field in the header by selecting the newly assigned surveyor's name, click Confirm, and Yes. All other areas associated with that resident will automatically be reassigned to the new surveyor.
  - If the team wants to assign all residents with a certain area to one surveyor (e.g., pressure ulcers or abuse), sort by Investigative Area by clicking the caret next to that column.
  - Facility task assignment adjustments are linked to the Facility Task screen.
- Identify or adjust the surveyor who has **primary responsibility for dining, infection control, and sufficient staffing**, if needed
  - This surveyor has primary responsibility for the task (e.g., answer all CEs). Remind the primary surveyor which task(s) they are responsible for.
- Once the TC is finished making assignments, ensure there are "**0 Total Records Unassigned**" in the header to confirm all assignments have been made.
- Team members will only be able to make assignments for themselves on the Investigation Assignments screen.

V.   INVESTIGATION

Step 13: Conduct investigations for sampled residents

- **Investigate all concerns** identified as requiring further investigation (FI) **for your sampled residents** for the remainder of the survey.
- Go to Investigations in the navigation menu. Your assignments and the reason that caused the care area to be investigated will be listed under the **Inv Reason** column.
- A **COMP/FRI indicator** is added next to the applicable investigative area. Use the View Intakes link to review the complaint details from the Offsite Prep screen.
- There are **two ways to view your investigations:**

- **Investigation By Resident:** you can access all of the care areas being investigated for that resident. Click on the resident's name and you will see all the care areas in the drop-down on the left side below each tab. This option is useful when making observations, interviewing the resident, RR or family, or reviewing the record.

  - **Investigation By Care Area:** you can access all of your residents being investigated for that care area. Click on the care area and see all the residents you are investigating for that care area listed in the drop-down in the Critical Elements and Residents tabs. This option is useful when interviewing staff.

- Using either of the screens above, refer to the Critical Element (CE) Pathway to help guide your investigation. You can access **the full Critical Element (CE) Pathway**, if one is available, by clicking on the View Pathway PDF link in the header. You can scroll through the pathway to use the observation, interview and record review probes as a guide. You can copy and paste probes into your notes section, as desired.

- If a **care area does not have a pathway** or you initiate an Ftag directly, the system will not display the View Pathway PDF link and just list the applicable tags. In such cases, refer to Appendix PP to guide your investigation. To access the **regulation (reg)** or **Interpretive Guidance (IG),** click on the tag that is underlined in blue next to the CE question. If "No" is selected you will then be asked to determine severity. The team will determine the final severity and scope (S/S).

- **To view the MDS**, click on the MDS Assessment link**.** Select View next to the applicable assessment.

- You can **attach documents to the survey**. Click Attachments in the navigation menu. Click Select File and locate the file you want to attach, then click Save. You may add a description of the document in the File Description notes field, if desired.

- Investigate the concerns thoroughly so you can make a compliance decision.

  - Observe care (e.g., AM care, wound care, restorative, incontinence care, transfers) if warranted for the investigation. For pressure ulcers and abuse, you can click on the Drawing Tool tab in the header to access a **body map** to draw your observations of the wound. You can also access a CMS-807 which is available in Survey Resource folder.

  - If concerns are identified with areas such as pressure ulcers and incontinence, complete continuous observations to adequately determine whether appropriate care and services are provided in accordance with the care plan.

  - If a non-interviewable resident has a representative or family who visits often, make an effort to interview the representative/family as part of your investigation.

  - For nutrition investigations, use the **Weight Calculator** in the header to calculate % weight loss/gain. If you identify a weight loss/gain concern, add the dates and weights in the Weight Calculator, then click Save. To insert the weight information in your Investigation notes (not Resident Notes), click in the Nutrition notes icon in the upper right corner where the information should be inserted and then click the Insert Weight Data icon. The system will identify the loss or gain when inserted.

  - The facility must conduct and update a **facility assessment** annually and as needed to determine what resources are needed to competently care for residents each day and during emergencies. If systemic concerns are identified in resident-specific areas (e.g., hospice, dialysis, ventilators, activities, nutrition, behavioral/emotional, dementia) or if

there is a systemic concern with a lack of adequate resources (e.g., specialized rehabilitation, pharmacy), review the facility assessment and initiate F838 to determine compliance.

