



*The 2017 Federal Nursing Home Regulations:  
A Person Centered Approach*

# Implementation of Phase 2- November 28, 2017

- F-Tag Renumbering F540-F949
- Providers must be in compliance with Phase 2 regulations
- Interpretive Guidance- focus on Person Centered Care
- Implement New Survey Process

# Person Centered Care

- Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.

# Phase 2 Regulation Changes

- Comprehensive Person Centered Care Planning
  - Baseline within 48 hours
- Quality of Life and Quality of Care
- Behavioral Health Services
- Pharmacy Services- psychotropic medications
- Infection Control and Antibiotic Stewardship

# Phase 2 Regulation Changes

- Administration- facility assessment
- Quality Assurance and Performance Improvements (QAPI Plan)
- Freedom from Abuse, Neglect, and Exploitation
- Admission, Transfer, and Discharge Rights- documentation
- Nursing Services- sufficient and competent

# Abuse, Neglect, Misappropriation, and Exploitation Changes

- F-Tags related to abuse

- F600 Free from Abuse and Neglect
- F602 Free from Misappropriation/exploitation
- F603 Free from Involuntary Seclusion
- F604 Right to be free from physical restraints
- F605 Right to be free from Chemical Restraints

- F-Tags related to abuse

- F606 Not employ/engage staff with adverse actions
- F607 Develop/Implement Policies
- F608 Reporting reasonable suspicion of a crime
- F609 Reporting of Alleged violations
- F610 Investigate/Prevent/Correct Alleged violation

# F838 Facility Assessment

- Requested during entrance conference
- Referred to if concerns about resident care

Facility Assessment training and tool

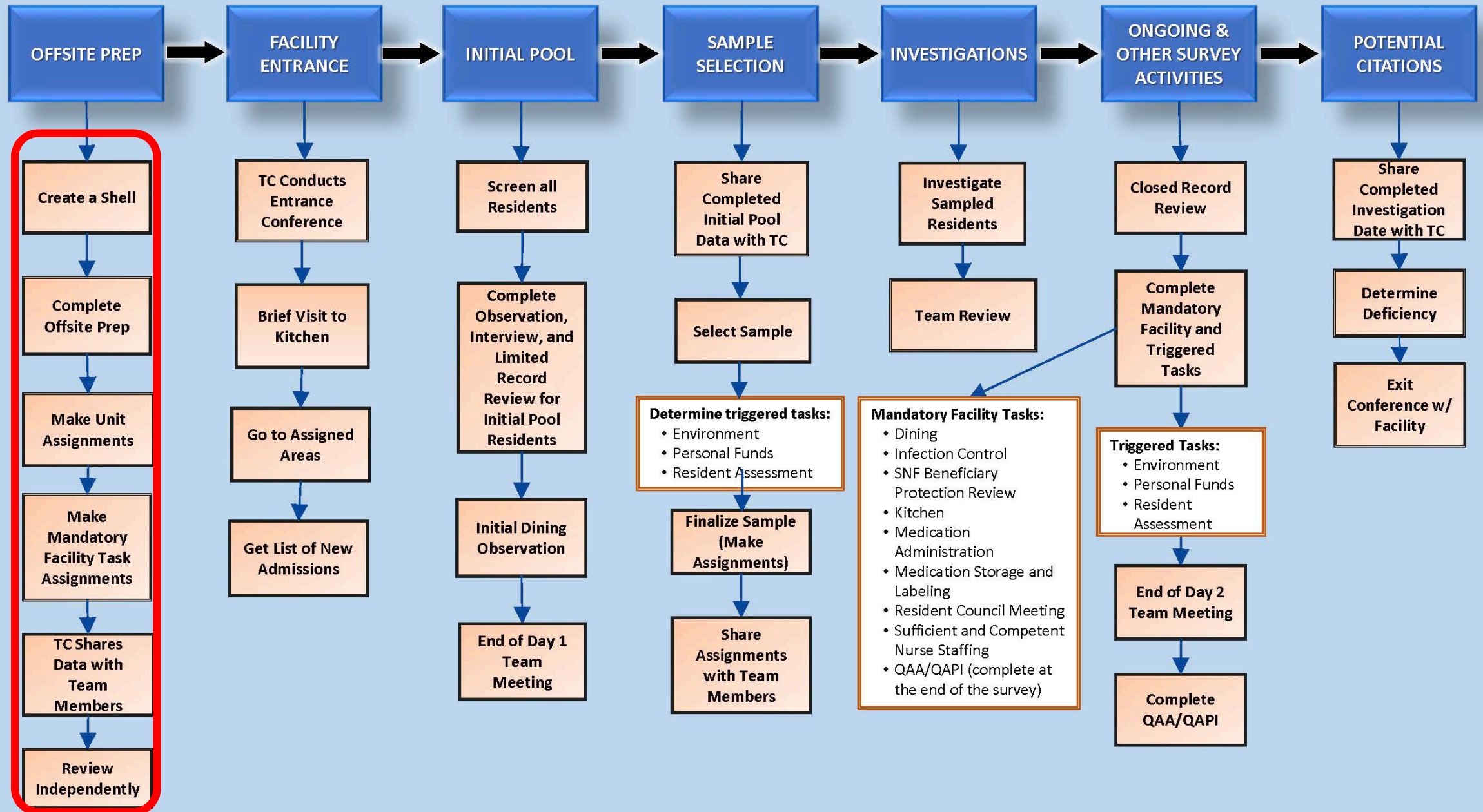
<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-09-07-Dementia-Care-in-Nursing-Homes-Call.html>

