

LTCSP Comparative Procedure Guide

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I. OFFSITE PREP

Step 1: Select a Survey

Policy

Survey selection will be objectively determined using criteria set forth by CMS and in accordance with all applicable laws, guidelines, regulations, and policies relevant to LTC programs. All comparative surveys must be performed on a recertification survey (with or without complaints) conducted by the State Agency (SA).

Purpose

To assure that surveys are objectively selected by criteria set forth by the CMS Baltimore Location and other CMS location staff.

Procedure

CMS has identified selection criteria for conducting comparative surveys. Each comparative survey should be selected for at least one of the reasons listed below:

Special State Agency Focus

1. District Office
2. Team Composition
3. 2567 Process
4. IDR Process
5. Revisit Survey Performance
6. Complaint Survey Performance
7. Comparative Survey Results
8. Specific Portion(s) of the Survey Process
9. Supervisor Request
10. Other Reason

Specific Facility Focus

1. Geographic Location
2. Number of Beds
3. Facility Type
4. Ownership
5. Chain Affiliation
6. Resident Characteristics
7. CASPER Data, including the PBJ Staffing Data report
8. MDS Data
9. MDS Indicator Facility Rate Data
10. No Prior Deficiencies
11. S/S Findings

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12. Substandard Quality of Care
13. Immediate Jeopardy
14. Enforcement History
15. CMP with Severity Level Survey G or above
16. Reported Complaints
17. State Ombudsmen Reports
18. Care Compare
19. Special Focus Facilities

Step 2: Schedule a Survey

Policy

Federal surveyors shall be available on both a scheduled and an as-needed basis to conduct comparative surveys.

Purpose

To ensure that Federal surveyors are available to assess SA's performance in the interpretation, application, and enforcement of Federal LTC requirements and evaluate facility compliance with Medicare and Medicaid requirements.

Procedures

- Comparative surveys will be initiated no sooner than 10 working days after the SA has completed the survey. Chapter 4 of the SOM at 4157D states that a comparative survey may be conducted within 60 days of the state survey. Whenever possible, the comparative survey should be conducted within 30 working days of the state survey to increase the similarity in MDS data between the state survey and comparative.
- To assist the SOG team in developing the survey schedule, the SA will provide the SOG team with the following:

Completed survey (closed and CMS-2567 issued) in the preceding four weeks:

- Facility name, location, and CMS certification number (CCN);
- Actual start and exit date and time of the survey (indicating if the survey was conducted during off-hours);
- Team size and composition; and
- Date the SA sent the CMS-2567 to the facility.

Facilities scheduled for surveys in the succeeding four weeks:

- Facility name, location and CCN;
- Size of the facility;
- Projected start date and time (indicating if the survey will be conducted during off-hours) and exit date of the survey;
- Team size and composition.

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The SA will provide the original four-week schedule by the third week of each month and provide any subsequent schedule changes to the CMS locations.

Once a survey is selected, the SOG team leader contacts the SA and requests the information listed below.

- Copy of the completed facility matrix (CMS-802) for all residents, including new admissions;
- If the SA completed a review of F888, request a copy of the documents used by the SA to conduct the F888 review, which includes:
 - List of contract companies;
 - List of contract staff working during the survey;
 - List of all staff sampled by the SA;
 - **COVID-19 Staff Vaccination Matrix;**
 - Other facility list containing staff vaccine information if facility did not use **Staff Vaccination Matrix;** and
 - **Staff Formula Spreadsheet** (if used), including NHSN data if verified.
- If the SA did not conduct a review of F888, please ask for the rationale and document in the note field. Note: SAs are not expected to conduct a full review of F888 if a full review was completed in the previous 6 weeks, and the facility was found to be in compliance.
 - **If the SA refused to conduct a review of F888, the federal surveyor/team would do a complete review.**
- Copy of any complaint information that pertained to the survey; and
- Copy of the floor plan.
- Copy of the PBJ Report (CASPER 1705D) that was used by the SA.

The SA should forward the information as soon as possible after the request, but not later than five working days before the comparative survey start date. The SOG team should not review the CMS-2567 issued by the SA prior to determining the facility's level of compliance based on the comparative survey.

Step 3: Create LTCSP comparative shell in ARO

- Create the LTCSP comparative survey shell in ARO according to your CMS location's practice.
- Complete the FMS Tracking in ARO to link the SA survey with the LTCSP comparative survey to ensure the SA survey exports with the comparative.
 - From the Tracking menu, select FMS Tracking.
 - In the FMS Tracking window: Click Add, then enter the CCN# (provider number) in the FMS Provider Selection window, or Click Find to locate the provider and insert the number.
 - Click OK in the FMS Provider Selection window, then select Yes to Confirm Provider.

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- In the FMS Add/Update screen, select A Comparative for the Type of Federal Survey.
- Select the appropriate Extent of Federal (FMS) Survey.
- Click Select in the State Agency Survey section. The Select Related State Survey window opens.
- Select the applicable State Agency survey. Click OK. The selected survey information appears in the State Agency Survey section.
- In the Federal Survey section, select Health. Click Select to select an existing FMS Health Survey shell or click Create to create a new shell.
- Select the appropriate FMS Health survey shell. Click OK. Or fill in the information in the Survey Properties window to define the FMS survey. In Survey Properties, code the Type of Survey as C=Federal Monitoring. The extent (if needed) should be marked as A=Routine/Std survey.
- If the State's LTCSP survey is not complete, you will receive an error that the FMS survey cannot be created until the State imports the completed survey to ACO. If this happens, you cannot complete the comparative. You should either select a different survey OR follow-up with the State to ensure they import the completed survey back into ACO. Once they have done that, you have to repeat this step.
- Add team members in ARO and designate the team coordinator.
 - Expand the facility's name.
 - Right click on the Event ID.
 - Select Team Roster from the list. It is recommended to add the team in ACO.
 - Select Update.
 - Check the box for each team member that will participate in the survey. Ensure each person has a check next to his or her name. Select **OK**.
 - Highlight the surveyor that is Team Coordinator (TC). Select Leader. The TC will have a diamond in front of their name.
 - Select Done.

LTCSP Application HELP

- Contact the designated SOG technical lead according to your CMS location's procedures for any hardware or software difficulties.
- If an "unhandled exception" error message occurs while using the LTCSP application OR you are having technical issues, make a screenshot of the message or technical concern. While still on the screen, press the Function [Fn] key and the Print Screen [Prnt Scrn] key. Open a new Word document and paste the screenshot [Ctrl+V]. Describe in the Word document the actions being completed just before the error message or technical concern. Send the document to your SOG technical lead.
- If the designated SOG technical lead is not available and the technical difficulty stops the survey process, contact the QTSO Help Desk (1-888-477-7876). Inform the Help

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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.

- To send Server Log Files to the QTSO Help Desk, in the LTCSP left-side navigator menu go to System, click on Email Server Log, use the drop-down next to Log File to select the date(s) of the concern, and click Save. If you have internet access, you will be directed to email the Log Files to the QTSO Help Desk. If you do not have internet access, save the Log Files to email at a later time.

Step 4: Export LTCSP comparative shell from ARO

- In ARO, export the shell according to your CMS location's practice (e.g., flash drive or via Direct Connect) as close to the survey start date as possible but no more than 5 business days before the survey start date so the exported shell has the most up-to-date Minimum Data Set (MDS) data.
 - If the survey shell has already been exported, you will see a warning. You should only overwrite the data if the survey start date has significantly changed (e.g., the survey was postponed or delayed) or if you originally pulled the shell more than 5 working days before the survey start date. Otherwise, you will always answer No to the warning to avoid overwriting the data.

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Note: The completed SA survey is transferred when a LTCSF Comparative survey shell is exported.

When the comparative shell is exported, the following SA information is included in the comparative shell:

1. The State's entire Resident List (any residents discharged since the SA survey will be marked as discharged in the comparative survey), which includes the final initial pool residents and any resident added onsite by the State team.
2. The following subgroups set by the SA (Offsite selected, new admission, complaint, or FRI), vulnerable and identified concern will not be pulled forward.
3. Complaint/FRI information, if applicable.
4. RRI/family interviews and contact information.
5. The facility census number and sample size from the State survey.
6. The sample and a comparison for areas marked for further investigation (FI) from the State survey.
7. The MDS data used by the State team. This ensures you will be looking at the exact same MDS indicators as the State.
8. The State information on the Offsite Prep screen.
9. The residents reviewed by the State for Beneficiary Notices, Dining (MDS selected residents only), Infection Control, Arbitration, and Resident Council.
10. Closed record and unnecessary medication residents.
11. The same resident IDs and room numbers.

Step 5: Import shell into ASPEN Survey Explorer (ASE-Q)

- In ASE-Q (also referred to as ASE), import the shell according to your CMS location's practice (e.g., flash drive or via Direct Connect).
 - Click on the **Import** button.
 - Insert the **USB drive** (if using).
 - Select **Other Zip File Location**.
 - Click on the binoculars.
 - Locate the shell.
 - Switch to **All Files** if you renamed the shell - The default file type is ASPEN Export (ASPENTx.zip).
 - Click the drop-down and select **All Files (*.*)**.
 - Double click on the survey shell.
 - Click **OK**.

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- Select **Continue with Import** in the Survey Import dialog box. If you select just the federal comparative survey, the SA survey will automatically be pulled in.
- During the transfer (both import and export), a **pop-up** will appear displaying the number of residents included in the shell (i.e., Residents Exported). This number is used by the SA to identify the **maximum number of complaints/FRIs that may be included in the initial pool** (Step 6 below) since the number is **indicative** of the facility census size.
- Click **Apply**.
- If there are Complaints or FRIs that will be investigated with the survey, they will appear under the SA event ID with a COMP or FRI indication.

Note: The team will have two distinct event IDs listed in the facility tree – one event ID represents the SA’s completed survey; the other event ID represents the comparative survey that you will conduct. In the SA event ID, you will not have access to the SA’s attachments, CE decisions, or potential citation decisions.

Step 6: Add team members in ASE-Q (if team composition changes)

Best practice is always to add team members in ARO, but you can add them in ASE-Q when necessary (e.g., team members were changed after the shell was exported or added later in the survey process).

- **Team composition changes:** Add them in ASE-Q when necessary (e.g., team members were changed after the shell was exported or added later in the survey process).
 - **If a new surveyor is added to the team** because a surveyor (TC or team member) does not return, follow the steps below. You will **not** be able to remove the outgoing surveyor from the team roster in ASE-Q since the surveyor has data. Note: 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.
 - TC receives data from all team members. Team members should not continue to work in the system until the TC shares data with the team to reflect the incoming surveyor. However, if the team members must continue to work in the system, the TC should receive the updated data before sending the consolidated data back to the team.
 - TC adds the new surveyor to the team roster in ASE-Q.
 - In ASE-Q, click on the appropriate alphabetical grouping
 - Click on the plus sign next to the facility name
 - Right click on the Event ID
 - Right click on **Team Roster**.
 - Click on **Update Team**.
 - Click on the Update button.

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- Place a **checkmark next to each team member's name**, when all survey team members are selected, click **OK**.
 - If you are adding more than one surveyor to the team, ensure each team member adds the names in the same order. Adding team members in ASE-Q in different orders could lead to duplicate resident IDs.
 - To confirm there are no issues, every team member should go to the data sharing screen in the LTCSP system and confirm the system ID (last column in the table) is the same for each team member. If not, in the System ID column for the applicable surveyor, double click on the inconsistent number and manually update the system ID number so they match.
 - TC assigns areas to the new surveyor using the Investigation Assignments screen.
 - Export the updated survey in ASE-Q for the incoming surveyor.
 - The incoming surveyor should **import** the survey in ASE-Q.
 - The TC shares data with the team in the LTCSP system to reflect the incoming surveyor and the updated assignments.
 - If **there** is a change within the team: **If the TC changes**, just change the TC designation in the team roster in ASE-Q. **Highlight** the name of the **TC (Team Coordinator)**, click **Leader** (a blue diamond will appear by the TC's name), then click **Done**. If a **team member leaves**, all team members should share their data with the TC, and then the TC should share the consolidated data back to the team after redistributing workload via the Assignments screen (if desired), or other team members can redistribute the outgoing team member's assignments accordingly on the Investigation screen.
- **Important:** The system will protect the data and not allow a team member to be removed if they have contributed any data to the survey.

Step 7: Access the survey

- There are two ways to access the LTCSP survey:
 - Right click on the Event ID and select LTCSP from the drop down menu.
 - Right click on the Event ID, select **Citation Manager**, and click the **LTCSP Survey button**.
- If you receive a warning message that the system is unable to connect to the server, click on the LTCSP button again and you should be able to access the LTCSP survey on the second try.

Step 8: TC completes offsite prep screen

- Click on Survey Preparation | Offsite Prep in the navigation menu.

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- Review the following information pre-populated from the SA's offsite prep screen:
 - Administrator's name and SA's survey exit date.
 - **CASPER 3** report for pattern of repeat deficiencies.
 - **Results of the last Standard survey.**
 - **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.
 - **Casper PBJ Staffing Data Report** for identified concerns regarding staffing. Compare and confirm that the SA information accurately reflects the concerns identified on the CASPER PBJ Staffing data report.