- There are two ways to document your investigation:
  - **Investigation Notes:** Use this field to document any information specific to the care area being investigated (e.g., observations, interviews, specific record review such as relevant MDS information, care plan, physician orders, and other pertinent information). Any notes entered during the initial pool process will be displayed in the investigation notes.
  - **Resident Notes:** Use this field to document any general information about the resident that you would like to have access to for all care areas (e.g., diagnoses, general MDS information regarding cognition and ADL status, and general care plan information.
  - Either documentation option is acceptable. Resident Notes may be more efficient to document information during your investigation since your documentation is one continuous notes field; however, you may spend more time editing your documentation for the CMS-2567. Using Investigation Notes will have the reverse pros and cons as Resident Notes.
  - **Highlight** information (e.g., reminder to follow up on an area) by using the highlight icon. Ensure you remove any highlighting for any CE marked as No so the highlighting is not visible on the CMS-2567.
- **Pin the Notes field** to still access all areas on the screen, by docking the Notes field to the right or bottom of the screen. You can adjust the size of the Notes field, as needed, using an arrow.
- If **information is deleted** from your Investigation Notes, view the document history by clicking on the History icon. Select the date and time to determine if the information was **saved in the history.** If so, copy and paste the text from the history into the Investigation Notes screen.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (noncompliance identified) or NA (if the CE does not apply to your investigation). If you mark a CE as No, you should have investigative documentation and a severity. If you need severity guidance, click on the information icon (i.e., question mark).
- You must **answer every Critical Element (CE)** as either Yes, NA, or No.
- The Investigation screen is defaulted to show completed investigations. If you prefer to hide your investigations, check the box next to "**Hide Completed Investigations**." The system will retain your setting until manually changed.
- If you are not hiding your completed investigations, you will receive a **green checkmark** next to the investigative area once you answer all CEs and enter a severity for any CE marked as No.
- The Investigations screen will **display tags cited by the surveyor**. The team will review these tags during the potential citations meeting.
- To **switch to another resident or investigative area,** click on the Back arrow to return to the Investigations screen.
- If **additional concerns are identified** for sampled residents, or concerns are identified for non-sampled residents, they can be added with team consensus to determine if there is deficient practice.
  - To initiate a new care area, click on the **Add New Investigations** link, select a resident, select all applicable investigation, and click **Save.**

- To initiate an Ftag directly, click on the **Add New Investigations** link, select a resident, select Ftag Direct Cite for the investigation, and click **Save.** On the Investigation screen, click the FTag Initiation button, check the applicable tags to be investigated, and click **Save.**

- If you do not see the care area or Ftag in the list, that means the area already exists on the Investigation screen and cannot be initiated again.

- To **remove a care area** (e.g., the information was inaccurate or the resident was discharged and an investigation cannot be completed without additional observations), click on the garbage can in the far right column and provide a reason for the removal. You can only remove Investigations that doesn't have any data entered that are assigned to you unless you are the TC who can delete any investigations.

- To **share a resident** during investigations (e.g., a nurse conducts the wound observation or for workload adjustments).
  - The surveyor helping out should assign themselves to the resident (multiple surveyors can be assigned to the same resident/care area).
  - If you need to view another surveyor's documentation, at the top of the screen, place a checkmark in the **View All Surveyors** box or click **View All Surveyors Notes** in the Notes. All notes and CEs marked by other surveyors display in read-only format. The system ensures a No for In Compliance overwrites any Yes marked for the same CE.
  - The surveyor helping out finishes any outstanding areas for the resident or just completes the applicable portion (e.g., wound or incontinence care observation).
  - When investigations are complete, all responses and notes will merge and any CE marked as No will override a response of Yes.

- If a **complaint is called into the state and added to the survey during the investigative process,** the TC should link the new complaints on the Offsite Prep screen and add the applicable Direct Investigation, Closed Record area, and/or Facility Task.

- If a **RRI/family interview** is completed during the **investigative process,** complete the RRI interview on the Resident Manager screen.
  - If the resident was already included in the initial pool, go to the RI screen to complete the RRI interview.
  - If the resident was not a part of the initial pool, go to the RI screen and select the "Add to Initial Pool for RRI" button in the header, select Yes to confirm, and complete the RRI interview.

VI. ONGOING AND OTHER SURVEY ACTIVITIES

Step 14: Complete closed record reviews

- Complete the closed record reviews any time during the investigation but early enough in the survey to afford you enough time to investigate any concerns.
- Use the hospitalization, discharge, and death pathways to complete the closed record reviews.
- If concerns are identified with the discharge, the team can discuss whether to expand and review additional closed records.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (noncompliance identified) or NA (if the CE does not apply to your investigation).

- If you mark a CE as No, you must determine the severity level.

