(e) *Provide training and technical support for HHAs.* The State agency or other entity designated by CMS must—

(1) Instruct each HHA on the administration of the data set, privacy/confidentiality of the data set, and integration of the OASIS data set into the facility's own record keeping system;

(2) Instruct each HHA on the use of software to encode and transmit OASIS data to the State;

(3) Specify to a facility the method of transmission of data to the State, and instruct the facility on this method.

(4) Monitor each HHA's ability to transmit OASIS data.

(5) Provide ongoing technical assistance and general support to HHAs in implementing the OASIS reporting requirements specified in the conditions of participation for home health agencies; and

(6) Carry out any other functions as designated by CMS necessary to maintain OASIS data on the standard State system.

[64 FR 3763, Jan. 25, 1999]

SUBPART C—SURVEY FORMS AND PROCEDURES

§ 488.100 Long term care survey forms, Part A.

§ 488.100 Long term care survey forms, Part A.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

PART A — ADMINISTRATIVE AND PROCEDURAL REQUIREMENTS

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

PROVIDER NUMBER	FACILITY NAME AND ADDRESS (*City, State, Zip Code*)
VENDOR NUMBER	
SURVEY DATE	

SURVEYORS' NAMES	TITLES

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Page 1

NAME OF FACILITY

CODE	COMPLIANCE WITH STATE AND LOCAL LAWS	YES	NO	N/A	EXPLANATORY STATEMENT
	Compliance with State and Local Laws *(Condition of Participation)*				
F500	SNF (405.1120) ☐ MET ☐ NOT MET				
	A. **Licensure**				
F501	SNF (405.1120(a)) (Standard) ☐ MET ☐ NOT MET				
F502	ICF (442.251) (Standard) ☐ MET ☐ NOT MET				
F503	The facility has a current State License (Number _____)				
	B. **Personnel Licensure**				
F504	SNF (405.1120(b)) (Standard) ☐ MET ☐ NOT MET				
F505	ICF (442.302) (Standard) ☐ MET ☐ NOT MET				
F506	Staff of the facility are licensed or registered in accordance with applicable State laws.				
	C. **Compliance with Other Laws**				
F507	SNF (405.1120(c)) (Standard) ☐ MET ☐ NOT MET				
F508	ICF (442.252) (Standard) ☐ MET ☐ NOT MET				
F509	ICF (442.315) (Standard) ☐ MET ☐ NOT MET				
F510	The facility is in compliance with applicable Federal, State and local laws and regulations relating to fire and safety, sanitation, communicable and reportable diseases, postmortem procedures and other relevant health and safety requirements.				