- Begins November 15, 2017 (E-Tags)
- Requires a Risk Assessment and Emergency Planning
- Surveyors will ask to see a copy of:
  - Entire integrated and unified emergency preparedness program and emergency plan
  - Policy and Procedures
  - Communication Plan
  - Training and Testing program
  - Proof of participating in a full scale community based exercise

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-04-27-Emergency-Preparedness.html>



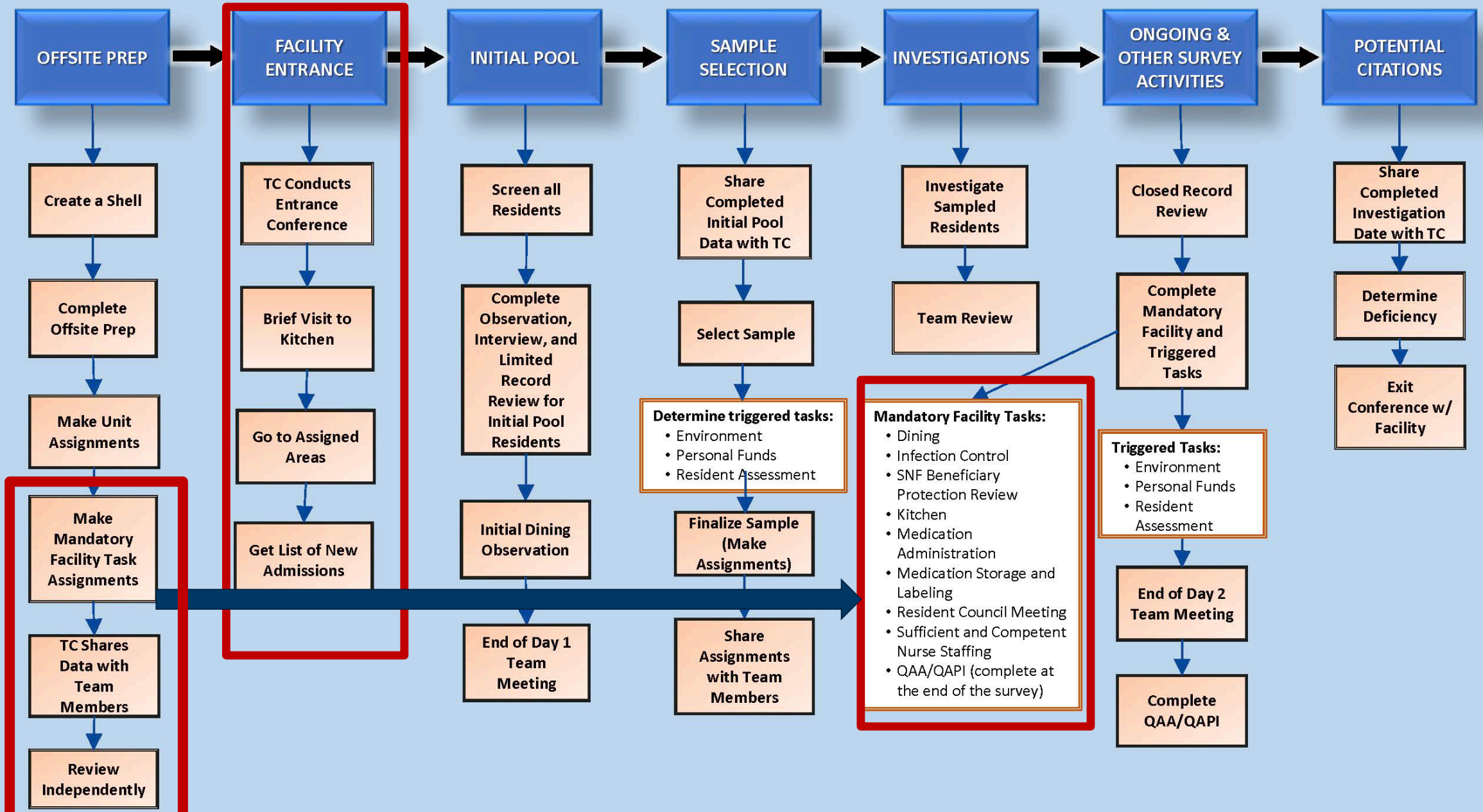
# Long-Term Care Survey Process



# Survey Team Preparation Prior to Entrance to Facility

- Review of any repeat deficiencies
- Note deficiencies from last standard survey
- Complaints
- FRIs (Facility Reported Incidences)
- Federal/State Waivers/Variations
- Active Enforcement Cases that should not be investigated
- Contact Ombudsman for any concerns
- Assign Surveyors to area of facility (helpful if room numbers added to MDS)

# Long-Term Care Survey Process



# Entrance Conference Worksheet

## ENTRANCE CONFERENCE WORKSHEET

### INFORMATION NEEDED FROM THE FACILITY **IMMEDIATELY** UPON ENTRANCE

- 1. Census number
- 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
- 3. An alphabetical list of all residents (note any resident out of the facility).
- 4. A list of residents who smoke, designated smoking times, and locations.