Step 15: Complete facility task assignments

- **Complete facility task investigations** any time during the survey (as long as it does not interfere with completing initial pool activities), unless otherwise noted.
- Go to Facility Tasks in the navigation menu.
- Facility Task screens contain at least two tabs: Probes/CE and Use/Instructions. Some tasks also have a Residents and/or Drawing Tool tab.
  - **Probe/CE tab:** Contains the probes and CEs. Allows the assigned surveyor to make compliance decisions about the facility.
  - **Use/Instructions tab:** Contains the intended use and instructions for conducting the facility task investigation.
- Click on the facility task to access the investigation screen. You must be assigned to the task and a primary surveyor must be designated, if applicable.
- To access the **reg** or **IG,** click on the tag.
- Complete a thorough investigation for facility tasks (as described below) referring to the Facility Task pathway for guidance.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (noncompliance identified), or NA (if the CE does not apply to your investigation).
- If you mark a CE as No, you must determine the severity level.
- **Highlight** information (e.g., reminder to follow up on an area) by using the highlight icon. Ensure you remove any highlighting for any CE marked as No. If the highlighting is not removed from the text, it will appear on the CMS-2567.
- If **information is deleted** from your Investigation Notes, view the document history by clicking on the History icon. Select the date and time to determine if the information was **saved in the history.** If so, copy and paste the text from the history into the Investigation Notes screen.
- If you need to view another surveyor's CE responses, in the header, place a check in the **View All Surveyors** box. All CEs marked by other surveyors display in read-only format. A No for In Compliance overwrites any Yes or NA marked for the same CE.
  - To view another surveyor's documentation, click on the Notes icon, select View All Surveyors Notes on the far left, and click on the applicable surveyor's name.
  - To view another surveyor's drawings, click on the Drawing Tool tab, select "Other Drawings" and the applicable surveyor's name.
- Check the Expand All Probes box to view all probe information.
- Click the **Drawing Tool tab** to create a drawing. Click the pencil icon.
- CE response completion is tracked at the top of the screen. You can also filter to just see Unanswered CEs. Once you have answered all CEs, you will receive a **completed green bar** on the Facility Task screen indicating the task is complete.
- The Facility Task screen will **display the tags cited by the surveyor** (the tags that are in bold are cited by you). The team will review these tags during the potential citations meeting.
- To **add a facility task,** click on the Add New Task icon.
- All facility tasks have the ability to **add a resident to the notes field.** In the notes field, use **ALT+R** or click on the person icon (next to the clock icon) to open a box with a list of residents, select the resident by placing a checkmark next to their name and click Insert. The

resident will be displayed in the notes field and listed on the Sample List Provided to the Facility.

- You can also **add a resident to the Sample List Provided to the Facility** by selecting the resident on the Add Residents to Sample List option at the top of the screen. If the **resident isn't listed** in the drop-down, add the resident's name and room number to the resident list by clicking on the Add New Resident icon at the bottom of the Add Residents For Task screen. The admission date, and assigned surveyor are not required if the resident is not a part of the initial pool. Click Save.
- **Remove Resident from a Facility Task:** Any assigned surveyor can remove manually added residents. System added residents cannot be removed.
  – Click the Resident tab of the relevant task.
  – Click the trash can icon.
  – Verify the correct resident is being removed by clicking **Yes, Remove**. A green banner will indicate the resident was removed successfully.
- Any general **facility task complaint** or complaint resident associated with a facility task that was added on the Offsite Prep screen will display on the facility task screen and will be displayed with an intake badge (COMP/FRI) and a View Intakes button.

Mandatory Facility Tasks

Dining

- Note: Starting on 11/12/21, CMS temporarily allowed the dining task to be discretionary and completed only if there is an outstanding complaint or if a resident is investigated for nutrition, weight loss, or FIs related to dialysis. If the task will not be completed, remove the task and document the rationale (i.e., removed at the discretion of the SA).
- Residents may be displayed in the Residents tab if they had an MDS indicator of weight loss or dehydration or they had further investigate marked for nutrition, hydration or food quality. If there are initial pool notes, click on the Notes icon in the Notes column.
- All surveyors complete dining observations for the first full meal. However, only the surveyor assigned responsibility for the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).
- If concerns are identified, a second meal observation may occur after the sample is selected.
- In the Drawing Tool tab, use your stylus to document any dining observation just as if you were writing on a piece of paper (e.g., to draw the layout of a table or meal).
- Two tags are applicable for **CE6** (F676 and F677). If you determine noncompliance with CE6, mark the CE as No; click Select; put a checkmark next to the tag(s) you want to cite, and indicate the appropriate severity; click Save.

Infection Control

- All surveyors observe for breaks in infection control throughout the survey, as specified on the pathways and investigative protocols.
- The primary surveyor should coordinate a review of the infection prevention and control program, review of relative infection prevention and control policies and procedures, interview of qualified designated infection preventionist, testing of staff and residents for communicable

diseases (e.g., COVID-19) in accordance with national standards, antibiotic stewardship program, and the influenza, pneumococcal and COVID-19 immunizations for residents.

- The system will display any initial pool resident who had an FI marked for **Infections (not UTI, Pressure Ulcers, or Respiratory)** and the three **Transmission-Based Precautions** that will require an investigation. Clicking on the Notes icon in the Notes column will show the initial pool notes. Under the 'Originating Initial Pool Area' column on the Residents tab, the initial pool response (FI or No Issue) will be displayed for TBP.
- **Sample one staff** to verify compliance with staff-related requirements and national standards, such as offering and educating on immunization and testing.
- **Sample three residents** for purposes of determining compliance with infection prevention and control national standards such as transmission-based precautions (TBP), as well as resident care, screening, testing, and reporting.
- **Sample five residents** for influenza, pneumococcal and COVID-19 immunizations.
  - The **residents reviewed for influenza, pneumococcal and COVID-19 vaccinations,** should be **added to the Residents tab** on the infection control screen. To add a resident to the box, click on the Add Residents For Task icon in the upper right corner, place a checkmark next to the resident you want to add and click Add. **Include the immunization reason** the resident is being added by using the drop-down in the Reason column. You do not have to add a reason for initial pool residents with an FI for an infection.
- If there is a concern about a water management program in the facility, ask the facility to identify if any residents have been diagnosed with Legionnaires' disease.
- If there are concerns with the Antibiotic Stewardship Program, surveyors should complete an investigation for at least one resident on an antibiotic and utilize the Unnecessary Medication Review CE Pathway to assess whether the resident(s) are being prescribed antibiotic(s) unnecessarily. If concerns are identified, expand the sample as needed to determine S/S of findings.
  - Determine if at least one resident who is receiving an antibiotic is already included in the sample from the initial pool or was selected for the Unnecessary Medication Review.
  - If there aren't any sampled residents, select a high-risk resident receiving an antibiotic from the infection log (e.g., UTI without a culture, long-term use, repeated use, no active infection noted) to add to the sample.
- Only the surveyor assigned responsibility for the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).