NAME OF FACILITY

CODE	COMPLIANCE WITH STATE AND LOCAL LAWS/ GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	The facility is in compliance with applicable regulations pertaining to:				
F511	Buying, dispensing, safeguarding, administering, and disposing of medications and controlled substances. **Exception: Not applicable to SNFs.**				
F512	Construction, maintenance and equipment. **Exception: Not applicable to SNFs.**				
F513	Current reports from all responsible governmental agencies are retained at the facility.				
	Governing Body and Management ***(Condition of Participation)***				
F514	SNF (405.1121) ☐ MET ☐ NOT MET The facility has a governing body with full legal authority and responsibility for operation of the facility.				
	A. **Disclosure**				
F515	SNF (405.1121(a)) (Standard) ☐ MET ☐ NOT MET Full disclosure of ownership has been made in accordance with requirements at 42 CFR 420.206.				
	B. **Administration**				
F516	SNF (405.1121(c)) (Standard) ☐ MET ☐ NOT MET				
F517	1. Written bylaws address the operation of the facility.				
F518	2. Written bylaws and policies address effective resident care.				
F519	3. Bylaws are reviewed and revised as necessary.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F520	ICF (442.301) (Standard) ☐ MET ☐ NOT MET				
	C. **Independent Medical Review**				
F521	SNF (405.1121(d)) (Standard) ☐ MET ☐ NOT MET The facility has policies which ensure that the facility cooperates in an effective program for regular independent medical evaluation and audit of residents in the facility to the extent required by the programs in which the facility participates.				
	D. **Administrator**				
F522	SNF (405.1121(e)) (Standard) ☐ MET ☐ NOT MET				
F523	ICF (442.303) (Standard) ☐ MET ☐ NOT MET				
F524	The facility has a licensed administrator who has authority for the overall operation of the facility. (Administrator's license or registration number _____).				
	E. **Resident Care Director**				
F525	ICF (442.304) (Standard) ☐ MET ☐ NOT MET				
F526	1. The administrator or another professional staff member is the resident care director (RSD).				
F527	2. The RSD coordinates and monitors each resident's care.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Institutional Planning				
F528	SNF (405.1121(f)) (Standard) ☐ MET ☐ NOT MET				
F529	1. The facility has an overall plan and budget prepared by a committee of representatives from the governing body, administrative staff, and the organized medical staff (if any).				
F530	2. The overall plan and budget is reviewed and updated at least annually.				
F531	3. The plan includes a capital expenditures plan, if necessary.				
	G. Personnel Policies and Procedures				
F532	SNF (405.1121(g)) (Standard) ☐ MET ☐ NOT MET				
	1. The facility has written policies and procedures that support sound resident care and personnel practices and address, at least:				
F533	a. Control of communicable disease;				
F534	b. The review of employee incidents and accidents to identify health and safety hazards; and				
F535	c. The existence of a safe and sanitary environment.				
F536	2. Personnel records are current, available to each employee, and contain sufficient information to support placement in the position to which assigned.				
F537	3. Referral or provision for periodic health examinations to ensure freedom from communicable disease.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	H. **Outside Resources/Consultant Agreements**				
F538	SNF (405.1121(i)) (Standard) ☐ MET ☐ NOT MET				
F539	ICF (442.317) (Standard) ☐ MET ☐ NOT MET				
F540	The facility has written agreements with qualified persons to render a service (if it does not employ a qualified professional person to do so). The agreements:				
F541	1. Address the responsibilities, functions, objectives, and terms (including financial arrangements and charges);				
F542	2. Are signed by an authorized representative of the facility and the outside resource; and				
F543	3. Specify that the facility retains ultimate responsibility for the services rendered.				
	I. **Notification of Change in Resident Status**				
F544	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F545	The facility has policies and procedures to notify physicians and other responsible persons in the event of an accident involving the resident, or resident's physical, mental or emotional status, or resident charges, billings or related administrative matter.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	J. Resident Rights				
F546	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators 1 thru 12 apply to SNFs.**				
F547	ICF (442.311) (Standard) ☐ MET ☐ NOT MET				
	1. Information				
F548	a. The facility informs each resident, before or at the time of admission, of his rights and responsibilities.				
F549	b. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F550	c. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F551	d. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F552	e. The resident must be informed in writing of all services and charges for services.				
F553	f. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F554	g. The resident must be informed of services not covered by Medicare or Medicaid in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	2. **Medical Condition and Treatment**				
F555	a. Each resident is informed by a physician of his health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F556	b. Each resident is given an opportunity to participate in planning his total care and medical treatment.				
F557	c. Each resident is given an opportunity to refuse treatment.				
F558	d. Each resident gives informed, written consent before participating in experimental research.				
F559	e. If the physician decides that informing the resident of his health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	3. **Transfer and Discharge**				
	Each resident is transferred or discharged only for:				
F560	a. Medical reasons.				
F561	b. His/her welfare or that of other residents.				
F562	c. Nonpayment except as prohibited by the Medicare or Medicaid program.				
	4. **Exercising Rights**				
F563	a. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F564	b. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				
F565	c. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	5. **Financial Affairs**				
F566	a. Residents are allowed to manage their own personal financial affairs.				
F567	b. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to residents in skilled nursing facilities at least on a quarterly basis.				
F568	c. The facility does not commingle resident funds with any other funds other than resident funds.				
F569	d. If a resident requests assistance from the facility in managing his personal financial affairs, resident's delegation is in writing.				
	e. The facility system of accounting includes written receipts for:				
F570	1. All personal possessions and funds received by or deposited with the facility.				
F571	2. All disbursement made to or for the resident.				
F572	f. The financial record must be available to the resident and his/her family.				
	6. **Freedom from Abuse and Restraints**				
F573	a. Each resident is free from mental and physical abuse.				
F574	b. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				
F575	c. If used in emergencies, they are necessary to protect the resident from injury to himself or others.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F576	d. The use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F577	e. The use is reported promptly to the resident's physician by the staff member.				
	7. **Privacy**				
F578	a. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F579	b. Each resident is given privacy during treatment and care of personal needs.				
F580	c. Each resident's records, including information in an automated data bank, are treated confidentially.				
F581	d. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F582	e. Married residents are given privacy during visits by their spouses.				
F583	f. Married residents are permitted to share a room.				
	8. **Work**				
F584	No resident may be required to perform services for the facility.				
	9. **Freedom of Association and Correspondence**				
F585	a. Each resident is allowed to communicate, associate and meet privately with individuals of his choice unless this infringes upon the rights of another resident.				
F586	b. Each resident is allowed to send and receive personal mail unopened.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	10. **Activities**				
F587	Each resident is allowed to participate in social, religious, and community group activities.				
	11. **Personal Possessions**				
F588	Each resident is allowed to retain and use his personal possessions and clothing as space permits.				
	12. **Written Policies and Procedures: Delegation of Rights and Responsibilities**				
F589	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F590	a. The facility has written policies and procedures that provide that all the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his physician to be incapable of understanding his rights and responsibilities.				
F591	b. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				
	K. **Resident Care Policies**				
F592	SNF (405.1121(l)) (Standard) ☐ MET ☐ NOT MET				
F593	1. The facility has written policies to govern the continuing skilled nursing care and related medical or other services provided.				
F594	2. These policies reflect awareness of and provision for meeting the total medical and psychosocial needs of residents including admission, transfer, discharge planning, and the range of services available to residents; and				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F595	3. The protection of residents' personal and property rights.				
F596	4. The policies are developed by a group of professional personnel, including the Medical Director or the organized medical staff, and are periodically reviewed and revised (if necessary).				
F597	5. These policies are available to admitting physicians, sponsoring agencies, residents, and the public.				
F598	6. The Medical Director or a registered nurse is designated as responsible for the execution of the policies.				
	L. Public Availability				
F599	ICF (442.305) (Standard) ☐ MET ☐ NOT MET				
F600	1. The facility has written policies and procedures governing all the services it provides.				
F601	2. The policies and procedures are available to the staff and residents, members of the family, the public, and legal representatives of residents.				
	M. Admissions				
F602	ICF (442.306) (Standard) ☐ MET ☐ NOT MET				
	The facility has written policies and procedures that ensure that it admits as residents only those residents whose needs can be met by:				
F603	1. the facility itself.				
F604	2. the facility in cooperation with community resources.				
F605	3. the facility in cooperation with other providers of care affiliated with or under contract to the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	N. **Transfers**				
F606	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F607	1. The facility has written policies and procedures to ensure that residents are transferred promptly to a hospital, SNF or other appropriate facility when a change is necessary.				
F608	2. Except in emergencies, the facility consults the resident, his next of kin, the attending physician, and the responsible agency, if any, at least five days before discharge.				
F609	3. The facility uses casework services and other means to ensure that adequate arrangements are made to meet resident's needs through other resources.				
	O. **Restraints**				
F610	ICF (442.308) (Standard) ☐ MET ☐ NOT MET				
	The facilty has written policies and procedures that:				
F611	1. Define the uses of chemical and physical restraints.				
F612	2. Identify the professional personnel who may authorize the use of restraints in emergencies under 442.311(f).				
F613	3. Describe procedures for monitoring and controlling the use of these restraints.				
	P. **Complaints**				
F614	ICF (442.309) (Standard) ☐ MET ☐ NOT MET				
	The facility has written policies and procedures that:				
F615	1. Describe the procedures the facility uses to receive complaints and recommendations from residents.				
F616	2. Ensure that the facility responds to complaints and recommendations.				