# Facility Matrix Example

Resident name	Resident Room number	Date of admit if in past 30 days	Alzheimer's /Dementia	MD ID or RC & no PASARR level 2	Medications: Insulin (1), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)	Facility Acquired Pressure Ulcers any stage	Worsened Pressure Ulcers any stage	Excessive wt loss w/o prescribed wt loss program	Tube Feeding	Dehydration	Physical Restraints	Fall, fall with injury, or fall w/ major injury	Indwelling catheter	Dialysis: peritoneal, hemo, in facility, off site	Hospice	End of life care/comfort care/palliative care	Tracheostomy	Ventilator	Transmission based precautions	Intravenous therapy	infections
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					

# Entrance Conference Worksheet

<b>ENTRANCE CONFERENCE</b>	
<input type="checkbox"/>	5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	6. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/>	7. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/>	8. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	9. A copy of an updated facility floor plan, if changes have been made.
<input type="checkbox"/>	10. Name of Resident Council President. <span style="background-color: #e6f2ff; border: 1px solid #ccc; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>
<input type="checkbox"/>	11. Provide the facility with a copy of the CASPER 3.



# Entrance Conference Worksheet

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

- 12. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
- 13. Schedule of Medication Administration times.
- 14. Number and location of med storage rooms and med carts.
- 15. The actual working schedules for licensed and registered nursing staff for the survey time period.
- 16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
- 17. If the facility employs paid feeding assistants, provide the following information:
  - a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;
  - b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;
  - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.

# Entrance Conference Worksheet

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

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



# Entrance Conference Worksheet

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.   |
| <input type="checkbox"/> | 26. Influenza / Pneumococcal Immunization Policy & Procedures.   |
| <input type="checkbox"/> | 27. QAA committee information (name of contact, names of members and frequency of meetings).   |
| <input type="checkbox"/> | 28. QAPI Plan.   |
| <input type="checkbox"/> | 29. Abuse Prohibition Policy and Procedures.   |
| <input type="checkbox"/> | 30. Description of any experimental research occurring in the facility.  |
| <input type="checkbox"/> | 31. Facility assessment.   |
| <input type="checkbox"/> | 32. Nurse staffing waivers.  |
| <input type="checkbox"/> | 33. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"><li>• Less than the required square footage</li><li>• More than four residents</li><li>• Below ground level</li><li>• No window to the outside</li><li>• No direct access to an exit corridor</li></ul> |

# Entrance Conference Worksheet

## INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

- 34. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled “Electronic Health Record Information.”

# Electronic Health Record Information Worksheet

## ELECTRONIC HEALTH RECORD (EHR) INFORMATION

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

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Pressure ulcers	
2. Dialysis	
3. Infections	

# Electronic Health Record Information Worksheet

4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	

# Electronic Health Record Information Worksheet

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

IT Name and Contact Info:

Back-up IT Name and Contact Info:

# Entrance Conference Worksheet

## INFORMATION NEEDED FROM FACILITY **WITHIN 24 HOURS OF ENTRANCE**

- 35. Completed Medicare/Medicaid Application (CMS-671).
- 36. Completed Census and Condition Information (CMS-672).
- 37. Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.