SNF Beneficiary Notification Review

- Randomly select three residents from the list provided by the facility on the Entrance Conference worksheet.
- Give the facility three Beneficiary Notification worksheets to complete, one for each resident.
- The **residents reviewed** should be **added to the Residents tab** on the Beneficiary Notices screen. To add a resident, click on the Add Residents For Task option in the upper right corner, confirm the task is listed in the drop-down, place a checkmark next to the resident you want to add and click Add.
- Review the completed worksheets and notices with the provider if issues are identified.

- If the facility is a Medicaid-only facility, the Beneficiary facility task should be removed.

Kitchen

- Make observations throughout the survey to gather all needed information.
- In the Drawing Tool tab, use your stylus to document your any kitchen observation just as if you were writing on a piece of paper.
- For CE16 (unit refrigerators), either the assigned surveyor can review all unit refrigerators or the review can be shared amongst team members. In that case, each team member should assign themselves to the task and only answer CE16 based on their findings.

Med Admin

- We highly recommend that nurses and pharmacists conduct this task.
- More than one surveyor can be assigned to the med admin task. However, the TC should ensure all CEs are answered. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).
- If the opportunity presents itself, observe meds for a sampled resident whose med regimen is being reviewed. Otherwise, observe meds for any resident to whom the nurse is ready to administer meds.
- Observe different routes, units and shifts.
- Observe **25 medication** opportunities, including whether the administered med is expired.
- To **document your med observations**, click the Observations tab, and select either **New Medication** (if it's the first med entered) or click the **Add Observation** option in the upper right corner. Enter all necessary information.
  - The date and time when the first medication was administered is tracked.
  - Click **Add Notes** to document notes specific to that resident's medication administration. Click on the '**Copy to Facility Task Notes' icon** to move these notes to the Med Admin Notes which are the notes that are pulled forward to the Potential Citation screen.
  - Select **Add Another Medication** option if the same resident receives multiple medications.
  - Click **Add Observation** when a different resident is observed.
  - For any error, you may document the original order and reason for the error in the applicable fields.
  - Check the **Completed** box once each med has been reconciled. The medication won't count as an opportunity or error until the Completed box is checked.
- On the Observations tab, you can review the **team's med error rate** and your error rate.
- If the team has a med error rate of five percent or greater, one surveyor should insert the combined med error rate in the Med Admin Investigation notes by clicking the **Insert Total Error Rate** icon.
- To **view just your medication observations,** on the Observations tab filter to My Observations.

Med Storage and Labeling

- Note: Starting on 11/12/21, CMS temporarily allowed the med storage task to be discretionary and only completed if there is an outstanding complaint, or concerns from the ombudsman or

concerns identified when completing the med admin observation task. If the task will not be completed, remove the task and document the rationale (i.e., removed at the discretion of the SA).

- Any surveyor can complete the med storage task.
- At the top of the screen, enter the number of med storage rooms and the number of med carts the facility has. The system will tell you how many areas should be reviewed.
  – Review half of the med storage rooms, covering different units.
  – Review half of the med carts on units where the storage room was not observed.
- If there are no concerns, the review is complete.
- If there are concerns, expand and review more meds in the med carts and med storage rooms.