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NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	Q. Staff Development				
F617	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F618	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F619	1. The facility conducts an orientation program for all new employees that includes a review of all its policies.				
F620	2. The facility plans and conducts an inservice staff development program for all personnel to assist them in developing and improving their skills.				
F621	3. The facility maintains a record of the orientation and staff development programs it conducts.				
F622	4. The record includes the content of the program and the names of participants.				
F623	5. Inservice training includes at least prevention and control of infections, fire prevention and safety, confidentiality of resident information, and preservation of resident dignity including protection of resident's privacy and personal and property rights.				

NAME OF FACILITY

CODE	MEDICAL DIRECTION	YES	NO	N/A	EXPLANATORY STATEMENT
	Medical Direction *(Condition of Participation)*				
F624	SNF (405.1122) ☐ MET ☐ NOT MET The facility has a written agreement with a licensed physician to serve as Medical Director on a part-time or full-time basis as is appropriate to the needs of the residents and the facility. (See 405.1911(b) regarding waiver of this requirement.)				
	A. **Coordination of Medical Care**				
F625	SNF (405.1122(a)) (Standard) ☐ MET ☐ NOT MET				
F626	1. Medical direction and coordination of medical care in the facility are provided by a Medical Director.				
F627	2. The Medical Director is responsible for development of policies approved by the governing body.				
F628	3. Coordination of medical care includes liaison with attending physicians to ensure their writing orders promptly upon admission of a resident, and periodic evaluation of the adequacy and appropriateness of health professional and supportive staff and services.				
	B. **Responsibilities to the Facility**				
F629	SNF (405.1122(b)) (Standard) ☐ MET ☐ NOT MET				
F630	1. The Medical Director is responsible for surveillance of the health status of the facility's employees.				
F631	2. Incidents and accidents that occur on the premises are reviewed by the Medical Director to identify hazards to health and safety.				