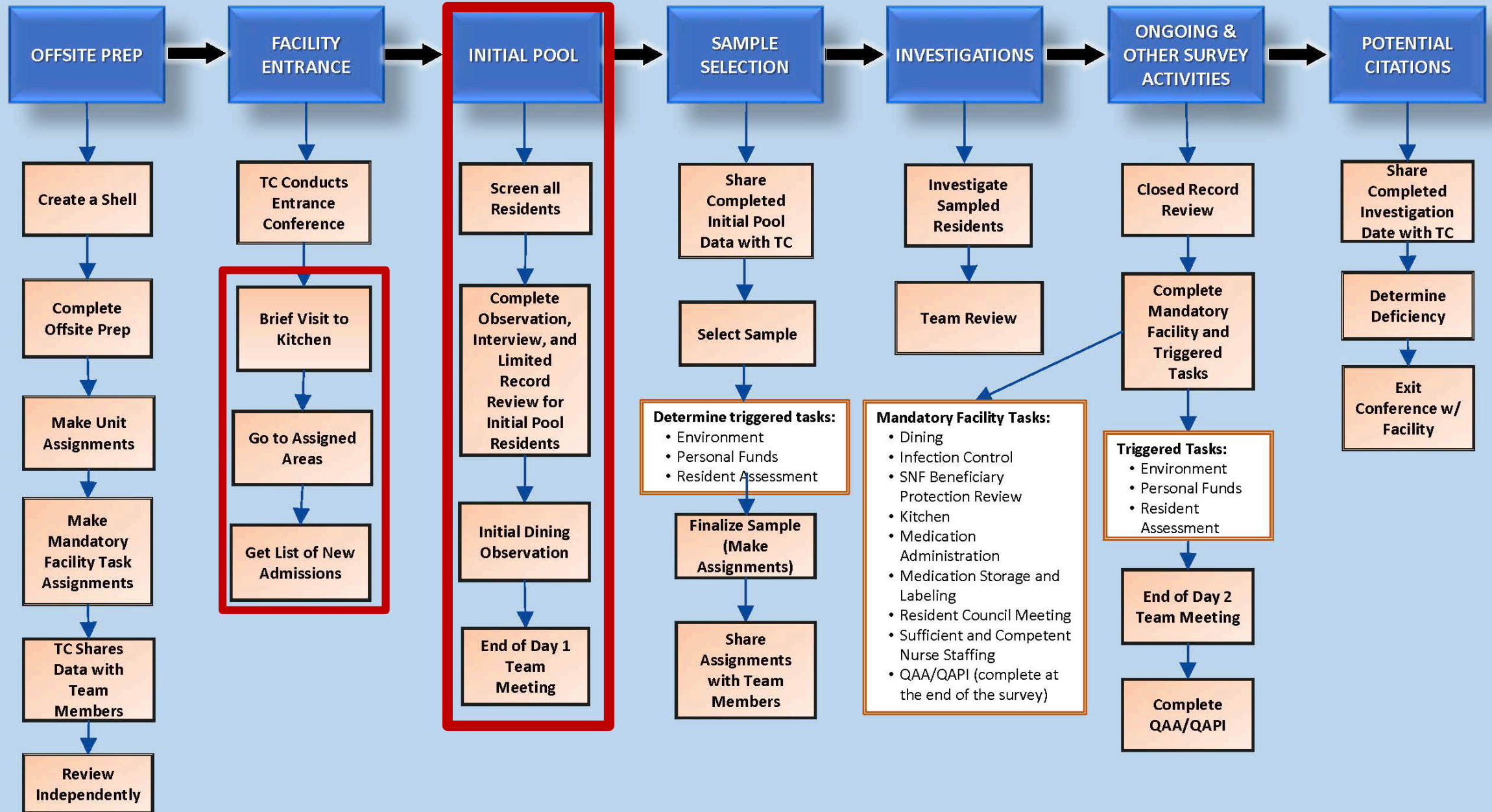
# Beneficiary Notice

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

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

	Resident Name	Discharge Date	Discharged to:	
			Home/Lesser Care	Remained in facility
1.				
2.				
3.				

# Long-Term Care Survey Process





# Initial Pool Process

- Surveyor request names of new admissions
- ALL of the facility's residents will be screened (done without staff present)
- Identify initial pool—
  - Offsite selected (70%)
  - Vulnerable
  - New admissions
  - Complaints or FRIs (Facility Reported Incidences)
  - Identified concern

# After Initial Pool has been selected-Resident Interviews

- Residents screened to determine interview status
- Suggested questions—but not a specific surveyor script
- Must cover all care areas
- Includes Rights, QOL, QOC
- Investigate further or no issue

# Resident Observation

- Care areas and probes
- Conduct rounds
- Complete formal observations as needed
- Mark investigate further or no issue

# Resident Representative/Family Interview

- Non-interviewable residents
- Familiar with resident's care
- 3 total- during initial pool or early as possible
- Mark each area as investigate further or no issue

# Limited Record Review

- All initial pool residents: advanced directives and confirm specific information
- If interview not conducted; review certain care areas in record
- Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer's or dementia, and PASARR

# Limited Record Review, continued

- New admissions-broad range of high-risk medications
- Extenuating circumstances, interview staff
- Investigate further or no issue

# High Risk Medications

- Antipsychotic
- Antianxiety
- Antidepressant
- Hypnotic
- Anticoagulant

- Antibiotic
- Diuretic
- Insulin
- Opioids

# Areas Covered in Interview/Observation

- Choices
- Activities
- Dignity
- Abuse
- Resident to resident interactions
- Privacy
- Accommodation of needs
- Personal funds
- Personal property
- Sufficient staffing
- Participation in care planning
- Community discharge
- Environment
- Food



# Areas Covered in Interview/Observation

- Dental
- Nutrition
- Hydration
- Tube feeding
- Vision and hearing
- ADL's
- Catheter
- Insulin/anticoagulant
- Infections
- Hospitalizations
- Falls
- Pain
- Pressure Ulcers
- Skin Conditions