Resident Council Interview

- Note: Starting on 11/12/21, CMS temporarily allowed the resident council task to be discretionary and only completed if there's an outstanding complaint, or concerns from the ombudsman or during the initial pool (e.g., with visitation or grievances). If the task will not be completed, remove the task and document the rationale (i.e., removed at the discretion of the SA).
- Complete an interview with active members of the Resident Council early enough in the survey to afford you enough time to investigate any concerns preferably on Day 2 of the survey.
- If there is not a Resident Council, do not conduct this task; however, determine whether residents have attempted to form one and have been unsuccessful, and if so, why. To remove the task, on the Facility Task screen, the TC selects the garbage can in the Remove column and select "No Resident Council" as the reason for the removal.
- Request the assistance of the president for arranging the meeting. If there is no president, ask for a list of active Resident Council participants and select a resident to assist in arranging the meeting.
- Surveyors can invite residents (even those not in the Resident Council) they encounter who are able to converse and provide information.
- Try to keep the group manageable, usually no more than 12 residents to facilitate communication.
- Obtain permission from the president to **review council minutes.**
- Review three months of minutes prior to the interview to identify any unresolved areas of concern to discuss during the meeting.
- If the ombudsman has indicated interest in attending the interview, ask the president if that is acceptable; if it is, notify the ombudsman of the time/place of the meeting.
- When conducting the interview, refer to the questions on the Resident Council screen.
- For **CE11,** the **CASPER PBJ Staffing Data information** is flagged as "PBJ Staffing" with a link to the staffing details.
- For **CE24,** if the response is Yes (i.e., residents have been asked to enter into a binding arbitration agreement), the **arbitration** task will be triggered, if not already triggered during the Entrance Conference. If the response to CE24 is No, CE25 will automatically be marked as NA. Communicate to the surveyor who is assigned the arbitration task the names of the residents who should be reviewed. If the TC marked Yes for the arbitration question in the Entrance Conference, CE24 will be automatically marked as Yes and grayed out. The surveyor should answer CE25 as NA since you are skipping CE24.

- For **CE26,** if **additional concerns** are identified and your investigation determines noncompliance, you can select the appropriate Ftag and severity level by clicking Yes for the resident council answer; then clicking No for In compliance; and then clicking Select to view all the tags—select the appropriate tags and assign a severity; click Save.
- Document the names of the residents in the meeting by selecting the **Add Residents For Tasks icon** in the top right corner of the screen and selecting all attending residents' names; click Add. Under the Other column, indicate whether the resident is the President, attends resident council meetings or does not attend meetings.

Sufficient and Competent Nurse Staffing

- Any initial pool resident who had further investigate marked for sufficient staffing will be displayed in the Residents tab. Clicking on the Notes icon in the Notes column will show the initial pool notes.
- Part I is completed by the TC during offsite prep and on day one of the survey.
  - Payroll-Based Journal (PBJ) Staffing Data Report: TC reviews information from the PBJ Staffing Data Report and makes a compliance decision related to CE1.
  - DON/RN/LN coverage: TC reviews information provided by facility as needed and requested during entrance conference, and makes a compliance decision related to CE2, CE3, and CE4.
- Part II is completed by all surveyors. Only the surveyor assigned primary responsibility for the task has to answer all CEs. All other surveyors just answer the CEs of concern (and/or those that are applicable to their observations).
- The **CASPER PBJ Staffing Data information** is flagged as "PBJ Staffing" with a link to the staffing details. Use this information to aide in the investigation into staffing and PBJ staffing concerns.
  - Surveyors may copy and paste from the PBJ table into the Facility Task Notes field.
  - If the **facility failed to submit PBJ data,** CE1 (F851) will be automatically marked as No at a severity level 2 for the TC. F851 should be cited at an F-level. It should be an extremely rare circumstance when a facility is not cited if the PBJ data report indicates they did not submit PBJ data for the quarter. If the team thinks the facility should not be cited, the TC must email NHStaffing@cms.hhs.gov. CMS will respond by the end of the next business day and copy the CMS location.
- Part III is completed by the TC or primary surveyor and should review and answer CE8-CE15.

Triggered Facility Tasks

- To review a consolidated list of residents and initial pool notes, click on the **Resident Initial Pool Notes** by selecting the Notes option in the upper right of the screen. Copy and paste any applicable initial pool notes into the Facility Task Notes. Only the **Facility Task Notes pull forward to the Potential Citation** screen.
- The following **triggered tasks** are completed only if the survey team has concerns:

Personal Funds

- Complete this review when there are identified concerns with sampled residents not having access to funds or not receiving a quarterly statement. Only complete the applicable section of the pathway.

Environment

- Complete an environmental review only if there are concerns identified with sampled residents.
- If you are assigned to the task and click on Environment, you will receive a pop-up screen where you should place a **checkmark next to the area(s) you are investigating.** All areas that are not checked will be automatically marked as NA.
    - If you don't know which areas you are investigating, you may bypass the pop-up. After reviewing the consolidated Resident Initial Pool notes in the Notes option, click the **Select Investigation Areas** in the header to mark the areas you are investigating.
    - During your investigation, if you identify concerns for an area marked as NA, you may override the NA with the appropriate CE decision.
- Review the specific concerns the team has with the environment. Note: it may not be necessary complete a review of the entire environment.

Resident Assessment

- Complete this review if there were concerns with 1) a delay with the completion and/or submission of MDS assessments (i.e., admission, quarterly, annual, or significant change assessment); and/or 2) MDS discrepancies for care areas that were not marked for further investigation.
- Each surveyor should review their own residents who had MDS discrepancy concerns (review the screen for the list of residents who had concerns).