- The SA TC can enter concerns from different quarters using the drop-down box. *(The SA TC accomplishes this either through entering the information directly into ACO, which then carries over to the LTCSP, or by entering the information directly into the LTCSP.)*
- For Standard Recertification Surveys **without** a staffing related complaint/Ombudsman concern, the SA TC should have reviewed the **most recent quarter** of staffing data available.
- For Standard Recertification Surveys **with** a staffing related complaint/Ombudsman concern, the SA TC may have reviewed **previous quarters** reflecting a specific time period.

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

- **History of abuse** allegations, **patterns of abuse**, or **citations** since the prior standard survey.
 - Facility Federal **variances/waivers**.
 - **Any active enforcement cases** (resident/issues/dates/reason) (e.g., pending complaints already investigated that have a civil money penalty) that should not be investigated.
 - **Ombudsman** information. 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.
- Review the following system-generated information that is specific to the LTCSP comparative:
 - List of any offsite selected resident(s) not included in the SA initial pool and was not marked as discharged.
 - The SA facility census number, team size and initial pool size as compared to the recommended team size and target initial pool size. If the SA initial pool size is considerably lower or higher than the target initial pool size, answer Yes to the question, "Is there a concern with the size of the SA's Initial Pool?" and provide an explanation. For example, the SA initial pool size is 24 but the target initial pool size is 32. If the SA team size is 3 (recommended 4), the team may not realize that if the SA opts to send fewer surveyors than what is recommended the

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team is still responsible for including around 32 residents (the number of residents may be slightly more or fewer than the recommended initial pool size depending on the survey) in the initial pool (8 residents x the number of recommended surveyors).

- If the SA investigated **complaints or FRIs** with the survey, you will also complete the same investigations. Include the **maximum number of complaints/FRIs that may be included in the initial pool and sample based on the facility census size** (i.e., the SA facility census number on the offsite prep screen in Step 8). This information is shown in **Attachment A to the LTCSP PG** (The Sample Size Grid, Recommended Team Size, Initial Pool Size, and Complaint/FRI Size). If you are investigating on a survey 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 residents in the initial pool or sample. You will only investigate the allegations for these **additional** (i.e., more than the designated maximum number) residents.
- If the state survey was a combined complaint survey, the **active/outstanding complaints/FRIs** will include the following information from the SA survey: Intake ID with a link to notes entered in ACTS, Type (COMP or FRI), Complaint Resident Name from ACTS, LTCSP Resident selected by the SA along with the LTCSP areas investigated for each complaint, and an indicator if the complaint resident is also an offsite selected resident. Expand the intake ID (using the down arrow) to review the allegations with a link to notes entered in ACTS. State-only complaints will be identified as such. The system will identify (with a checkmark in the D/C column) any COMP/FRI resident discharged after the SA survey.
 - Review the intake ID notes and allegation notes to identify the concern.
 - Update the SA's information if you disagree with the LTCSP resident selected and/or the complaint areas identified in the LTCSP (expand each intake ID).
 - To update the LTCSP resident, use the drop-down box under LTCSP Resident-Room.
 - If the resident isn't listed in the LTCSP Resident-Room drop-down, add the resident to the resident list by clicking on the Add New Resident icon above the table (be sure to first check the Resident-Room drop-down, as you do not want to add the resident if the resident is already in the system). Mark complaint/FRI as the subgroup. Identify the surveyor who will be assigned to the resident for the initial pool. You do not need to add a room number or admission date at this time. Click Save. Once added, select the resident from the drop-down in the LTCSP Resident-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.
 - To update the LTCSP areas that require investigation based on the allegations.
 - For residents included in the initial pool with allegations that are covered by the initial pool and for general complaints covered by the initial pool, add the **Initial Pool Areas**. Select the drop down next to the complaint or

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FRI intake ID. Click on Add the Initial Pool Area and select the applicable Initial Pool Area for that complaint or FRI. Click on each Intake ID and allegation to review notes (see below for including the resident in a facility task, closed records, or directly to an investigation). Once added, the areas will be listed next to the Care Areas label in the drop-down menu. The initial pool areas identified 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 **Directly Add New Investigations** option. Once added, the areas will be listed next to the Investigations label. The resident and investigation will be displayed on the assigned surveyor's investigation screen.
- If the allegation is related to a mandatory or triggered **Facility Task**, 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 closed record area, which will be displayed on the closed record screen.
- Include the maximum number of complaint/FRI residents in the initial pool (refer to Attachment A for the maximum number) by placing a checkmark in the **In Pool** column and assigning the initial pool surveyor. The system will automatically assign the subgroup to Complaint or FRI.
- Review CDC, state/local public health information, if available, to be aware of the **COVID-19 status of the facility** including the level of community transmission.

Step 9: TC makes facility unit assignments

- **On the offsite prep screen, assign all units** equally across the team members using last year's floor plan.
 - 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.
 - 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 the paperclip icon on the far-right side and follow the instructions on the screen.

Step 10: TC makes mandatory facility task assignments

- **Assign mandatory facility tasks** by selecting Investigation | Facility Tasks from the Navigation menu:

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

Note: To enter data on a facility task screen, a surveyor must be assigned to that task. For those tasks where all team members need to enter data, assign to **ALL** (only the TC can assign to All). During the survey, if a surveyor is not assigned to a facility task and identifies a concern related to a specific task, the surveyor can add their name to that task.

- Infection Control Task Note: The SA is not required to verify the accuracy of National Healthcare Safety Network (NHSN) data unless there is a concern or complaint. If the SA verified the accuracy of NHSN data, **review NHSN data** by using the **SA's completed COVID-19 Staff Vaccination Matrix**.
 - On the infection control screen in the notes field (or on the pathway), document the **“reported for week ending on” date**.
 - Document the **Recent Percentage of Staff who are Fully Vaccinated** (do not round).

Step 11: TC prints documents

- **Print the following documents** (click the Reports icon – the clipboard without a pencil - on the right side of the screen or press **Alt+P**). If you are not printing the reports from the **LTCSP system**, ensure you are using the most recent version of the reports.
 - Facility Matrix (CMS-802) with instructions (1 copy of instructions, multiple copies of the blank matrix)
 - Entrance Conference worksheet (1 copy)
 - Beneficiary Notices worksheet (3 copies) – The worksheet is titled, “Beneficiary Notification Review” in the Reports window
 - SA's completed facility matrix (copy for each surveyor)
- From the **Survey Resources folder**, print the **COVID-19 Staff Vaccination Matrix with instructions** (1 copy of instructions, multiple copies of the blank matrix, applicable only for a full review of F888).

Step 12: TC shares offsite prep data with team members

The TC should **share the completed offsite prep data** with team members using the

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Data Sharing screen. **The Data Sharing Methods** instructions below **should be used for all data sharing throughout the survey.**

Data Sharing is always performed between the TC and team members. Team members cannot share data between themselves.

To **access the Data Sharing screen**, click on the **flash drive icon** on the right tool bar menu or use **ALT + D**.

DATA SHARING METHODS

Using the File method

- **IMPORTANT:** TC should always receive data from all team members before sending the consolidated data back to the team if the team members have updated information. If team members share data with the TC, make additional changes in their system, and then receive data from the TC without sharing their newly added information, any newly added information may be lost.
- Some data sharing steps only require the TC sending out data (e.g., offsite prep or investigation assignments), so the sharing of data from team members can be skipped. For example, the TC shares offsite preparation data to team members without needing to receive any data from team members.
- File used for data sharing can be written to a USB device, to a central location accessible by all surveyors, or to another location where it can be sent by secured email. The file browser will default to the USB device if one is entered and the desktop if no USB device is found.
- In order to send or receive data, team members need to be on the Survey Team Data Sharing screen.
 - To send data to TC, all team members should:
 - Insert a flash drive.
 - Click **Send Data**.
 - A file browser will open and default to the flash drive folder with the correct file name entered.
 - Click **Open**.
 - Message will confirm that data was successfully sent.
 - To receive team member data, the Team Coordinator should:
 - Insert the flash drive containing one or more files from the team members.
 - Place a checkmark next to the team members' names.
 - Select **Receive Data**.
 - The flash drive folder should automatically appear. If not, browse to the flash drive.
 - The title of the browser window will contain the name of the survey team member it is currently processing.
 - Ensure the correct flash drive is entered and the correct file for that surveyor is selected. File name will default to the correct name for the team member currently being processed.

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- Click **Open**.
- Message will confirm that data was successfully received.
- To **send consolidated data to team members** the Team Coordinator should:
 - Insert a flash drive.
 - Place a checkmark next to the team members' names.
 - Click **Send Data**.
 - The flash drive folder should automatically appear. If not, browse to the flash drive.
 - Click **Open**.
 - Message will confirm that data was successfully sent.
- To **receive consolidated data from the TC**, all Team Members should:
 - Insert the flash drive containing TC file.
 - Click **Receive data**.
 - The flash drive folder should automatically appear. If not, browse to the flash drive.
 - The TC's data file will automatically appear
 - Click **Open**.
 - Message will confirm that data was successfully received.

Using Secured Wireless method or using Wired method with a switch:

- If using other wireless network(s) during the survey (e.g., a facility provided network, VPN, or Cisco AnyConnect) ensure that all team members have disconnected from those networks prior to sharing data.
- All team members must be connected to the same secured wireless or wired router your state is using for data sharing.
- To ensure that all team members receive data from all the other team members, it is recommended that all team members share data through the TC at the same time. This may not be possible when a team member has to leave the survey but is recommended at all other times.
- The **Team Coordinator should:**
 - Ensure everyone is connected to the same secured wireless connection or plugged into the same wired switch.
 - Select all the team members' names you want to share data with.
 - Ensure the team members have a server defined:
 - Use the pull-down to find the team members' machine.
 - The **Reload Server List** button can be used to refresh the pull-down list
 - **OR** have entered the Machine Address (IP).
 - Enter the IP address exactly as it is written on the team member's machine.
 - Click **Share Data Now**.
 - The TC will receive a message noting each team member that successfully sent data to the TC and each team member that successfully received data back from the TC.

Using Secured Wired method using a cable to connect two machines:

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- If using other wireless network(s) during the survey (e.g., a facility provided network) ensure that all team members have disconnected from those networks prior to sharing data.
- Since this method involves connecting a single team member's machine to the TC at a time, multiple passes will be required to ensure everyone has received all data.
- **The Team Coordinator should:**
 - Connect the wire between a team member's machine and their machine.
 - Select the team member's name from the list.
 - Click **Share Data Now**.
 - The TC will receive a message indicating the team member was successful in sending data to the TC and the team member successfully received data back from the TC.
 - Repeat for each team member.
 - To send consolidated data back, perform the same steps as above but reverse the order of the team members.
 - You can skip the last team member since they have all team member data.

Note: **Surveyors should not export and import the survey shell in ASE-Q**. Instead, they should **share data within the LTCSP system**. The only time during the survey that an export is completed is when a team member is added to the team after the survey has begun and the TC exports the shell from ASE-Q to that surveyor.

Step 13: Team reviews offsite information

- **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 Preparation screen** including the details for any general complaint or complaint/FRI residents assigned to you.
- Ensure the current version of the electronic **Survey Resource Folder** is downloaded and saved to your desktop. The folder is located at:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>.
- **Supplies**
 - The team should bring a power strip with surge protector for use as needed (do not use an extension cord).

II. FACILITY ENTRANCE

Step 14: Enter the facility, reconcile the SA initial pool, and go to your assigned area

- **TC: Upon entering the facility, discuss with the Administrator information needed from the facility immediately, which are located on the Entrance Conference screen. Ask the Administrator** about any policies for entering/exiting special units.
- If the facility does not provide the alphabetical list of residents immediately, each

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team member should go to their assigned unit and get their resident roster. The team should then briefly **confirm the SA's initial pool residents are still in the facility** in the room indicated in the system.

- Go to the Resident Manager screen. The default view displays the SA initial pool residents.
- If a SA initial pool resident is discharged, the TC should remove the resident from the initial pool: 1) place a checkmark in the D/C column, or 2) change the IP Indicator to No.
- If the SA initial pool resident who was reviewed for smoking, dialysis, hospice, ventilator, and the two residents reviewed for transmission-based precautions are discharged, notify the team that at least one member of the team should include at least one resident for dialysis, smoking, hospice and ventilator, and at least two residents for transmission-based precautions (suspected or confirmed COVID-19 and/or non-COVID TBP). The SA qualified candidate information is displayed in the IP Indicator pop-up.
- If a SA initial pool resident is in a different room, the TC should update the room number in the system. Click on the Update Selected Resident icon (a gray person with a circular arrow) on the Resident List view or double click on the resident's name on the Card View.
- The TC should assign all in-facility SA initial pool residents to the applicable surveyor.
- The TC **should share the data with the team (refer to Step 12 for detailed instructions)**.
- TC: Conduct a brief **Entrance Conference** (under Survey Preparation | Entrance Conference in the Navigation menu) 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 reflect the current **date and time**, click on the **Set** button. You cannot change the date or time to an earlier time period.
 - Explain the purpose of the comparative (e.g., to evaluate the SA's performance) and that the SOG team is unaware of the SA's citation decisions.

