

How to Expedite the Survey Process **from a surveyor's perspective*

A. Entry Tour – the beginning

Shadowing – delays the entry tour, helpful to have shadows designated quickly
Resident List – ASAP

B. Resident Sample

Roster Matrix – ASAP

C. Document collection throughout survey

Notebooks - previously prepared with copies of requested materials & copies that surveyors can remove and keep

D. Information collection during survey

Requested Information - Provide any requested information ASAP – We don't always ask for information for bad reasons...sometimes it's to clarify that something ISN'T a widespread problem

Thinned Charts - not TOO thin – at least 30 days (prefer 3 months) of information, and the required 15 months of MDS's

Facility copies - of materials reviewed or copied to keep– can be tabbed or staff can make the copies, lots of wasted time and effort really

PLEASE NO EXTRA information – i.e. Staff PPD results, etc.

Incident information - “Evidence that the facility, on a routine basis, monitors accidents and other incidents, records these in the clinical or other record; and has in place a system to prevent and/or minimize further accidents and incidents” i.e. preventative measures.

“Note: At the discretion of the facility, this evidence could include or be a record of accident and incident reports.”

SURVEY INFORMATION CHECKLIST FOR LONG TERM CARE FACILITIES

I. Needed at Entrance Conference:

- ___ List of residents with room numbers.
- ___ Schedule worked for RNs, LPNs, and CNAs for the week prior to survey, currently and for the survey week.
- ___ Provide the facility with a copy of the OSCAR's and Quality Indicators.

II. Needed within One Hour of conclusion of Entrance Conference:

- ___ List of key facility personnel and their locations; Administrator, directors of finance, nursing services, social services and activities; dietician or food supervisor; rehabilitation services staff; charge nurses; pharmacy consultant; plant engineer; housekeeping supervisor; persons responsible for infection control and quality assurance; health information management professional; and the medical director;
- ___ Lists of names and locations of Quality Assurance Committee members
- ___ The Roster/Matrix (CMS 802);
- ___ A copy of the written information that is provided to residents regarding their rights;
- ___ Meal times, dining locations, copies of all menus, including therapeutic menus that will be served for the duration of the survey;
- ___ Meal seating charts, if available;
- ___ Special diet menus (ADA, dysphagia, puree, low sodium, etc);
- ___ Comprehensive weight list for 3 months;
- ___ Nourishment list;
- ___ Does facility use paid feeding assistants?
- ___ List of residents who are currently receiving hospice or dialysis from an outside agency;
- ___ Medication pass times (by unit, if variable);
- ___ List of admissions during the past month, and a list of residents transferred or discharged during the past 3 months with destinations;
- ___ A copy of the facility's layout, indicating the location of nurses' stations, individual resident rooms, and common areas, if not obtained in Task 1;
- ___ A copy of the facility admission contract(s) for all residents, i.e., Medicare, Medicaid, other payment sources;
- ___ Copies of the activities calendars for the last 3 months.
- ___ Facility policies and procedures to prohibit and investigate allegations of abuse and the name of a person the administrator designates to answer questions about what the facility does to prevent abuse.;
- ___ Evidence that the facility, on a routine basis, monitors accidents and other incidents, records these in the clinical or other record; and has in place a system to prevent and/or minimize further accidents and incidents;
- ___ The names of any residents age 55 and under; and
- ___ The names of any residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.

III. Needed within 24 hours of Entrance Conference:

- _____ A completed Long Term Care Facility Application for Medicare and Medicaid (Form CMS-67I), *and a* Resident Census and Conditions of Residents (Form CMS-672);
- _____ A list of Medicare residents who requested demand bills in the last 6 months (SNFs or dually-participating SNF/NFs only)
- _____ List of ALL employees hired within the last 4 months.
- _____ Resident/Family complaint and/or grievance file, if available;
- _____ Drug Regimen Review and report to DON
- _____ Copy of smoking policy and list of smokers

Also, ask the administrator the following questions:

- _____ Which, if any, rooms have less square footage than required? Do you have a variance in effect and are you prepared to continue to request a variance for any such rooms? (F458)
- _____ Which, if any, rooms are occupied by more than four residents? Do you have a variance in effect and are you prepared to continue to request a variance for any such rooms? (F457)
- _____ Is there at least one window to the outside in each room? (F461)
- _____ Which, if any, bedrooms are not at or above ground level? (F461)
- _____ Do all bedrooms have access to an exit corridor? (F459)

IV. Needed by Third day of survey:

- _____ Title VI Compliance form (Assurance of Compliance).
- _____ Disclosure of Ownership and Controlling Interest.
- _____ Procedures for ensuring water availability when there is loss of normal supply (F466).
- _____ Proof of Surety Bond to cover resident funds & total amount of resident funds kept in facility.
- _____ Copy of Administrator's license.