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NAME OF FACILITY

CODE	PHYSICIAN SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	Physician Services *(Condition of Participation)*				
F632	SNF (405.1123) ☐ MET ☐ NOT MET Residents in need of skilled or rehabilitative care are admitted to the facility only upon the recommendation of, and remain under the care of, a physician. To the extent feasible, each resident designates a personal physician.				
	A. **Physician Supervision**				
F633	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F634	ICF (442.346) (Standard) ☐ MET ☐ NOT MET				
F635	1. The facility has a policy that the health care of every resident must be under the supervision of a physician.				
F636	2. All attending physicians must make arrangements for the medical care of their residents in their absence.				
	B. **Emergency Services**				
F637	SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET The facility has written procedures available at each nurses' station, that provide for having a physician available to furnish necessary medical care in case of emergency.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	Nursing Services *(Condition of Participation)*				
F638	SNF (405.1124) ☐ MET ☐ NOT MET The facility provides 24-hour service by licensed nurses, including the services of a registered nurse at least during the day tour of duty, 7 days a week. There is an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing needs of all residents (See 405.1911(a) regarding waiver of the 7-day registered nurse requirement).				
F639	ICF (442.342) (Standard) ☐ MET ☐ NOT MET The facility provides nursing care as needed including restorative nursing care.				
	A. **Director of Nursing Services**				
F640	SNF (405.1124(a)) (Standard) ☐ MET ☐ NOT MET				
F641	1. The director of nursing services is a qualified registered nurse employed full-time.				
F642	2. The director of nursing services has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff, and serves only one facility in this capacity.				
F643	3. If the director of nursing services has other institutional responsibilities, a qualified registered nurse serves as assistant so that there is the equivalent of a full-time director of nursing services on duty.				

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NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Health Services Supervision**				
F644	ICF (442.339) (Standard) ☐ MET ☐ NOT MET				
F645	1. The facility has a full-time registered nurse, or a licensed practical or vocational nurse to supervise the health services 7 days a week on the day shift.				
F646	2. The nurse has a current State license.				
F647	3. If the supervisor of health services is a licensed practical or vocational nurse, the facilty has a formal contract with a registered nurse to serve as a consultant no less than 4 hours a week.				
F648	4. To qualify to serve as a health services supervisor, a licensed practical or vocational nurse must: a. Have graduated from a State-approved school of practical nursing, or				
F649	b. Have education or other training that the State authority responsible for licensing practical nurses considered equal to graduation from a State-approved school of practical nursing, or				
F650	c. Have passed the Public Health Service examination for waivered licensed practical or vocational nurses.				
F651	5. If the nurse in charge is licensed by the State in a category other than registered nurse or licensed practical or vocational nurse: a. The individual has completed a training program to get the license that includes at least the same number of classroom and practice hours in all nursing subjects as in the program of a State-approved school of practical or vocational nursing, and				

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NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F652	b. The State agency responsible for licensing the individual submits a report to the Medicaid agency comparing State-licensed practical nurse or vocational nurse course requirements with those for the program completed by the individual.				
	C. **Twenty-four Hour Nursing Service**				
F653	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET				
F654	ICF (442.338) (Standard) ☐ MET ☐ NOT MET				
F655	1. 24-Hour Nursing Nursing policies and procedures address the total nursing needs of the residents.				
F656	The policies are designed to ensure that each resident receives: Treatment.				
F657	Medications as prescribed.				
F658	Diet as prescribed.				
F659	Rehabilitative nursing care as needed.				
F660	Proper care to prevent decubitus ulcers and deformities.				
F661	Proper care to ensure that residents are clean, well-groomed and comfortable.				
F662	Protection from accident and injury.				
F663	Protection from infection.				
F664	Encouragement, assistance, and training in self-care and group activities.				