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- **Cover** the remaining items on the entrance conference screen and ensure the administrator/facility representative understands what is needed.
- 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.
- Ask for the facility census number which should **exclude** bed holds) to verify the SA's census number seems reasonable.
- If the SA completed a review of F888, you do not have to ask the facility to complete a COVID-19 Staff Vaccination Matrix (or other comparable list) while onsite, since the SOG team will review the accuracy of the SA's staff vaccination information by using information provided by the SA.
- 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 bottom of the screen.
- Indicate whether the facility has asked a resident or his/her representative to enter into a **binding arbitration agreement**. If the response is Yes, the arbitration task will be triggered.
- 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.
 - Double click on Kitchen to open.
 - Review the guidance for each CE on the screen (applicable probe section is listed before the CE) or by using the Pathway button.
 - Document any concerns under the Notes section.
 - In tablet mode, use your stylus to document your kitchen observation just as if you were writing on a piece of paper.
- **All other surveyors: Go to your assigned areas** with the SA's facility matrix (after the TC has reconciled the SA initial pool residents).
- **If not already received, 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. You will know if the SA included a new admission in

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their initial pool since the new admission subgroup will be populated by the system.
Do not wait for the roster or matrices to begin screening residents.

III. INITIAL POOL PROCESS

Step 15: Briefly screen all residents in your assigned area and observe, interview, and complete a limited record review for initial pool residents

Overview:

The goal for the comparative initial pool process is twofold. You will determine whether the SA identified: 1) appropriate residents for the initial pool, and 2) appropriate concerns for the initial pool residents. To do this, you will include the SA's initial pool residents in your initial pool who are still residing in the facility and also screen all residents in your assigned area to ensure the SA didn't miss any residents for their initial pool (ensure the resident was residing in the facility at the time of the SA survey). In addition, you may also include a resident in the initial pool who has a significant concern that should be reviewed even if the SA would not have included the resident in their initial pool.

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

Screening:

The purpose of briefly **screening residents in your assigned area** is to determine whether you agree that the **appropriate residents were selected for the SA's 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 SA initial pool residents** still residing in the facility are to be **included in the initial pool**, and therefore do not need to be screened. If the SOG team's facility census is lower than the SA's facility census, you do not have to remove any complaint/FRI residents added during offsite prep. If the SOG team's facility census is higher than the SA's facility census, additional complaint/FRI residents may be included in the initial pool. The TC should update the information on the offsite prep screen (Step 8) and share the data with the team (Step 12).
- **Screen all other residents** to determine whether there was a better candidate who should have been prioritized for selection as part of the initial pool as onsite selected residents or whether there were any significant oversights.

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- If you identify a resident who should have been included in the SA's initial pool, include the resident in your initial pool.
- If you identify a significant concern for a resident even if the resident could not have been a part of the SA's initial pool (e.g., new admission after the State survey or a new concern since the SA's survey), include the resident in your initial pool.
- **If the SA team included 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. The SA team should have prioritized and included residents with a higher number and/or more serious concerns in the initial pool even if this resulted in a slightly higher initial pool workload.**
- Before you enter each room, **review the MDS indicators** which are the same as the SA (by selecting the Initial Pool (IP) Indicator option which is the colored lettered icon, to the left of the resident's name) **and SA and SOG matrix information** which may be different for the residents you will be screening in the room to give you a more complete picture. You also will know ahead of time if they are newly admitted residents and whether the SA had the same matrix information (since you will have the SA facility matrix and the SOG facility matrix).
- 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.
- If you identify a resident for the initial pool who is not in another subgroup (i.e., the resident is not offsite selected, complaint/FRI, new admission, or vulnerable), this resident will be included in the "Identified Concern" subgroup.
- 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 two illustrative examples for the brief screening:

- Resident A (who is not vulnerable or a new admission) 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. After introducing myself, I ask a few high-level questions (e.g., how long have you lived here; do you have any concerns with your care?). I would then ask about the food and weight loss. 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

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weight back. My screening is complete after a couple of minutes and I would not include this resident in the initial pool.

- Resident B (who is vulnerable) has MDS indicators for tube feeding, weight loss, ROM without services, and Alzheimer's with an antipsychotic. The matrix shows the same conditions. The resident's admission date in the system shows the resident was in the facility during the SA survey. The resident is observed sitting up in bed. The resident has bilateral hand contractures without splints. The resident is thin. The tube feeding is half full but not running. The same observations are made over the next hour. I would include this resident in the initial pool since the SA should have included the resident in their initial pool.
- During your screening, if you add a resident to your initial pool, you are required to change the IP Indicator to Yes and respond to the pop-up asking if the resident should have been included in the SA's initial pool. In addition, you may use the IP Indicator to help keep you organized during your screening.
 - All residents, excluding the SA's initial pool residents, will have a default IP Indicator set to Unknown (gray U) which means the resident has not yet been screened. The SA's initial pool residents will have a default of Yes (green Y).
 - If a SA's initial pool resident is discharged or 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.
- 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 has pressure ulcer – 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 Resident List and Card Views, click on the Surveyor Notes icon on the far right side of the screen and select the pushpin 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 "hx". The "hx" 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.

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- **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 a resident who is not include in the initial pool has incorrect information in the system (e.g., add a resident not listed, update room number or d/c status), you do not have to update the information.

Initial Pool Residents:

You will **complete observations, interviews, and limited 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 SA's initial pool residents still residing in the facility and any additional residents added if you think the SA should have included the resident in their initial pool or you have identified a significant concern for a resident.

When you are assigned to the SA's complaint/FRI residents, complete the interview, observation, and limited 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 (FI) 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 for the *Policy for Including Complaints and FRIs with the Standard Survey*.

- If an initial pool complaint resident is discharged, the TC should update the complaint areas on the offsite prep screen (e.g., change from the initial pool to a closed record or areas that go directly to the investigation). If the surveyor has completed any information in the system, the team member should share data with the TC before receiving the updated offsite prep data share to avoid losing any of the team member's data.

If there are too many residents in your area to include in the initial pool (e.g., too many residents who the SA should have included in the initial pool), 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 during the initial pool process.

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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 the SA's initial pool residents plus any other resident added to the initial pool as you encounter the resident during your screening**
 - **Conduct your room-to-room screening.** Complete the interview (if appropriate) and observation for the SA's initial pool residents as you encounter the resident. For other residents who are screened, immediately decide if the 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.
 - If you have about eight residents in your initial pool before you have screened all residents in your area, you must proceed with screening all remaining residents in your area and include any other appropriate residents in the initial pool.
- **Option B: Interview and observe the SA's initial pool residents first, then screen all other residents**
 - Conduct interviews and observations for the SA's initial pool 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 none of the SA's initial pool residents, and briefly screen all residents and decide immediately whether to include the resident in the initial pool as an onsite selected resident.
- Regardless of the approach you use, **look at the resident names** on the door or resident roster **before you enter a room.**

There are **two ways to view the residents** on the Resident Manager screen: Resident List (the screen is labeled as "Residents") or Card View (the screen is labeled "Incomplete Residents"). You can switch between these two views using the icon in the right upper corner of the screen.

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

- **Organizational Option 1: Assign additional initial pool residents to yourself as you identify them.**
 - Go to Interview | Resident Manager in the Navigation menu.
 - Change the filter to My Residents or All Residents.
 - Sort Residents by Room.
 - As you go room to room, if you add a resident to the initial pool, change the IP Indicator from Unknown (U) to Yes which will automatically assign you to the resident.
 - **Once the IP Indicator is Yes and you are assigned, that resident is included in your initial pool.**

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- 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 right side of the screen to avoid duplicating names. Enter the full first or last name in the Search box, click the magnifying glass; click the x to clear the search.
 - If you **accidentally duplicate a resident's name**, place a checkmark next to the name on the Resident Manager screen, click the Update Selected Resident icon, click Delete Resident, and then click OK. Ensure you use the resident name that was already included in the resident list since the resident will have 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 informing you to transfer the information to the correct resident.
 - If you include a resident in the initial pool and the resident is not listed in the Resident List, add the resident using the Add New Resident icon (a bright blue person with a plus sign) at the top of the screen. Do not add New Residents if they will not be in your initial pool.
 - Enter the resident name, room number, and admission date.
 - The system automatically assigns you as surveyor.
 - The system automatically assigns **New Admissions** as the **Subgroup**. Update the subgroup as necessary using the drop-down (e.g., the resident is newly admitted and vulnerable). Click out of the box or press Esc(ape) to close.
 - Change **IP Indicator** to **Yes**.
 - Click **Save**.
 - Use the drop down to respond to the question, "**Should the SA have included the resident in the initial pool?**" If Yes, provide the rationale (that will be shared with the SA) as to why the SA should have included the resident.
 - Click **Save**.
- After changing the IP Indicator to Yes, **select the appropriate subgroups** for the resident. The system will display some of the SA's subgroups (offsite selected, new admission, complaint or FRI). Update the SA's subgroups as needed. In **List view**: Click in the **Subgroup** drop-down for that resident; select all applicable subgroups; click out of the box or press esc(ape) to close. In **Card view**: Click the resident name; click **Subgroup** and select all applicable subgroups from the drop-down; click out of the box or press esc(ape) to close; click Save. When you select **Identified Concern**, all other subgroups deactivate and cannot be selected.
- If you need to update an initial pool resident's information (e.g., room number), click on the Update Selected Resident icon (a gray person with a circular arrow) on the Resident List view or double click on the resident's name on the Card View.

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- Double click on the resident's name to access the interview, observation and limited record review screens if using the Resident List view or select the RI, RO or RR icon for a resident if using the Card View. Note: the IP Indicator must be set to Yes in order to enter information on the RI, RO or RR screens.
- You are not required to discharge any resident (excluding the SA's initial pool residents) who is no longer in the facility. If you accidentally place a checkmark in the D/C column for a resident, the IP Indicator will change to No. You can remove the checkmark in the D/C column, if this was done in error and then you can include the resident in the initial pool again. If you have marked any area of concern (i.e., further investigation) for a discharged resident you will manually have to change the IP indicator to No if you want to remove the resident from the initial pool.
- **Organizational Option 2: Assign all other 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 Interview | Resident Manager on the Navigation menu.
 - Sort Residents by Room.
 - Filter to All Residents.
 - On the Resident List view, place a checkmark next to every resident in your assigned area. Assign yourself as surveyor for one checked resident and the system will automatically assign all other checked residents to you.
 - Filter to My Residents and use either the Resident List view or the Card view – as you go room to room and identify a resident that you do not want to include in the initial pool, you can
 - Remove your name from the resident (on the Resident List view) or drag the resident to the Unassign folder (on the Card view) which automatically changes the IP Indicator to No, or
 - Change the IP Indicator to No, which will automatically remove the resident from your assignment.
 - It is important to remove your assignment or change the IP Indicator to No from any resident who is not included in the initial pool.
 - As with Organizational Option 1, you are not required to discharge any resident (excluding the SA's initial pool residents) who is no longer in the facility. If you accidentally place a checkmark in the D/C column for a resident, the IP Indicator will change to No. You can remove the checkmark in the D/C column, if this was done in error and then you can include the resident in the initial pool again. You will manually have to change the IP indicator to No if you have marked an area for further investigation (FI) for a discharged resident.
 - Select all appropriate subgroups for residents added to the initial pool. The system will display some of the SA's subgroups (offsite selected, new admission, complaint or FRI). Update the SA's subgroups as needed.

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- Once the IP Indicator is changed to Yes, open the RI, RO and Limited RR screens for the resident. If using the Card view, click on the RI, RO or RR icon to access those screens. If using the Resident List view, double click on the resident's name to access the RI, RO, or RR.
- 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, filter to My residents to display residents assigned to you.
- The SA initial pool residents will have a "SA" label on the resident manager and RI/RO/RR screens.
- **Review the MDS indicators** (by selecting the IP Indicator or going to the RI/RO screen), the **SA and SOG matrix information** (when available), **PBJ staffing data** concerns, and **active complaint/FRI allegations**, whether a **SA RRI/family interview** was conducted (Yes under the RRI column on the Resident Manager screen), and whether the resident was a SA qualified candidate (IP Indicator) for **dialysis, hospice, ventilator, smoking, and transmission-based precautions (suspected or confirmed COVID-19 and/or for any reason other than COVID-19)** prior to entering the room. At least one resident who **Smokes**, one resident who is receiving **Dialysis**, one resident on **Hospice**, one resident on a **Ventilator**, and two residents who are on **Transmission-Based Precautions (suspected or confirmed COVID-19 and/or non-COVID-19 TBP)** should be included in the initial pool for the team if available. If one resident is on TBP for COVID-19 and TBP for a non-COVID-19 reason, it is acceptable to include just the one resident.
- **Complaint/FRI information** is flagged as "Complaint" with a link to the allegation details and is displayed under the MDS indicators and next to the applicable area. Allegation or intake notes can be copied and pasted into the applicable notes fields.
- The **complainant's phone number(s)** will display on the far right on the Complaint link details pop-up (you may have to scroll).
- **CASPER PBJ Staffing Data information** is flagged as "PBJ Staffing" with a link to the staffing details the SA entered on the offsite prep screen (i.e., specific staffing area of concern, notes, and staffing waivers). This information is displayed under the MDS indicators and "Complaint" link, if applicable and next to the Sufficient Staffing initial pool area.
- The facility should complete the facility matrix within four hours (check the conference room periodically). Once the **completed** matrix is received **from the facility**, each surveyor will **review the matrix** for residents in their assigned area to identify any substantial concern that should be followed-up. You also have the facility matrix that was provided to the SA

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for comparison (i.e., to see if a substantial concern was noted on their version of the facility matrix).