Binding Arbitration Agreement

- Complete this review if a resident or representative was asked to enter into a binding arbitration agreement.
- The task may trigger based on the TC's response on the Entrance Conference screen or the surveyor's response to CE24 on the Resident Council Interview task.
- **Select three residents,** as available. We recommend selecting up to two residents who signed the binding arbitration agreement and one resident who had a resolved dispute, if available. Attempt to select residents that are already in the finalized sample, when possible.
- **Add the name of the selected residents** in the resident box on the Arbitration screen (or via the "Add Residents To Facility Task" icon in the right panel) and **identify the reason** the resident is being selected: 1) Signed binding arbitration agreement, and/or 2) Resolved dispute.

Extended Survey

- If SQC is cited, the team will complete the extended survey. If the team plans to complete the extended during the survey (or once the team returns to complete the extended survey), go to Facility Tasks from the navigation menu, initiate the task, if needed (the task will automatically be added if SQC is cited on the Potential Citation screen), and assign the surveyor(s) who will investigate the extended survey.

Step 16: End of the day meeting

- **Meet for about 30 minutes at the end of each day** to discuss the areas noted on the Team Meeting screen (Go to Survey Prep | **Team Meeting** in the navigation menu, select the Investigation tab).
- Team members should follow along on the screen while the TC conducts the team meeting.
- The system populated areas include:
  - Are there newly identified harm or IJ concerns (system populates only if severity 3 or 4 is marked)?
  - How much Investigation and Facility Task work does each surveyor have left to complete?
  - Review the list of investigation concerns (i.e., CEs = No) and ensure the team discusses potential staffing concerns. **CASPER PBJ Staffing Data information** is flagged as "PBJ Staffing" with a link to the staffing details.
  - Have at least three resident representative interviews been completed?
- The team should discuss whether there are any concerns regarding **unethical, criminal, civil or administrative violations** by the facility. The TC will indicate a response (Yes or No) at the bottom of the team meeting screen. If Yes, the assigned surveyor will initiate F895, Compliance and Ethics, for the Facility on the Investigation screen.
- **If the team determines SQC** at any point during the survey, the extended survey should be completed. If the team plans to complete the extended during the survey, go to Facility Tasks from the navigation menu, initiate the task, and assign the surveyor(s) who will investigate the extended.

Step 17: Complete QAPI/QAA

- This facility task should take place at the **end of the survey**; with enough time to investigate potential concerns.
- Prior to interviewing the facility staff about the QAA program, review the MDS Indicator Facility Rate report, prior survey history, FRIs, and complaints to remind yourself of present concerns and repeat deficiencies.
- Review the **QAPI plan.**
- During team meetings, ensure you have a list of concerns the facility should be aware of (e.g., high-risk areas, harm or IJ, pattern or widespread issues, or concerns identified by two or more surveyors).
- If a surveyor cites **F600 (abuse or neglect)**, the information will be displayed on the QAPI/QAA screen to ensure the TC determines whether the QAA committee also identified the issue and made a "Good Faith Attempt" to correct it.
- To access the **reg** or **IG,** click on the tag.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (noncompliance identified), or NA (if the CE does not apply to your investigation).
- If you mark a CE as No, you must select the severity level.

VII. POTENTIAL CITATIONS

Step 18: Confirm Investigation Data is Complete, and Team Deficiency determination

- Each surveyor should review the My Investigations tab to ensure each assigned investigation area is completed with a green check or click Hide Completed Investigations.
- TC reviews the Investigation (All Investigations tab) and Facility Task screens and ensure all **investigation work has been completed** by checking the Hide Completed Investigations checkbox and ensuring the green status bar is complete for every task.
    - If there is incomplete work, the surveyor should complete the work.
- Verify the total error rate is consistent with the response for CE1 (med error rate). If the error rate is less than 5% but a surveyor marked CE1 as No, do not cite the tag during the potential citation meeting. If the error rate is 5% or greater but CE1 is not marked as No, update the response for CE1 prior to the potential citation meeting.
- For each potential citation that is labeled as undeclared, the team makes a **compliance determination.** If noncompliance exists, the team determines the **S/S** of the deficiency.
- After the team declares to cite a tag, place a checkmark next to each resident who should be included in the citation from the dropdown list, and include the final severity and scope.
    - When determining S/S, refer to the severity and scope grid (click Select next to S/S), guidance on S/S, and the psychosocial outcome severity guide found in the Survey Resources folder.
    - For any tag cited at a G or J, mark the singular event box, if applicable. Refer to the info icon for the singular event definition.
    - For any tag cited at Immediate Jeopardy, identify the IJ start and end dates. Refer to the info icon for the IJ start and end date definitions.
    - If the evidence gathered during the survey for a particular requirement includes examples of various S/S levels, surveyors should classify the deficiency at the highest level of severity, even if most of the evidence corresponds to a lower severity level. For example, if there was a deficiency in which one resident suffered a severity 3, while there were widespread findings of the same deficiency at severity 2, then the deficiency would be classified as severity 3, isolated.
    - Past noncompliance may be identified during any survey of a nursing home. When a citation of past noncompliance is written, a nursing home does not provide a plan of correction as the deficiency is already corrected. However, the survey team documents the facility's corrective actions on Form CMS-2567. (Additional information about citations of past noncompliance is found at Chapter 7). To cite past noncompliance in the iQIES Citations, all of the following three criteria must be met:
        - The facility was not in compliance with the specific regulatory requirement(s) at the time the situation occurred;
        - The noncompliance occurred after the exit date of the last Standard (recertification) survey and before the survey (standard, complaint, or revisit) currently being conducted; and
        - There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s).
    - Document the Deficient Practice Statement, number of residents sampled and cited, or notes for the exit conference in the Opening Statement field. The appropriate **survey categories** such as recertification and complaint for each cited tag will be auto-selected.