# Areas Covered in Interview/Observation

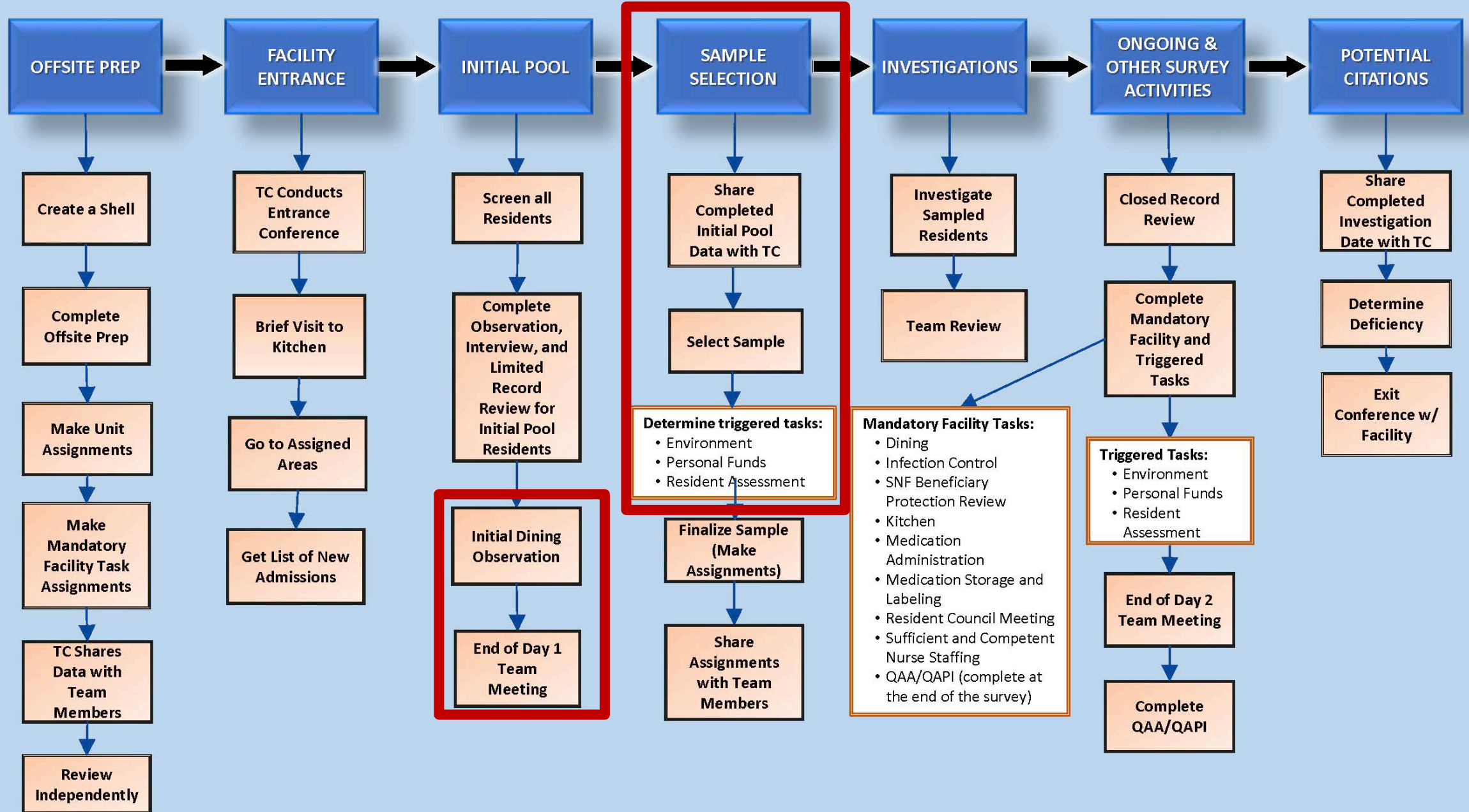
- Limited ROM
- Rehab
- Dialysis
- B&B incontinence
- Constipation/diarrhea
- Smoking
- Hospice
- Language/communication
- Mood/behaviors
- Restraints
- Accident hazards
- Unsafe wandering/elopement
- Call light in reach/functioning
- Edema

# Areas Covered in Interview/Observation

- Psych/opioid/anticoagulant side effects
- Positioning
- Vent/tracheostomy
- Other concerns

**\*\*Can mark: No issue; further investigate; harm; IJ; MDS Discrepancy**

# Long-Term Care Survey Process



# Sample Size Grid

Facility Census	# of Residents	% of Residents	Recommended # of Surveyors
1-8	All residents	100%	2
9 - 19	8	42% - 89%	2
20 - 48	12	25% - 60%	2
49 - 52	13	25% - 27%	3
53 - 56	14	25% - 26%	3
57 - 61	15	25% - 26%	3
62 - 65	16	25% - 26%	3
66 - 69	17	25% - 26%	3
70 - 90	18	20% - 26%	3
91 - 95	19	20% - 21%	3
96 - 100	20	20% - 21%	4
101 - 105	21	20% - 21%	4
106 - 110	22	20% - 21%	4
111 - 115	23	20% - 21%	4
116 - 123	24	20% - 21%	4

# Sample Size Grid

124 – 128	25	20%	4
129 – 133	26	20%	4
134 – 138	27	20%	4
139 - 143	28	20%	4
144 - 148	29	20%	4
149 - 153	30	20%	4
154 - 158	31	20%	4
159 - 164	32	20%	4
165 - 169	33	20%	4
170 - 174	34	20%	4
≥175	35	20% or less	5