- If you have not already entered the applicable subgroups for the resident, you can do so on the Interview, Observation, or Record Review screens. Every resident in the IP should have at least one subgroup.
- 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 or whether the SA completed a RRI/family interview.
 - 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.
- **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, you can pull out the list of care areas on the right side of the screen by clicking the tab for the Care Area Menu. To **alphabetize the initial pool list** in the Care Area Menu, click on the Alphabetize Pullout icon. The order of the initial pool areas on the screen will remain the same for all your IP residents. The Care Area Menu will remain the same until the Alphabetize Pullout icon is de-selected.
 - 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 not display for residents who are non-interviewable, refuse, or are unavailable for an interview.
 - 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. A few care areas are not applicable for every resident (e.g., the resident doesn't have a catheter); skip such care areas when not relevant to the resident you are interviewing and place a checkmark in the No Issues/NA

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checkbox. Dialysis, Hospice, Smoking, and Transmission-Based Precautions have a separate NA option. If these areas do not apply to your initial pool resident, you will mark the distinct NA option.

- 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 hide the pre-identified suggested Interview questions by unchecking the Show Probe Text box at the bottom left corner of the screen.
- For any resident-expressed concern, ask follow-up questions to **determine if the concern warrants further investigation (FI)** or if it can be ruled out. Probing is critical so you only identify concerns indicative of potential non-compliance.
- **If a concern warrants further investigation (FI)**, select the Further Investigation (FI) checkbox and document the specifics of the concern in the Notes field. 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. **Highlight** information (e.g., reminder to follow up on an area) by using the highlight icon.
- When conducting an **interview with a resident from the SA’s initial pool**, if the resident expresses a concern, try to **determine if the concern was present during the SA survey** and/or whether the resident shared the concern with the SA. For example, the resident says he has been asking for five months to see the dentist and the facility hasn’t followed up. For any FI marked for a SA initial pool resident or for a resident added to the initial pool that was missed by the SA, answer Yes or No to the question, **“Was this concern present during the SA survey?”**
- If there is **no concern or a concern is ruled out**, select the No Issues/NA checkbox.
- You must **answer every care area** as either Further Investigation (FI) or No Issue/NA. For any Further Investigation (FI), include documentation regarding the specific concern that will help guide your investigation. Any resident interview or observation area marked as Further Investigation (FI) and the question asking if the concern was present during the SA survey was answered, is designated with an orange exclamation point (!) next to the Care Area and on the Care Area Menu. Any care area that has been marked as No Issue/NA will have a green checkmark next to the Care Area and on the Care Area menu.
- 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 Timestamp** icon (clock) or **Alt+T**.
- Enter the resident’s ID in the notes field by clicking on the **Insert Resident ID** icon (the person next to the clock) in the bar above the notes field or **Alt+R**.

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- 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.
- For nutrition, use the **Weight Calculator** to calculate % weight loss/gain. If you identify a weight loss/gain concern, add the dates in the Weight Calculator, then click on the Red X. To insert the weight information in your notes, click in the Nutrition notes field where the information should be inserted and then click the Paste Weight Calculator icon next to the font size which looks like a picture of a scale. The system will identify the weight loss or gain in your inserted note.
- When you have answered every care area in the interview (FI's require the question to be answered regarding whether the concern was present during the SA survey), you should receive a **green checkmark** on the RI icon. This is your indication that the **interview is complete**.
- 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 but you have a complete check on the resident observation (RO) and limited record review (RR) icons, you can place a checkmark next to **Complete** on the resident's interview screen or you can manually move the resident into the Complete folder. The system will warn you if there are missing responses and don't have a green checkmark on the RI icon when you manually move the resident into the Complete folder.
- If you **entered information under the wrong initial pool resident**, you can transfer part or all of your information to the correct initial pool resident. You can only transfer interview, observation, and/or record review data to an initial pool resident that has no data entered and is not assigned to another surveyor. If not assigned to you, the system will automatically assign the initial pool resident to you with the transfer. Open the Add/Update Resident dialog for the initial pool resident that you want to transfer data from:
 - From the Card view: Click the name of the resident.
 - From the List view: Select the resident and click the **Add/Update Resident** icon.
 - Click the **Transfer RI/RRI, RO, or RR Info to Another Resident** button at the bottom of the dialog box. You can only transfer responses between initial pool residents (i.e., ensure the IP indicator = Yes for both residents).
 - Click the down arrow for **To:** and select the name of the resident you want to transfer the data to.
 - Click the down arrow for **Types** and select the information you want transferred (i.e., RI/RRI, RO, and/or RR).

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- Click the **Transfer** button.
- Review the message stating how many items transferred.
- Click Ok.
- Once you have successfully transferred the data, review all notes and update the resident ID if it was added to a notes field.
- **Conduct the full resident observation (RO)** for all residents in the initial pool.
 - On the RI and RO screen, any observation care area not paired with an interview care area is displayed at the end of the interview section. Once the interview is completed, you also can use the RO screen, which just lists the observation care areas.
 - Probes listed for each care area *may be used as a guide* when conducting your observations.
 - Conduct rounds until you can answer all observation care areas with either No Issues/NA, Further Investigation (FI), or NA for hospice, ventilator, transmission- based precautions, and smoking.
 - If a concern warrants further investigation (FI), document the specifics of the concern in the Notes field.
 - When conducting an **observation with a resident from the SA’s initial pool**, try to **determine if the concern was present during the SA survey**. For example, a lap belt that was used during the SA survey. For any FI marked for a SA initial pool resident or for a resident added to the initial pool that was missed by the SA, answer Yes or No to the question, **“Was this concern present during the SA survey?”** You will receive an orange “!” for any area marked as FI.
 - 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.
 - 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).
 - If you want to collapse the care areas that have been completed, select the **Collapse Completed Care Areas** checkbox in the bottom left corner. Once you leave the screen, the care area completion will update or when you click the Collapse Now button.
 - Once you have **completed the observation**, you will receive a **green checkmark on the RO icon**. This is your indication that the observation is complete.
- **Conduct resident representative interviews (RRI)/family interviews.**
 - Conduct the **RRI/family interviews** using the same resident representatives or family members as the SA (if possible) so long as you deem the resident is non-interviewable. If you determine that the resident is in fact interviewable, complete a resident interview and try to determine whether the resident was interviewable at the time of the SA survey so you are able to follow up with the SA as appropriate.

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- 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 the SA completed fewer than three RRI/family interviews, reach the target number of three by completing RRIs/family interviews for non-interviewable initial pool resident(s) who have involved family.
- To access the RRI/family interview care areas, select **Non-interviewable** for the Interview Status and select the checkbox for **Representative Interview**. The SA RRI Contact Info will be displayed in the RRI Contact Info notes field.
- 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 Further Investigation (FI) will not carry forward automatically for investigation. Instead, you will have to initiate the areas for investigation by going to Investigation/Investigations and clicking on the icon with a plus sign at the top of the screen.
- 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 a limited 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.
 - Go to the RR screen for the resident by clicking on the RR icon in the upper left hand corner of the screen if you are in Resident View or on the RR icon on the resident's card if you are in Card View.
 - 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 a Potential for IJ) while you are identifying the RR areas.

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- Follow the RR screen to guide you in the record review. 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, or unavailable, review the record for the following information: **pressure ulcers, dialysis, infections, nutrition** (system can help calculate % weight loss), **falls** in the last 120 days since the SA survey, **ADL decline** in the last 120 days since the SA survey, **low risk bladder and bowel (B&B), unplanned hospitalizations, elopement and change of condition** in the last 120 days since the SA survey. Dialysis now has a distinct NA option. If your resident is receiving dialysis services, you should mark either FI or No Issues. Only mark the NA option if the resident isn't receiving dialysis services.
- 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 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 who did not have an MDS, 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 receiving an antipsychotic (high-risk meds), then a new record review item (i.e., **new schiz and antipsychotic**) will appear asking if the schizophrenia diagnosis is new since admission.
- If you **identify a concern for an area not listed on the RR screen**, add the applicable area using the drop down next to area titled, Additional Care Areas, in the header. Any newly added RR area will be listed in the Care Area Menu.
- When conducting the **record review for a resident from the SA's initial pool**, if you identify a concern, try to **determine if the concern was present during the SA survey**. For example, the resident has had multiple falls during the SA time frame. For any concern marked for a SA initial pool resident or for a resident added to the initial pool that was missed by the SA, answer Yes or No to the question, "**Was this concern present during the SA survey?**"
- If you have **answered every care area (system generated or added) within the record review** (and for concerns you've answered the question asking whether the concern was present during the SA survey), you should receive a **green checkmark on the RR icon**. This is your indication that the record review is

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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 for the RI or RRI/family interview, RO, and RR, the system will mark the resident as complete** and automatically move the resident into the Complete folder on the Card View or display a green checkmark next to the resident's name on the Resident List view.
- **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** (under the interview status) to ensure the resident is included in the sample. At any time during the survey, if immediate jeopardy 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, harm, 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, and that the situation in question need not be a widespread problem.
 - 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 SOG team 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 may use the writeable **"Immediate Jeopardy Template"** in the LTCSP Reports section.
 - In the Reports section, click on the "Immediate Jeopardy Template" icon to open the document.
 - Enter information into the template. Once you have entered some text, from the File menu, select **Save As** to save the PDF and automatically attach it to the LTCSP survey.
 - The **Save in recent folder** dialog opens. You must use the default directory.

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- Click **Save** in the **Save As** dialog and **Yes** to overwrite the file. The system automatically names the form with the Event ID and the surveyor ID (eventide-surveyorID-IJ_Template.pdf).
- Close the document and click **Attach** in the **File Open in Another Program** dialog. The system automatically attaches the document and lists it on the **Attachments** screen. Enter a description for the IJ Template on the Attachments list.
- If you close the template and **want to make changes**, use the **Edit** button on the **Attachments** screen. When you use **File – Save As** again, the system attaches the updated version of the document to the survey with a new date/time stamp.
- If you want to **add a new template** once you have already created and save one (e.g., more than one tag cited at IF), open a new template from Reports. Answer **Yes** to create a new document or **No** if you want to edit an already existing template. If you click **Yes** to create a new template, from the **File** menu, select **Save As** to save and attach a new copy of the template. To **help distinguish between multiple copies**, enter a description on the Attachments screen for each.
- Complete all resident observations, interviews and limited record review for the initial pool residents within eight to ten hours (e.g., by the end of Day 1 or beginning of Day 2).

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**, check to see if other team members need assistance. If not, continue making observations for your initial pool residents, begin the investigation for any complaint/FRI resident who was **not included** in the initial pool, or begin facility tasks (such as Resident Council Interview).
- To **share a resident** during the initial pool:
 - If the assigned surveyor has completed a portion of the resident, both surveyors (the assigned surveyor and the surveyor providing assistance) must share their data with the TC (follow Step 12 for instructions).
 - The TC then shares the data with the surveyor assisting.
 - Once the data is received, 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.
 - When the initial pool process is complete and data is shared with the TC, the TC will receive a warning message asking **who should retain the assignment** for the resident. Confirm with the team that the assignment should stay with the originally

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assigned surveyor. All responses and notes will merge and any area marked for Further Investigation will override a response of No Issue.

- **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 by the SOG team for nutrition, weight loss, or FIs related to dialysis.
 - Go to Investigations – Facility Tasks in the Navigation menu (ensure you are assigned the task; if not, add yourself to the task) – double click on Dining to access the investigation screen.
 - Expand the Use, Instructions and CEs to use the investigative probes on the screen to guide your investigation OR you can click on “Pathway” 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. If dining rooms are not being used during the PHE, determine whether residents are receiving assistance and ensure observation of room tray delivery.
 - Observe the beginning of the first scheduled full meal and enough of the dining experience for all residents to adequately identify concerns.
 - Use the Notes field for your documentation regarding dining. To see a full screen display of the Notes field, click on the center icon in the blue Expander bar above the Notes field.
 - In tablet mode, 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 screen if the resident had an MDS indicator or you marked further investigate for nutrition/hydration concerns (this is the same list displayed for the SA). 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 report for the facility, click on the **Add Resident** icon in the upper right corner OR add the resident’s ID in the Notes field using **Alt+R** or the person icon (next to the clock icon).

Step 16: Share data at the end of each day

- **At the end of each day, share your data with the TC** prior to the team meeting using the Data Sharing screen. Click on the flash drive icon on the right side of the

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screen. Follow the data sharing instructions in Step 12. If a surveyor is restricted to a specific area of the building (e.g., COVID unit or cohorting), the surveyor should not be physically present with any team member. The surveyor should meet virtually or by telephone (on his/her own) with the team throughout the survey. In that case, the team will have to retrieve that surveyor's data securely (e.g., through email).