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NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F665	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty.				
	D. **Rehabilitative Nursing Care**				
F666	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F667	Nursing personnel are trained in rehabilitative nursing.				
	E. **Supervision of Resident Nutrition**				
F668	SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F669	A procedure is established to inform dietetic service of physicians' diet orders and of residents' dietetic problems.				
	F. **Administration of Drugs**				
F670	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F671	Procedures are established by the Pharmaceutical Services Committee (see 405.1127(d)) to ensure that drugs are checked against physicians' orders.				
	G. **Conformance with Physicians' Drug Orders**				
F672	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET **Indicators 1 thru 4 apply to SNFs.**				
F673	ICF (442.335) (Standard) ☐ MET ☐ NOT MET				
F674	1. Drugs not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F675	2. The attending physician is notified of an automatic stop order prior to the last dose so that the physician may decide if the administration of the drug or biological is to be continued or altered.				
F676	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F677	3. Physicians' verbal orders for drugs are given only to a licensed nurse, pharmacist, or physician and are immediately recorded and signed by the person receiving the order. (Verbal orders for Schedule II drugs are permitted only in the case of a bona fide emergency situation.)				
F678	4. Such orders are countersigned by the attending physician within a reasonable time.				
	H. **Storage of Drugs and Biologicals**				
F679	SNF (405.1124(i)) (Standard) ☐ MET ☐ NOT MET				
F680	1. Procedures for storing and disposing of drugs and biologicals are established by the pharmaceutical services committee.				
F681	2. In accordance with State and Federal laws, all drugs and biologicals are stored in locked compartments under proper temperature controls.				
F682	3. Only authorized personnel have access to the keys.				
F683	4. Separately locked, permanently affixed compartments are provided for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention & Control Act of 1970 and other drugs subject to abuse, except under single unit dosage distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.				
F684	5. An emergency medication kit approved by the pharmaceutical services committee is kept readily available.				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	Dietetic Services *(Condition of Participation)*				
F685	SNF (405.1125) ☐ MET ☐ NOT MET The facility provides a hygienic dietetic service that meets the daily nutritional needs of patients, ensures that special dietary needs are met, and provides palatable and attractive meals. A facility that has a contract with an outside food management company may be found to be in compliance with this condition provided the facility and/or company meets the standards listed herein.				
	A. **Staffing**				
F686	SNF (405.1125(a)) (Standard) ☐ MET ☐ NOT MET				
F687	1. Overall supervisory responsibility for the dietetic service is assigned to a full-time qualified dietetic service supervisor.				
F688	2. If the dietetic service supervisor is not a qualified dietitian, the dietetic service supervisor functions with frequent, regularly scheduled consultation from a person so qualified. (§405.1101(e).)				
F689	3. In addition, the facility employs sufficient supportive personnel competent to carry out the functions of the dietetic service.				
F690	4. If consultant dietetic services are used, the consultant's visits are at appropriate times, and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, resident counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus, and participation in the development or revisions of dietetic policies and procedures. (See §405.1121(i).)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Staffing				
F691	ICF (442.332) (Standard) ☐ MET ☐ NOT MET				
F692	1. The facility has a staff member trained or experienced in food management or nutrition who is responsible for: a. Planning meals that meet the nutritional needs of each resident.				
F693	b. Following the orders of the resident's physician.				
F694	c. To the extent medically possible, following the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences (Recommended Dietary Allowances, 8th Ed., 1974).				
F695	d. Supervising the meal preparation and service to ensure that the menu plan is followed.				
F696	2. For residents who required medically prescribed special diets, the facility: a. Has menus for those residents planned by a professionally qualified dietitian or reviewed and approved by the attending physician; and				
F697	b. Supervises the preparation and serving of meals to ensure that the resident accepts the special diet.				
F698	3. The facility keeps for 30 days a record of each menu as served.				

NAME OF FACILITY

CODE	DIETETIC SERVICES/ SPECIALIZED REHABILITATION SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Hygiene of Staff**				
F699	SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F700	In the event food service employees are assigned duties outside the dietetic service, these duties do not interfere with the sanitation, safety, or the time required for dietetic work assignments. (See §405.1121(g).)				
	D. **Sanitary Conditions**				
F701	SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F702	Written reports of inspections by State and local health authorities are on file at the facility, with notation made of action taken by the facility to comply with any recommendations.				
	Specialized Rehabilitation Services *(Condition of Participation)*				
F703	SNF (405.1126) ☐ MET ☐ NOT MET The facility provides, or arranges for, under written agreement, specialized rehabilitative services by qualified personnel (i.e., physical therapy, speech pathology and audiology, and occupational therapy) as needed by residents to improve and maintain functioning. Safe and adequate space and equipment are available, commensurate with the services offered. If the facility does not offer such services directly, it does not admit nor retain residents in need of this care unless provision is made for such services under arrangement with qualified outside resources under which the facility assumes professional responsibility for the services rendered. (See §405.1121(i).)				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATION SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	A. Staffing and Organization				
F704	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET **Indicators 1 thru 3 apply to SNFs**				
F705	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
F706	1. Specialized rehabilitative services are provided, in accordance with accepted professional practices, by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists.				
F707	2. Other rehabilitative services also may be provided, but must be in a facility where all rehabilitative services are provided through an organized rehabilitative service under the supervision of a physician qualified in physical medicine who determines the goals and limitations of these services and assigns duties appropriate to the training and experience of those providing such services. **Exception: Does not apply to ICFs.**				
F708	3. Written administrative and resident care policies and procedures are developed for rehabilitative services by appropriate therapists and representatives of the medical, administrative, and nursing staffs. **Exception: Does not apply to ICF's** **See General Requirements 442.305**				