  If the cited tag was associated with a complaint on the Offsite Prep screen, the complaint category will automatically be checked. Update the category as needed.

– If the team cites a tag at **SQC,** a warning will appear reminding you that an extended survey has to be conducted.

- If you **don't cite a tag,** ensure no residents are checked, mark Don't Cite and include a rationale.
  - If the facility failed to submit PBJ data, F851 will automatically be cited at an F-level. It should be an extremely rare circumstance when a facility is not cited if the PBJ data report indicates they did not submit PBJ data for the quarter. If the team thinks the facility should not be cited, the team coordinator must email NHStaffing@cms.hhs.gov. CMS will respond by the end of the next business day and copy the CMS location.
- If you want to **move the citation to a different tag:**
  - Mark Don't Cite.
  - Select the reason not to cite as, Move to another tag.
  - Click on the Select Tag button.
  - Place a check mark next to Select? For the correct tag.
  - Click Save.
  - To undo this action and return to the original tag, return to the Investigation screen and recite the original tag.
- If during decision making you receive additional information from the facility (e.g., an interview, a document relevant to a citation), enter the information in your investigation screen and edited text if appropriate. Any newly added text will pull forward to the potential citation screen.
- To assist with the Exit Conference, the TC may refer to the Cited tab on the Potential Citation screen.

Step 19: Exit Conference with Facility

- Conduct an exit conference with the facility administration/leadership to inform the facility of the survey team's observations and preliminary findings. Ask the Administrator to invite the Medical Director to the exit conference.
- Invite the ombudsman and an officer of the organized residents' group, if one exists, to the exit conference. Also, invite one or two residents to attend. The team may provide an abbreviated exit conference specifically for residents after completion of the normal facility exit conference. If two exit conferences are held, notify the ombudsman and invite the ombudsman to attend either or both conferences. If the ombudsman, officer of the resident group, or residents cannot attend in-person, they should be allowed to attend virtually via conference call or video conferencing.
- Do not discuss survey results in a manner that reveals the identity of an individual resident. Provide information in a manner that is understandable to those present, e.g., say the deficiency "relates to development of pressure ulcers," not "Tag F686." If the provider asks for the specific tag, you should provide this information, cautioning the facility that the tags are preliminary. Under no circumstances, should you provide the S/S for a given deficiency, unless it is an immediate jeopardy. If a provider asks if the noncompliance is isolated, pattern, or widespread,

you should respond with the facts such as the noncompliance was found to affect "X" number of residents (Ref: <u>S&C: 16-11-ALL</u>).

- Describe the team's preliminary deficiency findings to the facility and let them know they will receive a report of the survey that will contain any deficiencies that have been cited (Form CMS-2567).
- If an extended survey is required and the survey team cannot complete all or part of the extended survey prior to the exit conference, inform the Administrator that the deficiencies, as discussed in the conference, may be amended upon completion of the extended survey.
- During the exit conference, provide the facility with the opportunity to discuss and supply additional information that they believe is pertinent to the identified findings. Because of the ongoing dialogue between surveyors and facility staff during the survey, there should be few instances where the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.
  - If your state provides the sample list during the exit, click the Add Residents to Sample List in the header; ensure all residents who should be listed have a checkmark next to their name, select Download PDF, and then send the report in a secure method electronically OR print the report. States may also elect to send the Sample List with the CMS-2567.

Step 20: Create Citations

- Click on **Create Citations** on the Potential Citation screen.
- If any **tags are incomplete**, you will receive a warning.
  - The tags listed as incomplete will not move forward the citations of the survey from LTCSP;
  - Click Cancel;
  - Complete the F tags as stated in Step 18; and
  - Click Create Citations again.
- Edit the potential citation documentation following your state practice. The general objective of this section is to write the statement of deficiencies in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. For findings of past noncompliance and or current noncompliance indicate the data prefix tag and regulatory citation, followed by a summary of the evidence and supporting observations using resident identifiers. This documentation must be written in language specific enough to use to identify levels of S/S at the completion of the survey. If information was identified during confidential resident interviews, do not include a resident identifier when recording the source of the evidence. List the data tags in the order specified in the Code of Federal Regulations. The statement of deficiencies should:
  - Specifically reflect the content of each requirement that is not met;
  - Clearly identify the specific deficient entity practices and the objective evidence concerning these practice
  - Identify the extent of the deficient practice, including systemic practices, where appropriate; and
  - Identify the source(s) of the evidence, e.g., interview, observation, or record review.
- If SQC is identified but the **Extended survey is completed after the Standard survey,** documentation of noncompliance should be completed in the same survey. If a new tag is cited during the Extended survey, you can move the new tag by clicking the Create Citations button

on the Potential Citation screen. If the tag already exists in iQIES, you must copy and paste any new or updated information from Potential Citations into Citations of the survey.