- For team members to follow along on the team meeting screen, the **TC should share data** with the team. To increase the effectiveness of the team meeting, we highly recommend team members have access to the same information as the TC to follow along.
- **Following the meeting, the TC should share all team members' data with each team member** so every surveyor has all survey data (in case of team composition changes). If team members share data with the TC, make additional changes in their system, and then receive data from the TC without sharing their newly added information with the TC, any newly added information will be lost.

Step 17: End of Day 1 team meeting

- Meet for 15 to 30 minutes at the end of Day 1.
- It is important for the TC to receive all team member's data prior to the team meeting.
- 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.
- If the team members wish to review the team meeting information, the TC should send the data to each team member. After each team member has received the data; team members should click on the reports icon and then Run Team Meeting Notes.
- The TC should cover the areas listed on the Team Meeting screen – Initial Pool (Go to Team Meeting in the Navigation menu).
- There are a number of areas that are system-populated and updated each day (after all team member's data is received) to assist the TC in the discussion. The TC should still **discuss the system-populated items**. If the team has different information than the system-populated information, enter the information under the Notes field. The TC should ensure that the following information is covered and the TC includes notes from each team meeting in the notes field.
- The following questions have **information provided in the system** that the TC should discuss with the team:
 - If the SA discharged any of their offsite selected residents, the names and discharge location will be listed.
 - If the SA failed to include any offsite selected resident in their initial pool, excluding any offsite selected resident who was discharged, the names will be listed.
 - Review the list and ensure at least one of the SA's residents were included in the SOG team's initial pool for dialysis, hospice, ventilator, and smoking, and at least two residents who are on transmission-based precautions (COVID-19 and/or non-

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- COVID-19 TBP), if applicable. If one resident is on TBP for COVID-19 and TBP for a non-COVID-19 reason, it is acceptable to include just the one resident.
- Confirm the residents listed in the SOG team's initial pool is accurate. If a resident is listed who shouldn't be in the initial pool change the IP Indicator to No or unassign your name from the resident on the Resident Manager screen. For any unassigned resident who was also in the SA initial pool, you must assign a surveyor to the resident so he/she can complete the RI/RO/RR screens or discharge the resident if applicable.
 - How much work does each SOG team member have left to do?
 - Any harm, SQC, or IJ concerns for the SOG team?
 - **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 initial pool notes), refer to the Resident Marked for FI by Care Area Report. **CASPER PBJ Staffing Data information** is flagged as “PBJ Staffing” with a link to the staffing details.
 - Number of SA and SOG team completed RRI/family interviews.
- The system **does not automatically provide information** for these questions:

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- If the SA did not complete at least three RRI/family interviews, was it feasible for the SA to have completed at least three RRI/family interviews (e.g., the SOG team was able to complete the minimum with interviewees who visit daily)?
- What is the status and pertinent information for complaint and FRI residents?

IV. SAMPLE SELECTION

Step 18: Share Completed Initial Pool Data and TC Confirms Initial Pool Data is Completed

- When you complete the initial pool process, share your data with the TC using the Data Sharing screen. Click on the flash drive on the right side of the screen. Refer to Step 12 for instructions. **All data must be shared before selecting the sample.**
- If not reviewed during the initial team meeting, **confirm the residents included in the initial pool are accurate** by reviewing the Day 1 team meeting screen. 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.
- Open the **Initial Pool by Resident report** and **confirm a subgroup was added for every initial pool resident.** If a resident does not have a subgroup, the TC can add the subgroup on the Resident Manager screen.
- Review the team meeting screen and **ensure all initial pool work has been completed** under the system populated section titled: How much work does each SOG surveyor have left to do?
- If there is incomplete work, the surveyor should complete the initial pool work, and then share the data with the TC.
- Any changes that are made to an Initial Pool Resident's information needs to be shared with the TC (follow Step 12 for instructions).

Step 19: Finalize the Sample and Make Investigation Assignments

- Once the initial pool process is finished and the data is shared with the TC, meet for an hour, on average, to select the sample. Each team member should use their Comparative PG and follow the steps outlined to help the team follow the sample selection process. Select **Finalize Sample** in the navigator.
- The team will complete an in-depth investigation for all 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 sampled residents.
- The sample should include only active residents.
- SA 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.

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- Discuss the triggered task concerns as a team.
- As you discuss concerns for each sample resident, determine if any concerns may indicate staffing concerns.
- **Complaint/FRI residents:** The team may 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 not be displayed as read-only on the sample screen). Surveyors will only investigate the allegations for the complaint/FRI residents above the maximum number shown in Attachment A for each facility census size. The team should ensure that three residents are sampled for each of the care area(s) being investigated for the COMP/FRI residents.
- The **SA's facility census number** will be displayed. Make sure the SA facility census number is reasonable (e.g., if you have 90 residents in the facility and the SA only entered 60 residents, you may want to follow up with the SA regarding this discrepancy).
- Click on the **Start Sample Finalization** button.
- To **refresh the screen**, use **ALT+U** if the TC pushed the Start Sample Finalization button before completing the initial pool and receiving all surveyors' data. Do not use **ALT+U** once any changes have been made to the sample (e.g., residents added, sampled areas adjusted). Once the TC finalizes the sample, **Alt+U** will not work.
- The system will display the five SA residents selected for an **Unnecessary Medication review**.
 - Confirm the residents selected for the medication review are still in the facility. If a SA resident that was selected for an Unnecessary Medication review has been discharged, you will need to replace the discharged resident. To remove the resident, on the Finalize Sample screen, click on the red "x," and a pop up will appear with the name of the individual that will replace the discharged resident.
 - Click on the "Yes" link in the Unnecessary Med column on the sample screen to determine if there are any differences between your responses and the SA (e.g., the SA indicated a resident was receiving an antipsychotic but the medication was discontinued before your survey so you marked that the resident was not receiving the medication).
- The TC should **share the data** with team members using the Data Sharing screen (refer to Step 12 for instructions). Team members will be able to view, but not alter, the Finalize Sample screen.
- Return to the Finalize Sample screen.
- Description of 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, initial pool

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residents with an FI associated with triggered task(s) or SA residents added to the arbitration task if triggered, sufficient staffing and infection control (for TBP and Infections [not UTI, Pressure Ulcer, or Respiratory]), SA closed record residents, SA unnecessary med residents, and any initiated area such as complaints that went directly to the investigation screen.

- To assist with sample selection, all resident information is expanded to facilitate the team discussion of specific concerns. After a resident is discussed, close the resident section.
- If you added a resident to the initial pool and indicated that the SA missed the resident, you will see the label, “SA Missed” under the “Missed Resident?” column. To review your notes, select “SA Missed.”
- If the resident was included in the SA initial pool, there will be a “SA” label in the “SA Initial Pool” column.
- If the resident was included in the SA Sample, there will be a “Yes” in the “SA Sample” column.
- The following labels will be displayed for the initial pool areas: SA or COMP-SA (both the SOG team member and SA marked FI), Missed FI or COMP-Missed FI (the SA didn’t mark FI and the SOG team member said the concern was present during the SA survey), or there won’t be a label which means the SA didn’t miss the concern.
- The **concern areas** (e.g., FIs, closed records, or initiated investigative areas) for a resident have a **Y listed under the Included in Investigation** column.
- To review your **initial pool notes** and the **reason Infection Control triggered**, select the care area or facility task.
- 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.
- To **transfer your initial pool notes to a different area** for the same resident, ensure both areas are listed. If not, add the area by selecting the Modify Care Areas button. 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** label (COMP/FRI) will display next to the resident and complaint/FRI care areas. If a complaint allegation is specific to a facility task, the complaint label is listed for any resident who triggered the task; however, the complaint label will be bolded for the complaint resident. A **facility task label** (TASK) will display next to triggered tasks, sufficient staffing, and infection control if at least one resident has an FI. A **closed record label** (CR) will display in the Sample column.
- Click on the resident’s name to see other subgroups that may be listed in addition to the COMP/FRI subgroup you can already see for the resident.
- 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).

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- The **Care Area Menu** only displays areas of concern. The Menu is organized by Investigative Area (e.g., Accidents). Listed below the Investigative Area, you will see an indented list of the initial pool areas that are mapped to the Investigative Area (e.g., for Accidents, the IP areas are: Falls, Elopement, Smoking, and Accident Hazards). Only the IP areas that have been marked as a concern are shown on this menu. If you need to **access the icons in the right pane** (e.g., surveyor notes), close the Care Area Menu.
 - Each Investigative Area displays: 1) the number of residents included in the sample so far who have a concern in the relevant area (# sampled) and the total number of residents who have the concern marked (total # of concerns) – 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)/ (total # of concerns) 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. The team needs to determine whether one or more of the three remaining residents with Accidents concerns should be included or if Accidents is sufficiently covered for the particular sample.
 - The Investigative Areas are displayed by the total # of concerns from highest to lowest.
 - Use the **Alphabetize Pullout icon** to alphabetize the list for easier navigation.
 - If an area is selected in the Care Area Menu, to **refresh back to the default sort order (which is by Surveyor)**, uncheck the selected Care Area.
- The goal for your sample is to include the same residents and areas of concern as the State as is possible and include any residents/areas that the State may have missed. Therefore, the system will identify the residents that should be included in the sample, even if the sample number must be exceeded. **Discuss the system-selected residents.** The system-selected residents include:
 - Any SA sampled resident who has at least one of the same FIs as the SOG team (i.e., to ensure you investigate the same areas as the SA).
 - Any SA initial pool resident where the SOG team member indicated a FI was present during the SA survey (i.e., to ensure you investigate the areas missed by the SA).
 - Any resident added to the initial pool who the SOG team member indicated the SA should have included the resident in the initial pool and there was at least one FI present during the SA survey (i.e., to ensure you investigate residents and concerns missed by the SA).
 - Any resident that a surveyor marked as Include in Sample (i.e., harm or IJ), which is displayed under the Sample Reason column. If you try to remove one of these

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residents, you will receive a warning reminding you the resident had harm/IJ marked.

- Any identified residents with abuse concerns from the initial pool process.
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 State Survey Agency in the past).
- **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 for the resident's name. Surveyors should include:
 - Residents who have the most concerns.
 - If not already in the system-selected sample, the team should add at least one resident for **hospice, dialysis, and ventilator, and three** residents for **transmission- based precautions**, if available, even if there were no potential concerns identified in the applicable area during the initial pool process. *Initial pool residents reviewed for TBP do not have to be carried forward to the infection control task if an FI was not marked for TBP. However, if the CMS-802 matrix lists additional residents on TBP that were not reviewed during the initial pool, a maximum of three residents should be added to the infection control task for review, if available.* If the SA failed to sample a qualified candidate for one of the required areas, the area will be listed at the bottom of the sample screen. Note: Transmission-based precautions is mapped to the infection control task. The system populates residents who had TBP marked as further investigation on the infection control screen once the sample is finalized (see Step 22).
 - For **hospice, dialysis, and ventilator**, the sample screen displays the initial pool response (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.
 - The team should ensure that **all areas of concern noted for any resident are covered by at least one resident in the sample** (i.e., the sample number shown for the Investigative Area on the Care Area Menu should not = 0). Click on the **0's button** at the top of the Care Area Menu 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 0's button to return to the list in the previous order.
- **If COMP/FRI residents were added by the SA on the Resident Manager screen, identify the complaint or FRI areas being investigated.**

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- Select 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 indicator will now be listed next to the area.
- If the resident didn't have the COMP subgroup listed already, the COMP indicator will be listed next to the resident's name. If the area is associated with a FRI, click on the left bar under the expansion arrow to update the subgroup.
- Select Save.
- Using the **Care Area Menu**, adjust the sampled areas as necessary:
 - Ensure enough residents have been **sampled for the complaint areas**.
 - If there are other residents who had FI marked for the complaint care area, the team is required to sample three residents.
 - If there weren't any other residents who had concerns regarding the complaint allegation, the team is only required to investigate the complaint resident.
 - For general complaint areas not associated with a resident, if there were not any concerns identified during the initial pool for the complaint area, the area does not require any further investigation, with the **exception of abuse**.
 - The abuse care area 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 not a 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).
 - The TC or assigned surveyor will have to manually remove general complaints associated with the environment and personal funds on the Facility Task screen if there weren't any concerns identified during the initial pool for those areas.
 - If the complaint allegation is not covered by the interview, observation, or record review areas addressed in the initial pool process (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.
 - To add areas, select the **Modify Care Area** and check any area listed.

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- **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 specific to a particular resident 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 under the Included in the Investigation column.
 - 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:**
 1. Residents who were selected for the Unnecessary Medication review but are not a part of the sample.
 2. Residents with concerns related to QOL and resident rights.
 3. 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.
 4. Unrepresented area(s) of the building – determine whether residents in the sample are representing all parts of the building.
 5. 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, change the filter to ‘All residents’ to select a resident from the resident list on the Resident Manager screen.
- Once the sample is finalized, select 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. The **TBP** warning is just a reminder to the TC to initiate *three additional* residents for TBP (*residents note reviewed during the initial pool but were listed on the CMS-802 matrix*) on the infection control task screen. 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

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the initial pool resident in the sample to adequately cover hospitalization or discharge for residents currently residing in the facility. If you realize you made a mistake but already finalized the sample, make any sample adjustments on the Investigation screen.