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NAME OF FACILITY

CODE	SPECIALIZED REHABILITATION SERVICES/ PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Documentation of Services**				
F709	SNF (405.1126(c)) (Standard) ☐ MET ☐ NOT MET The physician's order, the plan of rehabilitative care, services rendered, evaluations of progress, and other pertinent information are recorded in the patient's medical record, and are dated and signed by the physician ordering the service and the person who provided the service.				
	C. **Qualifying to Provide Outpatient Physical Therapy Services**				
F710	SNF (405.1126(d)) (Standard) ☐ MET ☐ NOT MET If the facility provides outpatient physical therapy services, it meets the applicable health and safety regulations pertaining to such services as are included in Subpart Q of this part. (See §405.1719, 405.1720, 405.1722(a) and (b)(1)(2)(3)(i), (4), (5), (6), (7), and (8); and 405.1725.)				
	Pharmaceutical Services *(Condition of Participation)*				
F711	SNF (405.1127) ☐ MET ☐ NOT MET The facility has appropriate methods and procedures for the dispensing and administering of drugs and biologicals. The facility is responsible for providing such drugs and biologicals for its residents, insofar as they are covered under the programs, and for ensuring that pharmaceutical services are provided in accordance with accepted professional principles.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	A. **Supervision of Services**				
F712	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F713	1. The pharmaceutical services are under the general supervision of a qualified pharmacist.				
F714	2. The pharmacist is responsible to the administrative staff for developing coordinating, and supervising all pharmaceutical services.				
F715	3. The pharmacist (if not a full-time employee) devotes a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out these responsibilities.				
F716	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F717	1. The facility employs a licensed pharmacist, or				
F718	2. The facility has formal arrangements with a licensed pharmacist to advise the facility on ordering, storage, administration, disposal and recordkeeping of drugs and biologicals.				
	B. **Control and Accountability**				
F719	SNF (405.1127(b)) (Standard) ☐ MET ☐ NOT MET				
F720	1. The pharmaceutical service has procedures for control and accountability of all drugs and biologicals throughout the facility.				
F721	2. Only approved drugs and biologicals are used in the facility.				
F722	3. Records of receipt and disposition of all controlled drugs are maintained in sufficient detail to enable an accurate reconciliation.				

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NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES/ LABORATORY AND RADIOLOGIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Pharmaceutical Services Committee**				
F723	SNF (405.1127(d)) (Standard) ☐ MET ☐ NOT MET				
F724	1. A pharmaceutical services committee or its equivalent develops written policies and procedures for safe and effective drug therapy, distribution, control and use.				
F725	2. The committee is comprised of at least the pharmacist, the director of nursing services, the administrator, and one physician.				
F726	3. The committee oversees pharmaceutical services in the facility, makes recommendations for improvement, and monitors the service to ensure its accuracy and adequacy.				
	Laboratory and Radiologic Services *(Condition of Participation)*				
F727	SNF (405.1128) ☐ MET ☐ NOT MET The facility has provision for promptly obtaining required laboratory, X-ray, and other diagnostic services.				
	A. **Provision for Services**				
F728	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
F729	1. If the facility provides its own laboratory and X-ray services, these meet the applicable conditions established for certification of hospitals that are contained in 405.1028 and 405.1029, respectively.				

NAME OF FACILITY

CODE	LABORATORY AND RADIOLOGIC SERVICES/ DENTAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F730	2. If the facility itself does not provide such services, arrangements are made for obtaining these services from a physician's office, a participating hospital or skilled nursing facility, or a portable X-ray supplier or independent laboratory which is approved to provide these services under the program.				
F731	3. The facility assists the resident, if necessary, in arranging for transportation to and from the source of service.				
	B. **Blood and Blood Products**				
F732	SNF (405.1128(b)) (Standard) ☐ MET ☐ NOT MET				
F733	1. Blood handling and storage facilities are safe, adequate, and properly supervised.				
F734	2. If the facility provides for maintaining and transfusing blood and blood products, it meets the conditions established for certification of hospitals that are contained in §405.1028(j).				
F735	3. If the facility does not provide its own facility but does provide transfusion services alone, it meets at least the requirements of §405.1028(j)(1), (3), (4), (6), and (9).				
	Dental Services *(Condition of Participation)*				
F736	SNF (405.1129) ☐ MET ☐ NOT MET The facility has satisfactory arrangements to assist residents to obtain routine and emergency dental care (See §405.1121(i). (The basic Hospital Insurance Program does not cover the services of a dentist in a skilled nursing facility in connection with the care, treatment, filling, removal, or replacement of teeth or structures supporting the teeth; and only certain oral surgery is included in the Supplemental Medical Insurance Program.)				