# Sample Selection

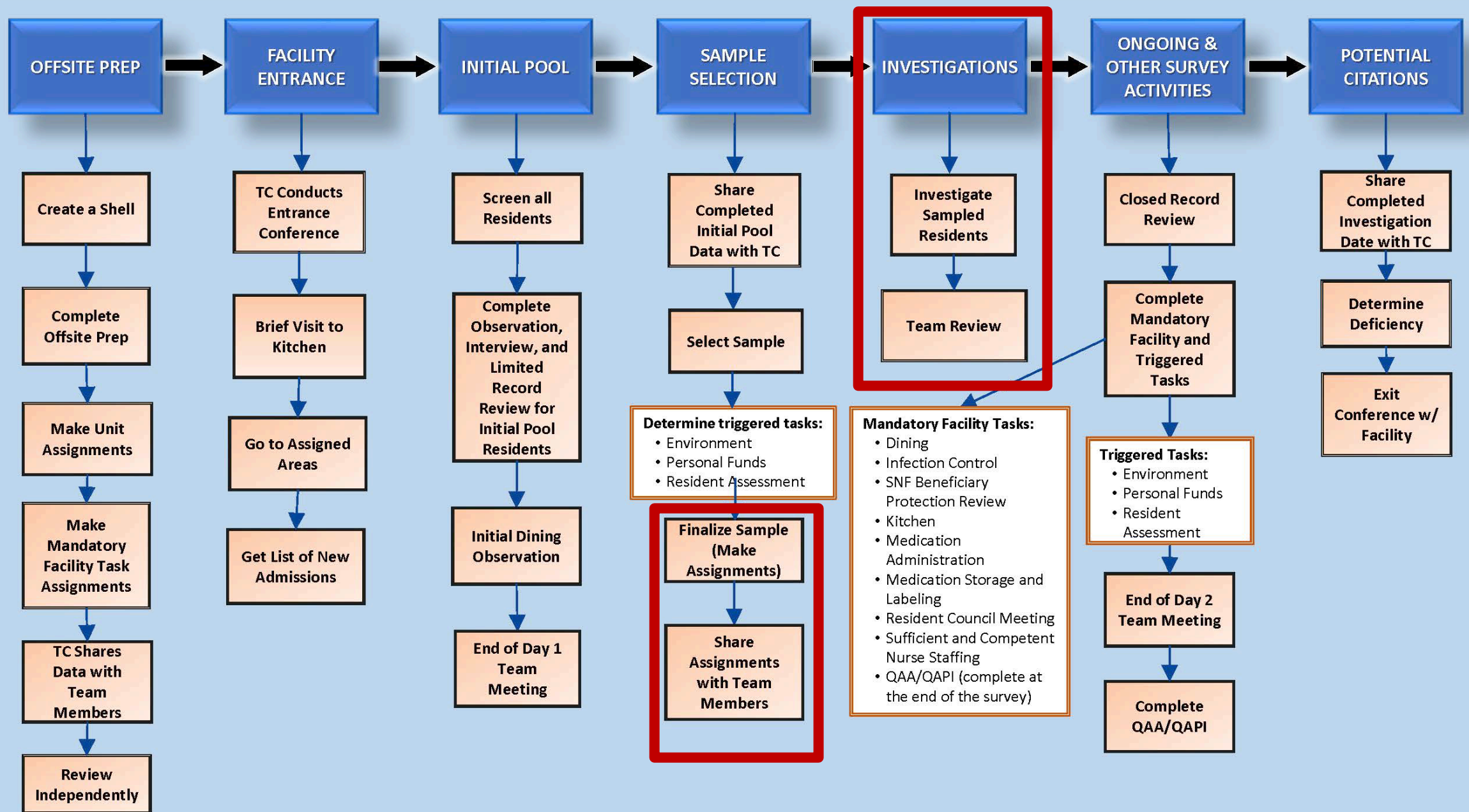
- Select sample
- Prioritize using sampling considerations:
  - Replace discharged residents selected offsite with those selected onsite
  - Can replace residents selected offsite with rationale
  - Harm, SQC if suspected, IJ if identified
  - Abuse Concern
  - Transmission based precautions
  - All MDS indicator areas if not already included

# Sample Selection- Unnecessary Medication Review

- System selects five residents for full medication review
- Based on observation, interview, record review, and MDS
- Broad range of high-risk medications and adverse consequences
- Residents may or may not be in sample