Make Investigation Assignments:

- Click on the **Assignments screen** in the navigator.
- The investigation assignments screen includes all sampled areas, non-sampled, complaint/FRI areas, unnecessary med residents, initiated investigations, mandatory and triggered facility tasks and closed records.
- Complaint allegations will be displayed on this screen with (COMP) next to it to identify that if triggered due to a complaint allegation.
- Again, if you realize you made a mistake but already finalized the sample, make any sample adjustment on the Investigation screen.
- The **left side** of the screen displays areas **Not Assigned** (e.g., triggered tasks and closed records) and each **surveyor's investigation workload**.
- The **right side** of the screen is where **assignments are made or adjusted**.
- **Ensure a surveyor is assigned** to all areas listed under **Not Assigned**.
 - Select a surveyor from the drop down in the right pane under the Assigned column while considering each surveyor's workload listed in the left pane.
 - The TC should ensure that every surveyor who had MDS discrepancy concerns is assigned to the Resident Assessment task since each surveyor will follow up on their own concerns.
- **Make additional adjustments until the workload is balanced.** The team should discuss any current workload concerns. 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).
 - Click on the surveyor's name in the left pane to display all of the surveyor's assignments on the right side of the screen.
 - If all areas associated with a resident will be reassigned, check the box next to the resident's name, and update one assignment field by removing the current surveyor and checking the newly assigned surveyor's name. 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.
 - Facility task assignment adjustments are linked to the Facility Task screen.
- If needed, identify or adjust the surveyor who has **primary responsibility for dining, infection control, and sufficient staffing**.

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- Assign or adjust the primary surveyor under the Primary column. 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 the “Not Assigned” placeholder listed at the top of the left pane is not displayed to confirm all assignments have been made.
- After finalizing the investigation assignments, the TC **shares the data** with team members using the Data Sharing screen (follow the steps listed in Step 12) so every surveyor has their investigation assignments.
- Team members will have read-only access to the Investigation Assignments screen.

V. INVESTIGATION

Step 20: Conduct investigations for sampled residents

- You will **investigate all concerns** identified as requiring further investigation **for your sampled residents** for the remainder of the survey.
- Go to Investigations in the Navigation menu. You will see your assignments and the reason that caused the care area to be investigated under the **Inv Reason** column.
- The labels from the sample screen will carry forward to the investigation screen so you can visually identify which residents were missed by the SA, and investigated by both you and the SA, including complaints/FRIs.
- A **complaint indicator** is added next to the applicable investigative area. The complaint indicator links to the complaint details from the Offsite Prep screen. For the **SA complaint residents**, investigate the complaint allegations fully which means the assigned SOG team member should call the complainant and conduct a thorough and independent investigation of the allegations so the team can determine whether the SA is conducting adequate and thorough investigations of complaints.
- 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 (one investigative area is listed per screen) in the pull-out on the right side of the screen. 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 resident listed in the pullout menu on the right. 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** for a care area, if one is available, by clicking on the pathway icon on the upper right part of the screen. You can scroll through the pathway to use the observation,

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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 indicate that there is no pathway for this investigative area. 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**, minimize your LTCSP or click the ASE-Q aspen leaf in the toolbar. If Citation Manager is still open, click **Done**. Expand your facility in the alpha tree and right-click **Residents MDS 3.0**, select **MDS 3.0 Resident Viewer**. You cannot copy and paste from the MDS Viewer but you can:
 - Document specifics in your notes field,
 - Attach a particular section to the survey (right click in the section; select **Export**; select Acrobat (PDF) file; save the file; then follow the steps below to attach the document to the survey), or
 - Refer back to any MDS assessment in ARO.
- You can **attach documents to the survey** (it also will be added to ASE-Q). Click the Attachments icon or press **Alt+A**; locate the file you want to attach, and then drag and drop the file into the attachments screen or copy the file and click the Paste from Clipboard button on the bottom of the Attachments screen. You may add a description of the document in the blank field, if desired. The attachment must be smaller than 4 MG; any attachment that is larger will not attach.
- 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 icon in the upper right corner to access a **body map** to draw your observations of the wound. You can access a blank document to **handwrite or draw** using the Draw icon in the top right corner for any care area.
 - 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 just like you would interview the resident, as part of your investigation.
 - For nutrition investigations, use the **Weight Calculator** to calculate % weight loss/gain. If you identify a weight loss/gain concern, add the dates in the Weight Calculator, then click on the Red X. To insert the weight information in your Investigation notes (not Resident notes), click in the Nutrition notes field where the information should be inserted and then click the Paste Weight Calculator icon next to the font size. The system will identify the loss or gain when inserted.

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- The facility must conduct a **facility-wide assessment** 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.
- There are **two ways to document your investigation**:
 - You may use the **Investigation Notes** 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.
 - You may use the **Resident Notes** field to document any general information about the resident that you would like to have access to for all care areas (e.g., diagnoses, BIMS, general MDS information regarding cognition and ADL status, and general care plan information).
 - Either documentation option is acceptable. Resident Notes may be a more efficient option to document your 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.
- To see a full screen display of the Notes field, click the center icon in the blue Expander bar above the Notes field.
- If **information is deleted** from your Investigation Notes, view the document history by clicking on “hx”. 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 (non-compliance 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 (the **Severity** column header).
- You must **answer every Critical Element (CE)** as either Yes, NA, or No. For any No you should have documentation supporting the determination of non-compliance.
- The Investigation screen is defaulted to “**Hide Completed Investigations.**” If you prefer to see your investigations or need to update information for a completed investigation, uncheck the box next to “Hide Completed Investigations.” The system will retain your setting until manually changed.

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- 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. You will receive a green checkmark next to the resident's name once all investigative areas have been completed.
- The Resident Investigation screen will **display the tags cited by the surveyor** (after data is shared, the tags that are in bold are cited by you). The team will review these tags during the potential citations meeting.
- To **switch to another resident or investigative area**, click on the Back arrow button to return to the Investigation main 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, on the Investigations screen, click on the **Add New Investigation** icon; select a resident; select all applicable care areas and click out of the box or press Esc(ape) to exit; click **Save**.
 - To initiate an Ftag directly, on the Investigation screen, click on the **Add New Investigation** icon; select a resident; select FTag Direct Cite for the investigation; click **Save**. On the Investigation screen, click FTag Direct Cite next to the applicable resident and then click **Select Tags** link (under CEs) and check the applicable tags to be investigated; 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), on the Investigations screen, click on the X in the Remove column and provide a reason for the removal. You can only remove those Investigations 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), if the assigned surveyor has completed a portion of the resident, the assigned surveyor and the surveyor helping out should share data via the TC (see Data Sharing instructions at Step 12).
 - The surveyor helping out should then 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 bottom left of the screen, select **All Surveyors** from the **Show Answers** for drop-down menu. All notes and CEs marked by other surveyors display in read-only format. A No for In Compliance overwrites any Yes marked for the same CE. To view another surveyor's **drawing** or **body map** information, in the bottom left of the screen select the surveyor from the **Staff ID** drop-down menu.
 - The surveyor helping out finishes any outstanding areas for the resident or just completes the applicable portion (e.g., wound or incontinence care observation).

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- When investigations are complete, all responses and notes will merge and any CE marked as No will override a response of Yes.
- If you accidentally **entered CE responses under the wrong resident**, you can transfer the CE responses by clicking **Transfer Investigation Answers to Other Resident** and selecting the appropriate resident from the drop-down (only those residents with the same care area marked for investigation appear in the list). Only the CE responses transfer; you will have to manually cut and paste any investigation notes.
- For any CE marked No, the Resident and Investigation Notes pull forward to the Edit Potential Docs screen for **editing documentation prior to the potential citation meeting**, if time permits.
 - On the Edit Potential Docs screen, click on a resident or facility task to enable the right screen.
 - The right pane will display the CEs marked as No for the applicable area and the Resident and Investigation Notes will display on the screen as read-only.
 - You can access the reg or IG if needed.
 - The Resident/Investigation Notes will copy to the editable section at the bottom of the screen as read-only until you begin editing the documentation.
 - **Select Edit Citation Doc** to edit your investigative notes.
 - Collapse the CEs and Tags, Resident Notes, and Investigation Notes as needed to have more of the editable notes field visible.
 - If you edit your documentation, only your edited notes are displayed on the Potential Citations screen.
 - If you do not have time to edit your investigative notes prior to the potential citation meeting, your resident notes and investigation notes will continue to display on the Potential Citation screen.
 - Once you begin to edit your citation documentation, a clipboard is displayed next to the Investigation on the left side of the screen.
 - If you receive **additional information after you begin editing** your documentation, add the new information to the applicable facility task or resident investigation screen. The changes are displayed in the notes field at the top of the right pane on the Edit Potential Docs screen. However, the changes will not automatically be included in the edited version of the documentation. In this case, you can copy and paste the new text added on the investigation screen into your edited text.
- If a **complaint is called into the state and added to the survey during the investigative process**, we do not recommend the TC re-import the shell to reflect the new complaint at this late point in the survey process.
 - **If the complaint resident is in the resident list**, the assigned surveyor should add the COMP/FRI subgroup (from the Resident Manager screen), and then initiate the complaint resident, and the applicable allegation areas on their Investigations screen. Click the **Add New Investigation** icon; select a resident; select all applicable care areas and click out of the box or press esc(ape) to exit; click **Save**.

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- **If the complaint resident is not in the system**, go to the Interview | Resident Manager *screen* on the navigation menu and click on the Add New Resident icon (icon with the plus sign). After you add the resident's information (including the COMP/FRI subgroup), go back to the Investigations screen. Click on the resident you just added and add the complaint allegations as the areas you are going to investigate (e.g., if the resident had concerns with falls, you would initiate accidents).
- 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 Representative Interview" button in the header to complete the RRI interview.

VI. ONGOING AND OTHER SURVEY ACTIVITIES

Step 21: 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 summary, the team can discuss whether to expand and review additional closed records. The SA should have selected an unplanned (facility-initiated) discharge. If there weren't any, then the SA should have selected a planned (resident-initiated) discharge.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance 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 severity. When determining severity, refer to the severity grid and the psychosocial outcome severity guide in the software.

Step 22: 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 Click on the facility task to access the investigation screen (confirm you are assigned to the task).
- 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 (on-screen pathway probes are listed before the CE).

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- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified), or NA (if the CE does not apply to your investigation).
- If you mark a CE as No you should have investigative documentation. When determining severity, refer to the severity grid and the psychosocial outcome severity guide in the software.
- **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 “hx”. 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 documentation, at the bottom left of the screen, select **All Surveyors** from the **Show Answers** for drop-down menu. All notes and CEs marked by other surveyors display in read-only format. A No for In Compliance overwrites any Yes marked for the same CE.
- Once you have answered all CEs, you will receive a **green checkmark** on the Facility Task screen indicating the task is complete.
- The Facility Task screen will display the tags cited by the surveyor (after data is shared, 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 OK. The resident will be displayed in the notes field and listed on the “Sample List Provided to the Facility” report.
- You can also **add a resident to the Sample List report** for the facility by selecting the resident on the Sample List Facility 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 on the facility task screen. The admission date, subgroup, and assigned surveyor are not required if the resident is not a part of the initial pool. Click Save.
- Any general **facility task complaint** or resident complaint associated with a facility task that was added on the Offsite Prep screen will display on the facility task screen and will be displayed as a complaint (COMP).
- **Dining**
 - Note: Starting on 11/12/21, CMS is temporarily allowing the dining task to be discretionary and completed only if there is an outstanding complaint or if a resident is investigated by the SOG team for nutrition, weight loss, or FIs related

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- to dialysis. If the task will not be completed by the SOG team, remove the task and document the rationale (i.e., removed at the discretion of the SOG team).
- Residents may be displayed in the resident box if they had an MDS indicator of weight loss or dehydration (which were also listed for the SA) or they had further investigate marked for nutrition, hydration or food quality. Clicking on the resident's name will show the relevant interview notes.
 - All surveyors complete dining observations for the first full meal. However, only the surveyor assigned responsibility of 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 tablet mode, 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 assigned surveyor(s) 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, review of policy and procedures for staff COVID-19 vaccination (if F888 was reviewed by the SA/SOG), *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 Transmission-Based Precautions** that will require an investigation. Clicking on the resident's name will show the initial pool notes.
 - **Sample one staff, from the COVID-19 Staff Vaccination Matrix, to verify** compliance with *staff-related requirements* and national standards, such as *offering and educating on immunization and* testing.
 - The **SA should have sampled 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.
 - The **SA should have sampled five residents** for influenza, pneumococcal and COVID-19 immunizations.
 - The **SA residents reviewed for TBP and influenza, pneumococcal and COVID-19 vaccinations**, will be displayed in the resident box (as long as the SA included the resident's in their resident box) on the infection control screen along with the reason the resident was added. If necessary, to add a resident to the box,

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click on the resident icon in the upper right corner, place a checkmark next to the resident you want to add and click OK. **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.