NAME OF FACILITY

CODE	DENTAL SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	A. **Advisory Dentist**				
F737	SNF (405.1129(a)) (Standard) ☐ MET ☐ NOT MET				
F738	A dentist recommends oral hygiene policies and practices for the care of residents. (§405.1121(h).				
	B. **Arrangements of Outside Services**				
F739	SNF (405.1129(b)) (Standard) ☐ MET ☐ NOT MET				
F740	1. The facility has a cooperative agreement with a dentist, and				
F741	2. Maintains a list of dentists in the community for residents who do not have a private dentist.				
F742	3. The facility assists the resident, if necessary, in arranging for transportation to and from the dentist's office.				
	Social Services ***(Condition of Participation)***				
F743	SNF (405.1130) ☐ MET ☐ NOT MET The facility has satisfactory arrangements for identifying the medically related social and emotional needs of the resident. It is not mandatory that the skilled nursing facility itself provide social services in order to participate in the program. If the facility does not provide social services, it has written procedures for referring residents in need of social services to appropriate social agencies. If social services are offered by the facility, they are provided under a clearly defined plan, by qualified persons, to assist each resident to adjust to the social and emotional aspects of the resident's illness, treatment, and stay in the facility.				

NAME OF FACILITY

CODE	SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	A. **Social Service Functions**				
F744	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F745	Services are provided to meet the social and emotional needs of residents by qualified staff of the facility, or by referral, based on established procedures, to appropriate social agencies.				
F746	ICF (442.344(b)) ☐ MET ☐ NOT MET The facility either provides these services itself or arranges for them with qualified outside resources.				
	B. **Staffing**				
F747	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F748	1. If the facility offers social services, a member of the staff of the facility is designated as responsible for social services.				
F749	2. If the designated person is not a qualified social worker, the facility has a written agreement with a qualified social worker or recognized social agency for consultation and assistance on a regularly scheduled basis. (See §405.1101(s).)				
F750	3. The social service also has sufficient supportive personnel to meet resident needs.				
F751	4. Facilities are adequate for social service personnel, easily accessible to residents and medical and other staff, and ensure privacy for interviews.				

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NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F752	ICF (442.344(c)) ☐ MET ☐ NOT MET				
F753	The facility designates one staff member, qualified by training or experience, to be responsible for: a. Arranging for social services; and				
F754	b. Integrating social services with other elements of the plan of care.				
	C. **Records and Confidentiality**				
F755	SNF (405.1130(c)) (Standard) ☐ MET ☐ NOT MET				
F756	Records of pertinent social data about personal and family problems medically related to the resident's illness and care, and of action taken to meet the resident's needs, are maintained in the resident's medical records.				
F757	If social services are provided by an outside resource, a record is maintained of each referral to such resource.				
	Activities *(Condition of Participation)*				
F758	SNF (405.1131) ☐ MET ☐ NOT MET The facility provides for an activities program, appropriate to the needs and interests of each resident, to encourage self care, resumption of normal activities, and maintenance of an optimal level of psychosocial functioning.				

NAME OF FACILITY

CODE	ACTIVITIES/MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	A. **Staffing**				
F759	SNF (405.1131(a)) (Standard) ☐ MET ☐ NOT MET				
F760	A member of the facility's staff is designated as responsible for the activities program.				
F761	If not a qualified activities coordinator, this staff member functions with frequent, regularly scheduled consultation from a person so qualified. (See §405.1101(o).)				
F762	ICF (442.345(b)) ☐ MET ☐ NOT MET The facility designates one staff member, qualified by training or experience in directing group activity, to be responsible for activity service.				
	Medical Records *(Condition of Participation)*				
F763	SNF (405.1132) ☐ MET ☐ NOT MET The facility maintains clinical (medical) records on all residents in accordance with accepted professional standards and practices. The medical record service has sufficient staff, facilities, and equipment to provide medical records that are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.				
F764	ICF (442.318(a)) ☐ MET ☐ NOT MET The facility maintains an organized resident record system that contains a record for each resident.				