Long Term Care Survey Process (LTCSP) Procedure Guide
Effective July 14, 2025

Attachment A: Sample Size, Recommended Team Size, Initial Pool Size, and Active Intake Size
This table shows the following survey expectations based on facility census size: recommended number of surveyors, maximum number of active intake residents that can be included in the initial pool and sample, expected initial pool size, and sample size. Also see "Note on Survey Team Size" below the table.

Facility Census	Recommended # of Surveyors	Max # Active Intake Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size #
1-8	2	5	All residents	All residents
9-15	2	5	All residents	8
16-19	2	5	16	8
20-48	2	5	16	12
49-52	3	6	24	13
53-56	3	6	24	14
57-61	3	7	24	15
62-65	3	7	24	16
66-69	3	7	24	17
70-90	3	8	24	18
91-95	3	8	24	19
96-100	4	9	32	20
101-105	4	9	32	21
106-110	4	9	32	22
111-115	4	10	32	23
116-123	4	10	32	24
124-128	4	10	32	25
129-133	4	10	32	26
134-138	4	11	32	27
139-143	4	11	32	28
144-148	4	11	32	29
149-153	4	12	32	30
154-158	4	12	32	31
159-164	4	13	32	32
165-169	4	13	33	33
170-174	4	13	34	34
≥175	5	14	40	35

*For facilities with a census from 149 to 174, if the survey team includes the maximum number of active intakes residents shown in the table, the total number of offsite selected residents combined with the active intake residents may slightly exceed the initial pool size

shown in the table. However, a review of survey data shows teams include more residents in the initial pool than what is required for larger facilities.

Note on Survey Team Size

The recommended number of surveyors shown in the second column in the table is for a typical standard recertification survey without any active intakes. We note that team size for an initial certification or annual recertification survey also will depend on other tasks that may need to be performed at the time of the survey (e.g., active intakes, licensure tasks, facility history of larger care concerns). Survey agencies should staff the team to promote an effective and efficient survey process.

The recommended number of residents to include in the initial pool is based on the recommended number of surveyors indicated in the table above. For example, if the facility has 32 residents, two surveyors can complete the survey. This means that there will be about 16 residents in the initial pool (eight residents per surveyor). However, States have some **flexibility** around the recommended number of surveyors for a survey. **If the SA sends more or fewer surveyors than what is recommended, the initial pool size stays the same** but the number of residents per surveyor will be adjusted.

- If a State decides to send **more than the recommended number of surveyors** (e.g., because the survey needs to be done in a shorter time period), then it is acceptable for the team to split unit assignments and distribute the expected initial pool size across the larger team.
  - Example: A facility has a census of 56. Three surveyors are recommended for the expected initial pool of 24 residents. The SA sends six surveyors instead of three. Each of the six surveyors then has four initial pool residents, for a total of 24 across the team.
- If a State sends **fewer than the recommended number of surveyors,** the smaller team also must adjust their initial pool numbers and have more initial pool residents per surveyor.
  - Example: A facility has a census of 125. Four surveyors are recommended for the expected initial pool of 32 residents. The SA sends two surveyors instead of four. Each of the two surveyors then has 16 initial pool residents, for a total of 32 across the team.

Attachment B: Policy for Including Active Intakes with Standard Survey

A maximum number of active intake residents that can be included in the initial pool and sample is designated for each facility census size. While SAs may now include a larger number of active intakes in the initial pool and sample (following the designated maximums), the system will still select offsite selected residents to include in the initial pool, and for surveys at most facility sizes, surveyors will still identify additional residents (although a lower number) to include in the initial pool based on screening results.

If a team is including more than the maximum number of residents named in active intakes (as listed in Attachment A) with the standard survey, those residents would be in addition to the initial pool and sample size. **In these cases, we expect either the size of the survey team to be increased, or the duration of the survey to be lengthened.**

The two exceptions to this policy are 1) if the LTCSP software selects a number of offsite-selected residents who also have an active intake that exceeds the maximum number of active intake residents to be included in the initial pool and sample per Attachment A. In this case, you do not have to remove the additional active intake residents from the offsite-selected residents since you would be including these residents in the initial pool; or 2) there is a general care concern that is not tied to a specific resident and would be addressed during the standard survey (e.g., the complaint is tied to a facility task or to a care concern -- for example, there is not enough water available for residents).

Complaints deriving from noncompliance with state licensure regulations would be operationalized separately. In other words, the complaints threshold has been developed to capture those active intakes that are associated with federally related activities that need to be completed. This does not change CMS' policy that noncompliance with federal Requirements of Participation must be evaluated under the federal survey process and cannot be surveyed only under state licensure requirements.