- **Accuracy of the NHSN data** (refer to the **completed Staff Matrix provided by SA**)
 - The SA will only verify the accuracy of NHSN data if there are concerns or complaints specific to NHSN reporting. For verification of whether the **SA accurately completed the comparison of the NHSN and Staff Vaccination data** while SA was onsite:
 - Use the NHSN data and completed COVID-19 Staff Vaccination Matrix provided by the SA and determine whether the SA calculated the rate correctly. Report any concerns to the SA with their calculation. This information will help inform whether the SA should have cited this requirement when their CMS-2567 is reviewed.
- **Percentage of vaccinated staff**
 - For verification of whether the **SA accurately calculated the percentage of staff vaccinations**:
 - Use the completed COVID-19 Staff Vaccination Matrix, (or other facility list) and the Staff Formulas for F888 (if used) provided by the SA and determine whether the SA calculated the staff vaccination rate correctly. Report any concerns to the SA with their calculation. This information will help inform whether the SA should have cited this requirement when their CMS-2567 is reviewed.
- The SA should have provided a list of the **staff and contracted staff reviewed for COVID-19 vaccinations**. The SOG team should attempt to review the same staff and contracted staff, which should include:
 - **Staff**

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- 2 vaccinated **direct care staff** (at least one Certified Nurse Aide/CNA).
- **2 unvaccinated staff**, if available
 - 1 unvaccinated staff without exemption or temporary delay.
 - 1 unvaccinated staff with medical exemption.
- NOTE: Facility staff who have been suspended or are on extended leave (e.g., Family and Medical Leave Act [FMLA] leave, or Worker's Compensation Leave), would not count as unvaccinated staff for determining compliance with this requirement.
- **Contracted staff** from two contract companies
 - **2 direct care** contracted staff
 - **2 non-direct care** contracted staff
- If the **SA did not complete a review of F888**, but the **SOG team identifies their own concerns** related to staff COVID-19 vaccinations, or **the SA refused to conduct a review of F888**, while on-site, the federal surveyor/team would **initiate a full compliance review of F888**.
- If F888 is cited because the facility did not meet the required staff vaccination threshold, refer to *Attachment A-Revised* in the [QSO-23-02-ALL](#) to determine the level of severity and scope for non-compliance at F888.
- Attempt to **investigate the same residents (and staff reviewed for F888) as the SA**. If you are unable to investigate the same resident as the SA, select another resident.
- 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.

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- Only the surveyor assigned responsibility of 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).
- **Scan and attach the COVID-19 Staff Vaccination Matrix (and other facility list if used) to the survey** (it also will be added to ASE-Q). Click the Attachments icon or press **Alt+A**; locate the file you want to attach, and then drag and drop the file into the attachments screen or copy the file and click the Paste from Clipboard button on the bottom of the Attachments screen. You may name the file to be COVID-19 Staff Vaccination Matrix in the blank field. Note: If the SA did not complete a review of F888, but the SOG team initiates a full compliance review of F888, scan and attach the SOG COVID-19 Staff Vaccination Matrix to the survey.
- **SNF Beneficiary Notification Review**
 - The three SA residents reviewed will be listed in the resident box.
 - Give the facility three Beneficiary Notification worksheets to complete, one for each resident.
 - 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 will not be listed.
- **Kitchen**
 - Make observations throughout the survey to gather all needed information.
 - In tablet mode, 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, only the surveyor assigned responsibility of 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 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.
 - There are two options to document your med observations (click Med Admin Observation icon in the upper right corner):

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- Option 1: Handwriting panel – Uncheck the Show Text Editor box. In tablet mode, use your stylus to document your med observation just as if you were writing on a piece of paper. Enter YOUR number of errors and opportunities in the error calculator at the top of the screen.
- Option 2: Text editor – Uncheck the Handwriting Panel box. You can type in your med observations. Enter YOUR number of errors and opportunities in the error calculator at the top of the screen.
- On the main med admin screen, once the team shares their data, you can review the team’s med error rate by changing Show Answers for to All Surveyors (the system will consolidate and calculate the team’s error rate from each individual surveyor’s error rate).
- If the team has a med error rate of five percent or greater, once data is shared, one surveyor should insert the combined med error rate in the investigation notes by clicking the **Paste Med Admin Rate** icon next to the font size.
- To view another surveyor’s **medication observations**, click the **Med Admin Observation icon** in the upper right corner. In the bottom left of the screen, select the applicable surveyor from the **Staff ID** drop-down menu.
- **Med Storage and Labeling**
 - Note: Starting on 11/12/21, CMS is temporarily allowing the med storage task to be discretionary and only completed if there is an outstanding complaint, or concerns from the ombudsman or concerns identified by the SOG team when completing the med admin observation task. If the task will not be completed by the SOG team, remove the task and document the rationale (i.e., removed at the discretion of the SOG team).
 - 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.

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- **Resident Council Interview**

- Note: Starting on 11/12/21, CMS is temporarily allowing 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 by the SOG team, remove the task and document the rationale (i.e., removed at the discretion of the SOG team)
- 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.
- The SA residents who attended the meeting will be displayed in the resident box as long as the SA added the residents to their resident box. If no residents are displayed, ask the facility to invite the same residents that attended the SA meeting.
- 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 X in the Remove column and select "No Resident Council" as the reason for the removal.
- 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.
 - For **CE26**, if additional concerns are identified and your investigation determines non-compliance, you can select the appropriate Ftag and severity level by clicking Yes for the resident council answer; then clicking

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No for In compliance; and then clicking Select to view all the tags—select the appropriate tags and assign a severity; click Save.

- If necessary, document the names of the residents in the meeting by selecting the **Add Residents icon** in the top right corner of the screen and selecting all attending residents' names; click OK. 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 resident box. Clicking on the resident's name will show the initial pool notes.
 - Part I is completed by all surveyors. Throughout the survey, all surveyors are considering whether concerns with staffing can be linked to resident or resident representative complaints, or quality of life and care concerns.
 - Part II is completed by the surveyor assigned primary responsibility who assesses off-hour surveys, staffing waivers, and the nurse aide training/competency evaluation program.
 - 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 SA staffing details. Use this information to aide in the investigation into staffing and PBJ staffing concerns. Surveyors may copy and paste the staffing information into the Facility Task Notes field,
 - To copy and paste the PBJ Staffing table information, click on the “PBJ Staffing” link.
 - Click on each concern listed in the table.
 - Use **CTRL+C** (to copy).
 - Close the table, place your cursor in the Facility Task Notes field and use **CTRL+V** (to paste).

The following **triggered tasks** are completed only if the survey team has concerns:

- To review a consolidated list of residents and initial pool notes, click on the Resident Initial Pool Notes radio button at the bottom 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.
- **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**

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- Complete an environmental review only if there are concerns identified with sampled residents.
- If you are assigned to the task and you double 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 initial pool notes on the screen, click the Task Matrix in the top right corner 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.
- Do not complete a review of oxygen storage, the generator, or the Emergency Preparedness review as these areas are reviewed by life safety and not required to be done by the Health Survey team unless required by state practice or the Health Survey team is conducting the Emergency Preparedness Review during the LTCSP Standard survey.
- **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 responses to CE24 on the Resident Council task.
 - **The SA residents will be displayed in the resident box**, along with the reason the resident was selected, as long as the SA added the residents to their resident box. **If no residents are displayed, 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.
 - **If necessary, 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.

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- **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, and assign the surveyor(s) who will investigate the extended survey.

Step 23: End of the day meeting

- Each team member **shares their data with the TC** (follow step 12 for instructions) prior to the team meeting.
- The **TC should share data** with the team so they can follow along on the team meeting screen.
- **Meet for about 30 minutes at the end of each day** to discuss the areas noted on the Team Meeting screen (Go to Team Meeting in the Navigation menu, select the Investigation button).
- Team members should follow along on the screen while the TC conducts the team meeting.
- The system populated areas include:
 - Did the SA appropriately include residents in the sample to cover abuse, dialysis, hospice, ventilator, and transmission-based precautions, as appropriate?
 - Based on the initial pool concerns identified by the SA, should the SA have included any other residents in the sample excluding the areas covered above for dialysis, hospice, etc.? This is a list of areas where the SA marked FI for an initial pool resident but did not investigate anyone for the area.
 - Are there newly identified harm or IJ concerns?
 - How much 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.
 - Display number of SA and SOG team’s completed resident representative/family interviews.
- 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.
- The system **does not automatically provide information** for these questions:
 - Did the SA include complaints/FRIs in the sample appropriately?
 - Did the sample need to be expanded to rule out SQC?
 - What is the status and pertinent information for complaint and FRI residents?
 - What pertinent findings does each surveyor have (ensure you review and address all prior reported concerns)?

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- Do you need to adjust the workload?
- Are there concerns that are indicative of a system failure? Do you have enough information to validate that?
- **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 24: Complete QAPI/QAA

- This facility task should take place at the **end of the survey**; however, with enough time to investigate and follow-on potential concerns.
- Prior to interviewing the facility staff about the QAA program, **review** the Facility Rates for MDS Indicators, 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.
- To access the **reg** or **IG**, click on the tag.
- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified), or NA (if the CE does not apply to your investigation).
- If you mark a CE as No you should have investigative documentation. If you need severity guidance, click on the information icon.

VII. POTENTIAL CITATIONS

Step 25: Share Completed Investigation Data, Confirm Investigation Data is Complete, and Team Deficiency determination

- When you complete all investigations, share your data with the TC using the Data Sharing screen. Click on the flash drive on the right side of the screen. Refer to Step 12 for instructions. **All data must be shared before conducting the potential citation meeting.**
- Review the Investigation (filter to All Surveyors) and Facility Task screens and ensure all **investigation work has been completed** by ensuring a green checkmark is next to every area listed.
- If there is incomplete work, the surveyor should complete the work, and then share the data with the TC.

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- Verify the combined med 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.
- The TC should then share the consolidated list of potential citations with the team (refer to Step 12 for instructions).
- The labels from the sample screen will carry forward so you can visually identify which residents were missed by the SA as well as the areas that were investigated by both you and the SA, including complaints/FRIs.
- For each potential citation, the team makes a **compliance determination**. If noncompliance exists, the team determines the S/S of the deficiency.
- Select a tag to have the information display on the right side of the screen.
- To **cite a tag**, place a checkmark next to each resident who should be included in the citation, mark Cite and include the final severity and scope.
 - When determining severity and scope, refer to the S/S grid (click the arrow in front of S/S), guidance on severity and scope, and the psychosocial outcome severity guide found in the Survey Resources folder.
 - For any tag cited at a G or J S/S, mark the singular event box, if applicable. Refer to the link for the singular event definition.
 - For any tag cited at Immediate Jeopardy, identify the IJ start and end dates. Refer to the link 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.
 - When determining the **severity and scope for F888**, surveyors must refer to *Attachment A- Revised* in the [QSO-23-02](#).
 - 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 with a specific survey data tag (F-tag or K-tag), 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 survey and before the survey currently being conducted; and

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- 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, universe, or notes for the exit conference in the Opening Statement field. The **universe** is the number of residents investigated for each care area as noted on the Final Sample screen in the Care Area Menu.
- Select the appropriate **survey categories** such as recertification and complaint for each cited tag. If the cited tag was associated with a complaint on the Offsite Prep screen, the complaint category will automatically be checked, but you will need to check the recertification category for the complaint tags.
- If the team cites a tag at **SQC**, a warning will appear on the right pane above the Opening Statement title 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 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, locate the tag you moved, select the original tag (it will be listed under the title Moved Tags), click on the Select Tag button, uncheck the tag you moved it to, and click Save. The tag is now refreshed to its original tag. Ensure the tag was moved to 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 “Potential Citations – Opening Statement for Cited Tags” report. The report displays cited tags, residents, and just the notes that were documented in the Opening Statement.

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Step 26: 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. You may want to explain how the comparative results impact the facility. During the PHE, the exit conference may be done by phone or through a virtual meeting if all invited parties agree.
- 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.
- 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: [S&C: 16-11-ALL](#)).
- 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 CMS location provides the sample list during the exit, click the Reports icon; select the “**Sample List Provided to Facility**” report; click **Run Reports** and then send the report in a secure method electronically OR print the report. The CMS location may also elect to send the Sample List with the CMS-2567. To add any resident to the report, select Add Residents to List in the navigation menu.

Step 27: Load Cites

- Exit the tool and click on Load Cites on the Citation Manager screen.

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- If any potential citations are incomplete for any tags, you will receive a warning that the LTSCP Load Validation Failed.
 - The tags listed cannot be loaded from LTSCP because the tags listed have errors.
 - Click okay.
 - Return to the LTC Survey to fix the errors.
 - Exit the tool.
 - Click on Load Cites on the Citation Manager screen.
 - Repeat this until all errors have been corrected and you are able to Load Cites.
- If SQC is identified but the **Extended survey is completed after the Standard survey**, documentation of non-compliance should be completed in the same survey shell. Do not upload the survey in ARO until the extended is completed; however, you may load citations to begin finalizing tags for the CMS-2567.

VIII. POST-COMPARATIVE ACTIVITIES

Step 28: Import Completed Survey to ARO

Import the **completed survey back into ARO** following your Branch Office's practice.

Step 29: Processing CMS-2567 (Statement of Deficiencies)

Policy:

The SOG survey team will follow procedures outlined in the Principles of Documentation to complete Form CMS-2567. This information will be communicated to the SA with instructions. All findings from a survey will be recorded on Form CMS-2567 and will follow survey protocols established to process Form CMS-2567.