# Long-Term Care Survey Process



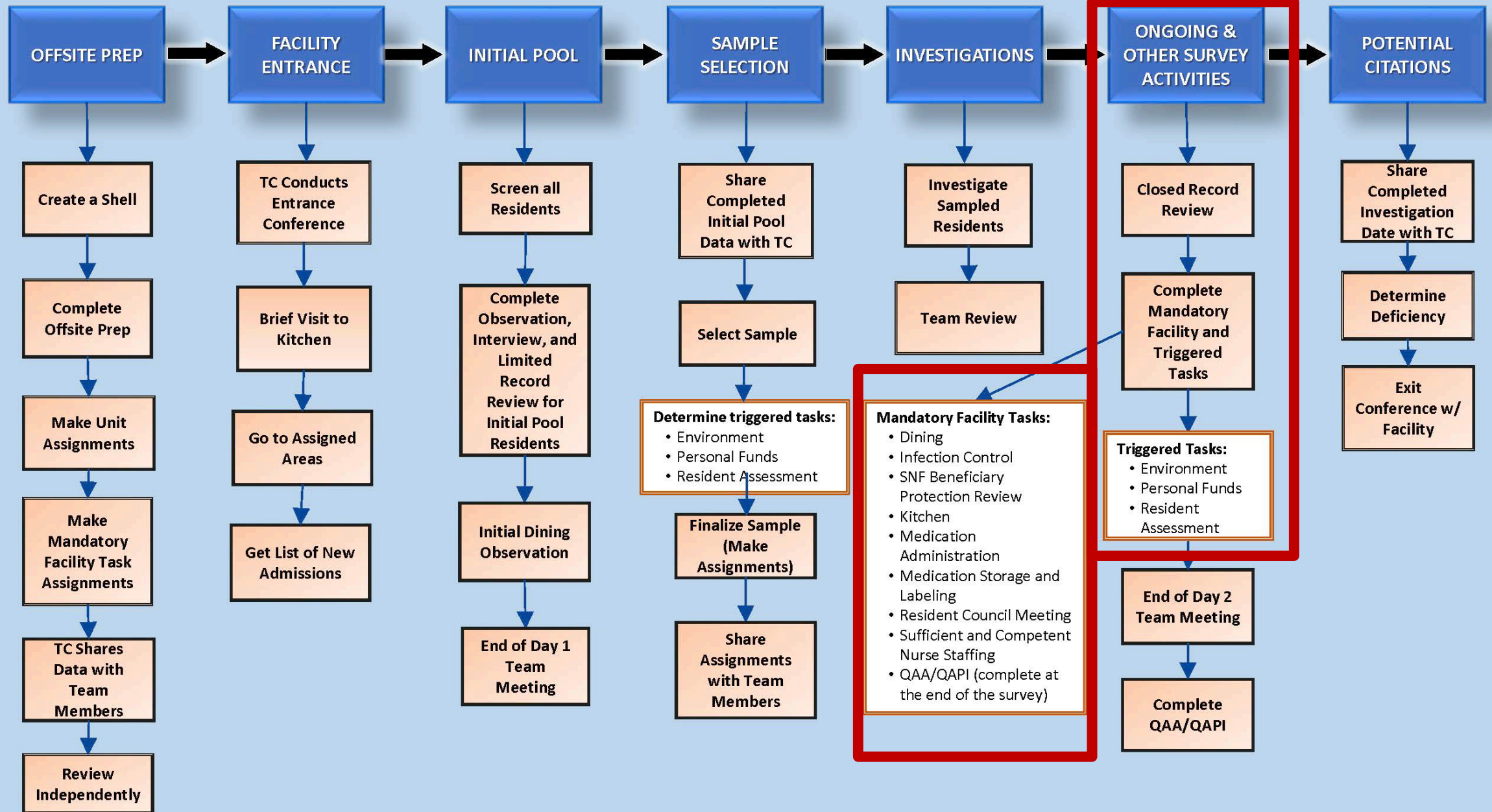
# Resident Investigations

- Observation, interview and record review
- Continuous observation as needed
- Use of Interpretive Guidance at appendix PP and Critical Element Pathways

# Critical Element (CE) Pathways

- Located at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- New: Community discharge; Dementia Care; Neglect; Sufficient and Competent Nurse Staffing & Resident Assessment
- Same: Personal Funds
- Revised: all remaining CE pathways

# Long-Term Care Survey Process



# Closed Record Review

- Completed during the investigation portion of the survey
- Unexpected death, hospitalization and community discharge in past 90 days
- System selected or discharged resident

# Mandatory Facility Task Investigation

- SNF Beneficiary Protection Notification Review
- Dining
- Infection Control
- Kitchen
- Medication Administration
- Medication Storage
- QAA/QAPI
- Resident Council
- Sufficient and Competent Nursing Staff

# Mandatory Facility Task Investigation

- SNF Beneficiary Protection Notification Review
  - 3 residents chosen from, “Beneficiary Notice-Residents Discharged within the Last Six Months”
  - New Worksheet, “Beneficiary Notification Checklist”
  - SNF Beneficiary Protection Notification Review Critical Element Pathway

# Mandatory Facility Task Investigation

- Dining
  - Each team member assigned dining area
  - If fewer surveyors than dining areas- most dependent residents
  - First meal upon entrance
  - Focus on Person Centered Care (dignity, home-like, self-determination, preferences, right to make choices)
  - Persons unable to make choices known- take steps to find out past preferences



# Mandatory Facility Task Investigation

- Infection Prevention, Control & Immunizations
  - The overall Infection Prevention and Control Program (IPCP)
  - The annual review of the IPCP policies and practices
  - The review of the surveillance and antibiotic stewardship programs
  - Tracking influenza/pneumococcal immunization of residents
  - Individual Resident Review who is on Transmission-Based Precautions

Infection Control and Response Program

<http://www.health.state.mn.us/divs/idepc/dtopics/icar/index.html>

# Mandatory Facility Task Investigation

- Kitchen
  - Initial brief tour
  - Follow up visits
  - Request of menus at entrance conference
  - Reasonable efforts to accommodate resident preferences (religious, cultural and ethnic needs, input from resident groups)
  - Qualifications of dietitian and other professionals
  - Guidance on food grown at facility, brought in by others

# Mandatory Facility Task Investigation

- Medication Administration Observation
  - 25 medication opportunities- as many different routes as possible
  - If possible, observation of those selected for the medication regimen review
  - Liquid controlled medication
  - Fentanyl Transdermal System
  - Crushed medications
  - Flushing of feeding tubes

# Mandatory Facility Task Investigation

- Medication Storage and Labeling
  - Half of of med storage rooms/carts (expand as needed)
  - Multi-dose vials & insulin pens (infection control)
  - Disposable methods for controlled medication (drug diversion)

# Mandatory Facility Task Investigation

- Resident Council Interview
  - Meeting minutes
  - Grievance policy
  - Surveyors choose who to invite
  - New questions for the group
  - Ombudsman will be invited

# Mandatory Facility Task Investigation

- Sufficient and Competent Nurse Staffing Review
  - Completed on every survey now
  - Ties back to most Quality of Care/Quality of Life investigations
  - Must ensure there are sufficient number of nursing staff who have the competencies to care for the facility's resident population- each individual resident needs- care plan.
  - Areas of competency must be assessed and evaluated by staff already determined to be competent in the skill area.

# Mandatory Facility Task Investigation

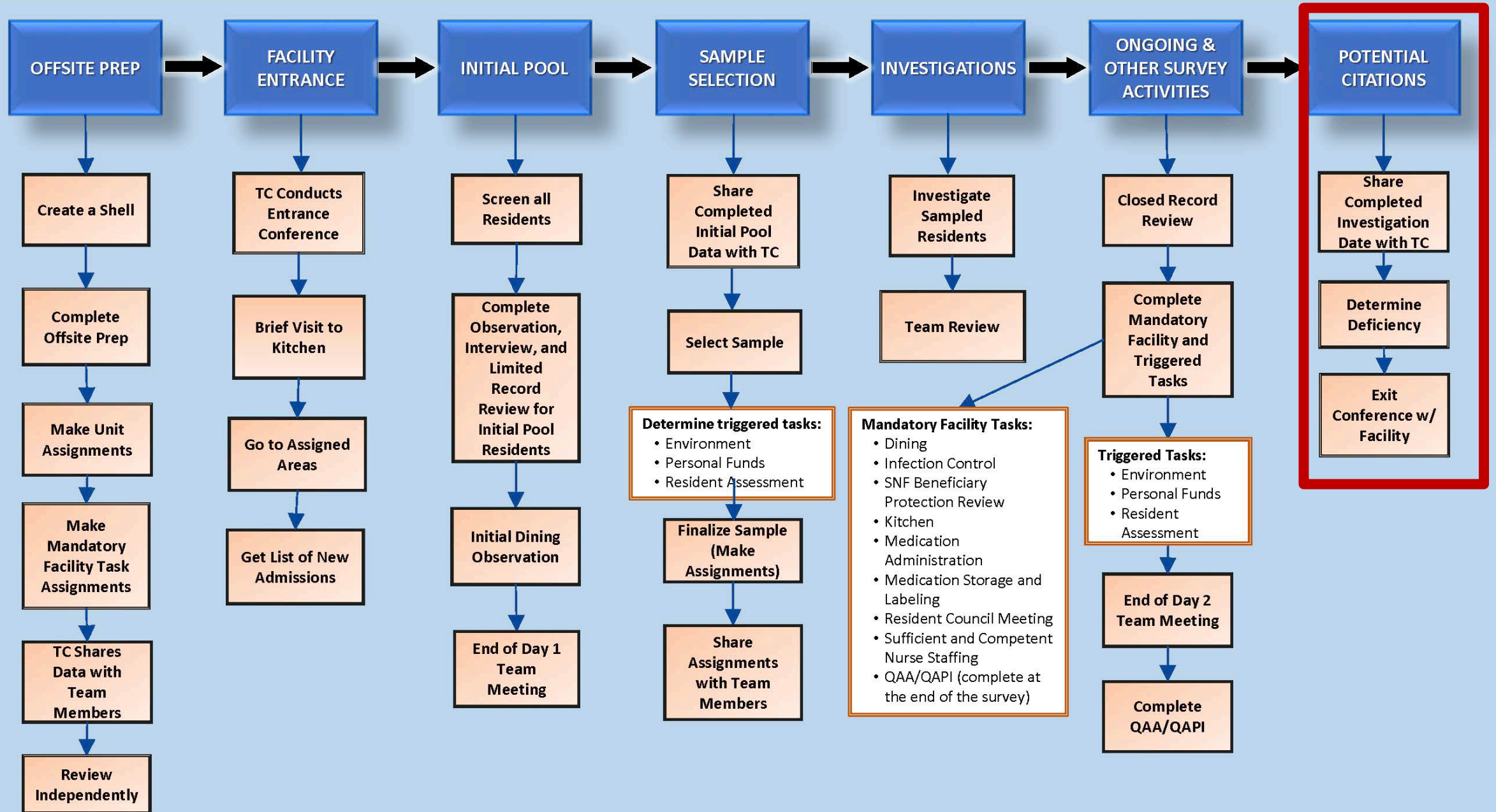
- QAA/QAPI
  - QAPI Plan will be requested at Entrance Conference
  - Task will be completed AFTER all investigations completed by survey team
  - If systemic concerns identified during the survey, the QAA minutes will be requested

# Triggered Facility Tasks

- Environment
- Personal Funds
- Resident Assessment (new item)
  - MDS not submitted
  - Surveyor notes potential discrepancy



# Long-Term Care Survey Process



# References

- State Operations Manual Appendix PP; List of Revised F Tags; New Long-Term Care Survey Process Slide Deck and Speaker Notes; LTC Survey Entrance Conference and Provider Matrix; LTC Survey Pathways all found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

- Federal CMS Nursing Home Regulation Resources; LTC Survey Process SME Videos

<http://www.health.state.mn.us/divs/fpc/cww/>

- Integrated Surveyor Training Website

<https://surveyortraining.cms.hhs.gov/index.aspx>

- Emergency Preparedness- appendix Z

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-04-27-Emergency-Preparedness.html>

- Facility Assessment training and tool

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-09-07-Dementia-Care-in-Nursing-Homes-Call.html>

Infection Control and Response Program (ICAR)

<http://www.health.state.mn.us/divs/idepc/dtopics/icar/index.html>

# Questions

Please contact our Health Regulation Division: [health.fpc-web@state.mn.us](mailto:health.fpc-web@state.mn.us) or  
651-201-4101.

**Or send questions to CMS**

[NHSurveyDevelopment@cms.hhs.gov](mailto:NHSurveyDevelopment@cms.hhs.gov)