Purpose:

To clarify the procedures that SOG survey teams shall follow to process Form CMS-2567, Statement of Deficiencies.

To assure accurate reporting of data collection and analysis.

Procedures:

- The SOG team will utilize the ASPEN computer database program to generate Form CMS-2567, the Statement of Deficiencies.
- The SOG team will utilize the SOM, Section 2728, and the Principles of Documentation as a resource for processing the Form CMS-2567. The CMS-2567 resulting from the comparative survey must be issued to the facility 10 working days after the completion of the comparative survey.
- Cite all findings of deficient practice on the CMS-2567, without reviewing the CMS-2567 resulting from the SA's survey.
- Compare your CMS-2567 F-tags to the SA's CMS-2567 citations.

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- The SOG team shall ensure that all areas of non-compliance identified during the comparative survey are cited regardless of whether the findings have been previously cited by the SA. In cases where the SOG team reviews the same areas of concern identified by the SA and finds that the areas of deficient practice cited by the State no longer exist, the SOG team must confer with the SA to discuss the process the SA used for determining compliance. If agreement is reached between the SA and SOG team that the non-compliance no longer exists, the SOG team shall be responsible for sending a CMS-2567B to the facility for those areas cited by the SA but not identified as areas of non-compliance by the SOG team. This may result in the issuing of both a CMS-2567 and a CMS-2567B by the SOG team. The SOG team cannot issue a CMS-2567B for those tags without first discussing the findings with the SA.
- After the SOG team finalizes the CMS-2567, the SOG team should review the **FMS Citation Compare screen in ARO**:
 - The SOG and SA tag comparison screen displays information on the deficiencies from the SA and SOG surveys and allows the SOG surveyor the ability to indicate if there were any missed deficiencies. The citation decisions are populated on the FMS Monitoring Survey Report.
 - In ARO, locate the Comparative survey, right click and select **FMS Citation Compare**.
 - Compare SOG tags and SA tags. Use the drop down under the **Did SA Miss Cite** column, to identify whether the SA missed any citations.
 - There are two options to **review the SA's resident or facility task investigation information**, to help determine whether the SA missed a citation:
 - Option 1 (in ASE-Q):
 - Verify the comparative survey has been imported back to ARO,
 - Expand the facility and right-click the comparative survey,
 - Select Send To – Recycler from the menu,
 - Expand Recycle at the bottom of the tree view and right-click the facility,
 - Select Delete, and
 - In the tree, right-click the SA survey and select LTCSF.
 - Option 2 (in ARO):
 - Right-click the SA survey and select LTCSF Documentation Reports (confidential),
 - In the Survey Documentation Report window, click the De-Deselect All button,
 - Select Potential Citation Data,
 - In the Potential Citations Criteria section in the bottom right of the window, select the appropriate option (e.g., all tags, cited tags), and
 - Click Print.

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- If you open the screen and find that the **Did SA Miss Cite** column is grayed out, you do not have the proper permissions to make changes to the screen. Work with your ASPEN Coordinator to be added to the correct security group for this screen.
- **Update the SOG team’s notes for the FMS report.** Click on the **Review FMS Report Data** tab.
 - The first two questions on the screen address the **SA’s complaints and FRIs**. Identify whether the SA linked complaints or FRIs to the survey shell in ACO. If you see complaints listed in ASE-Q and on the offsite prep screen, then the answer is Yes. If there were linked complaints, determine whether the SA linked the complaints or FRIs appropriately to the LTCSF system on the offsite prep screen.
 - The next section displays any **resident the SA should have included in their initial pool**. If necessary, update the rationale that will be displayed on the FMS report to ensure the rationale is clear enough that the SA will understand why the resident should’ve been included in the initial pool.
 - The middle section displays all of the **initial pool areas missed by the SA**. Each item displays the federal surveyor’s initial pool notes. Update your initial pool notes to ensure the information on the FMS report is clear as to why the SA should have also identified the concern.
 - The last field on the screen displays any **SA removed facility task that should have been completed**. Enter the rationale to explain why the SA should have completed the task.
- Create the **Federal Monitoring Survey Report**. This report includes key aspects regarding the SA’s onsite performance.
 - Once you have filled out the “Compare RO To SA Tags” and “Review FMS Report Data” screens (mentioned above), you may print the FMS Comparative report with your findings.
 - In ARO, find the Comparative survey, right click and select **LTCSF Documentation Reports (confidential)**.
 - Click the De-Select All button and select Federal Monitoring Survey.
 - Click Print. Save the PDF of the report.
- We recommend the **FMS Report** be sent to the SA (see scenarios below).
- Informal Dispute Resolutions (IDR) for comparative surveys are to be held in accordance with guidelines in the SOM and must be held at the SOG level. Any determinations made in reference to IDRs of comparatives must be communicated to the SA. The SA shall also communicate the result of any IDR of surveys chosen for comparative review to the appropriate SOG staff.
- Each SOG team member responsible for the comparative survey will be responsible for approving the Plan of Correction (PoC).
- When applicable, comparative revisit surveys may be carried out by either the SOG or the State, at the discretion of the SOG.

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There are several enforcement options for the SOG team to consider when the comparative survey is completed.

- **Scenario 1A - The State survey determines substantial compliance (below level “D” deficiencies) and the Federal comparative survey also determines substantial compliance:**
 - The SOG team should cite all findings of deficient practice on the CMS-2567.
 - The SOG team must send the CMS-2567 to the facility, with a cover letter explaining that if the facility is in the process of implementing a PoC for the State survey, the facility should reference this information in their PoC being submitted to the SOG, with the current status of the correction and any revised correction dates.
 - The SOG team will send a copy of the CMS-2567 and the letter to the State Agency (SA).
 - The SOG team will also **send the FMS Report** to the SA that summarizes the SA’s onsite performance.
 - Right click the LTCSP Comparative survey and access the report through the LTCSP Documentation Reports (confidential) option.
 - Select the Federal Monitoring Survey report and click the Print button to generate the report.
 - Include an analysis of any discrepancies in the report to the SA. When identifying mismatches in F-tags cited, identify whether:
 - There were any applicable issues with the SA’s initial pool performance,
 - The related care area was investigated by both the SOG team and the SA, and
 - The same residents were investigated (or should have been investigated had the SA completed the initial pool process correctly).
 - The SOG team should discuss the differences in findings and onsite performance with the SA.
 - Revisits are discretionary for both the State and the SOG for surveys where the highest citation is at a D, E, or F and there is no SQC (Chapter 7 of SOM).
- **Scenario 1B - The State survey determines substantial compliance (no deficiencies) and the Federal comparative survey also determines substantial compliance (no deficiencies):**
 - The SOG team must send the CMS-2567 to the facility, noting that the entity is in compliance with all requirements.
 - The SOG team will **send** a copy of the **CMS-2567**, the **FMS report**, and the **letter to the SA**.
- **Scenario 2 - The State survey determines substantial compliance and the Federal comparative survey determines non-compliance.**
 - The SOG team should cite all findings of deficient practice on the CMS-2567.

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- The SOG team must send the CMS-2567 to the facility, with a cover letter denoting that the PoC be addressed to the Branch Office. The SOG team will send a copy of the CMS-2567 and the letter to the SA.
- The SOG team will also **send the FMS Report** to the SA that summarizes the SA's onsite performance.
 - Right click the LTCSF Comparative survey and access the report through the LTCSF Documentation Reports (confidential) option.
 - Select the Federal Monitoring Survey report and click the Print button to generate the report.
- Include an analysis of any discrepancies in the report to the SA. When identifying mismatches in F-tags cited, identify whether:
 - There were any applicable issues with the SA's initial pool performance,
 - The related care area was investigated by both the SOG team and the SA, and
 - The same residents were investigated (or should have been investigated had the SA completed the initial pool process correctly).
- The SOG team will follow the enforcement process as delineated in Chapter 7 of the SOM.
- The SOG team will determine whether the enforcement action should be "opportunity to correct" or "no opportunity to correct." The SOG team will provide the initial notice to the provider regarding the enforcement action to be taken.
- The SOG team should discuss the differences in findings and SA onsite performance with the SA.
- At the discretion of the SOG team, the SA will conduct the revisit survey and make additional recommendations to the SOG team regarding compliance/noncompliance and associated enforcement remedies.
- The SOG team will be responsible for all notice letters in accordance with the SOM.
- **Scenario 3 - The SA determines non-compliance and initiates an enforcement action. The SOG team conducts a Comparative survey and determines non-compliance. The SOG team will incorporate the Comparative survey into the enforcement process initiated by the State.**
 - As soon as the SOG schedules the Comparative survey, the SOG team will contact the SA so that the first revisit is delayed until the Federal survey is completed, unless the SA has completed the follow-up to the State survey. If the SA has completed their revisit and determined compliance, the SOG team will follow the process described in Scenario 2. If the SA has completed their revisit and determined continuing noncompliance, they should proceed with the enforcement process timeframes.
 - Following completion of the Comparative survey, the SOG team must send the CMS-2567 to the facility with a cover letter explaining that if the facility is in the

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process of implementing a PoC for State survey, the facility should reference this information in the PoC being submitted to the SOG. The SA must include in the PoC the current status of the correction and any revised correction dates.

- The SOG team will **send** a copy of the **CMS-2567**, the **FMS Report**, and **letter to the SA**.
- The SOG team will determine the appropriate enforcement action. If substantial compliance is not achieved, the SOG team must ensure the timely imposition of mandatory Denial of Payment for New Admissions. This may necessitate that the enforcement action initiated by the SA becomes a “No Opportunity to Correct” case.
- Once an acceptable PoC is submitted and approved by the SOG team, the SOG team will contact the SA.
- At the discretion of the SOG team, the SA will conduct the revisit survey for both the State survey and the Comparative survey.
- The enforcement process will be followed as stipulated in the SOM Section 7317.
- **Scenario 4 - The SA determines non-compliance and the Federal Comparative survey determines substantial compliance:**
 - As soon as the SOG team schedules the Comparative survey, the SOG team will contact the SA so that the revisit is delayed until the Federal survey is completed, if possible.
 - Following the completion of the Comparative survey, the SOG team must discuss the findings of the survey prior to issuing a CMS-2567 for those areas found non-compliant by the SA but compliant by the SOG team. Once agreement has been reached between the SA and the SOG team, the SOG team will complete the CMS-2567 and send a letter to the facility.
 - The SOG team will **send** a copy of the **CMS-2567**, the **FMS Report**, and **letter to the SA**.
 - Revisits are discretionary for both the State and the SOG team for surveys where the highest citation is at a D, E or F and there is no SQC (Chapter 7 of the SOM).

Step 30: FMS Database Entries

- The Nursing Home FMS Access Database is on the shared drive.
- Enter the results in the Access database on your shared drive from the LTCSP Comparative according to your CMS location’s practices.

Step 31: Delete Completed Survey in ASE-Q

- After the completed survey is imported back to ARO according to your Branch Office’s practice, delete the survey from ASE-Q.
 - Right click on the Event ID or Facility name (depending on what you want to delete)
 - Select Send to Recycler

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- Select Yes at the message, “Are you sure you want to send this survey (Event ID) to the ASPEN Recycler?”
- Delete the survey from the ASE Recycler
- Expand the Recycle listing
- Right click the Event ID
- Select Delete

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Attachment A: Sample Size, Recommended Team Size, Initial Pool Size, and Complaint/FRI Size

This table shows the following survey expectations based on facility census size: recommended number of surveyors, maximum number of complaints/FRI 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 # Complaint/ FRI 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

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Facility Census	Recommended # of Surveyors	Max # Complaint/ FRI Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size #
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 complaint/FRI residents shown in the table, the total number of offsite selected residents combined with the complaint/FRI 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 complaints/FRIs that will be investigated with the survey. We note that team size for an initial certification or annual recertification survey also will be dependent on other tasks that may need to be performed at the time of the survey (e.g., complaints/FRIs, 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.

Because SAs typically do not know the current facility census until the survey team arrives onsite, they can estimate the census based on bed size, past experience, or other knowledge when deciding how many surveyors to send. Once onsite, if the census differs from the estimate, the survey team will refer to the grid and adjust the sample size and initial pool size as needed.

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Attachment B: Policy for Including Complaints and Facility Reported Incidents with Standard Survey

A maximum number of complaint/FRI 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 complaint/FRIs 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 complaints or FRIs (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 a complaint/FRI that exceeds the maximum number of complaint/FRI residents to be included in the initial pool and sample per Attachment A. In this case, you do not have to remove the additional complaint/FRI 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 non-compliance with state licensure regulations would be operationalized separately. In other words, the complaints threshold has been developed to capture those complaints and FRIs that are associated with federally related activities that need to be completed. This does not change CMS' policy that non-compliance with federal Requirements of Participation must be evaluated under the federal survey process and cannot be surveyed only under state licensure requirements.

Enforcement Considerations

Please note, when imposing an enforcement remedy for past noncompliance, CMS may reach back no further than the "last standard survey" to do so. This means that a State should not postpone serious complaints that could lead to enforcement and expect to conduct them after the standard recertification survey.