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NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	A. Staffing				
F765	SNF (405.1132(a)) (Standard) ☐ MET ☐ NOT MET				
F766	1. Overall supervisory responsibility for the medical record service is assigned to a full-time employee of the facility.				
F767	2. The facility also employs sufficient supportive personnel competent to carry out the functions of the medical record service.				
F768	3. If the medical record supervisor is not a qualified medical record practitioner, this person functions with consultation from a person qualified. (See §405.1101(l).)				
	B. Protection of Medical Record Information				
F769	SNF (405.1132(b)) (Standard) ☐ MET ☐ NOT MET				
F770	ICF (442.318(d)) ☐ MET ☐ NOT MET				
F771	The facility safeguards medical record information against loss, destruction, or unauthorized use.				
	C. Physician Documentation				
F772	SNF (405.1132(d)) (Standard) ☐ MET ☐ NOT MET				
F773	1. Only physicians enter or authenticate in medical records opinions that require medical judgment (in accordance with medical staff bylaws, rules, and regulations, if applicable).				
F774	2. All physicians sign their entries into the medical record.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Completion of Records and Centralization of Reports				
F775	SNF (405.1132(e)) (Standard) ☐ MET ☐ NOT MET				
F776	1. Current medical records and those of discharged residents are completed promptly.				
F777	2. All clinical information pertaining to a resident's stay is centralized in the resident's medical record.				
	E. Retention and Preservation				
F778	SNF (405.1132(f)) (Standard) ☐ MET ☐ NOT MET Medical records are retained for a period of time not less than that determined by the respective State statute, the statue of limitations in the State, or 5 years from the date of discharge in the absence of a State statute, or, in the case of a minor, 3 years after the resident becomes of age under State law.				
F779	ICF (442.318(e)) ☐ MET ☐ NOT MET The facility must keep a resident's record for at least 3 years after the resident is discharged.				
	F. Location and Facilities				
F780	SNF (405.1132(h)) (Standard) ☐ MET ☐ NOT MET The facility maintains adequate facilities and equipment, conveniently located to provide efficient processing of medical records (reviewing, indexing, filing, and prompt retrieval).				

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NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	Transfer Agreement *(Condition of Participation)*				
F781	SNF (405.1133) ☐ MET ☐ NOT MET				
F782	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F783	The facility has in effect a transfer agreement with one or more hospitals approved for participation under the programs, which provides the basis for effective working arrangements under which inpatient hospital care or other hospital services are available promptly to the facility's residents when needed. (A facility that has been unable to establish a transfer agreement with the hospital(s) in the community or service area after documented attempts to do so is considered to have such an agreement in effect.) Exception: A facility that has been unable to establish a written agreement after documented attempts to do so, is considered to have such an agreement.				
	Resident Transfer				
F784	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F785	A hospital and a skilled nursing facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them or (in case of two institutions are under common control) by resaon of a written undertaking by the person or body which controls them, there is reasonable assurance that: 1. Transfer of patients will be effected between the hospital and the skilled nursing facility, ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician.				

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NAME OF FACILITY

CODE	TRANSFER AGREEMENT/PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F786	2. There will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions.				
F787	3. Security and accountability for residents' personal effects are provided on transfer.				
	Physical Environment ***(Condition of Participation)***				
F788	SNF (405.1134) ☐ MET ☐ NOT MET The facility is constructed, equipped, and maintained to protect the health and safety or residents, personnel, and the public.				
	A. **Life Safety from Fire**				
	SNF (405.1134(a)) (Standard) ☐ MET ☐ NOT MET				
	ICF (442.321) (Standard) ☐ MET ☐ NOT MET				
	(See appropriate HCFA Fire Safety survey form.)				
	B. **Maintenance of Equipment, Building, and Grounds**				
F789	SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F790	The facility establishes a written preventative maintenance program to ensure that all equipment is operative.				

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NAME OF FACILITY

CODE	INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
	Infection Control *(Condition of Participation)*				
F791	SNF (405.1135) ☐ MET ☐ NOT MET The facility establishes an infection control committee of representative professional staff with responsibility for overall infection control in the facility. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.				
	A. **Infection Control Committee**				
F792	SNF (405.1135(a)) (Standard) ☐ MET ☐ NOT MET				
F793	1. The infection control committee is composed of members of the medical and nursing staffs, administration, and the dietetic, pharmacy, housekeeping, maintenance, and other services.				
F794	2. The committee establishes policies and procedures for investigating, controlling, and preventing infection in the facility.				
F795	3. The committee monitors staff performance to ensure that the policies and procedures are executed.				
	B. **Aseptic and Isolation Techniques**				
F796	SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F797	1. The facility has written procedures for aseptic and isolation techniques.				
F798	2. These procedures are reviewed and revised for effectiveness and improvement as necessary.				

NAME OF FACILITY

CODE	INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Housekeeping**				
F799	SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F800	1. The facility employs sufficient housekeeping personnel.				
F801	2. Provides all necessary equipment to maintain a safe, clean and orderly interior.				
F802	3. A full-time employee is designated responsible for the services and for supervision and training of personnel.				
F803	4. If a facility has a contract with an outside resource for housekeeping services, the facility and/or outside resource meets the requirements of the standards.				
	D. **Pest Control**				
F804	SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET The facility has an ongoing pest control program.				

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NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
	Disaster Preparedness *(Condition of Participation)*				
F805	SNF (405.1136) ☐ MET ☐ NOT MET The facility has a written plan, periodically rehearsed, with procedures to be followed in the event of an internal or external disaster and for the care of casualties (residents and personnel) arising from such disasters.				
	A. **Plan**				
F806	ICF (442.313) (Standard) ☐ MET ☐ NOT MET				
F807	1. The facility has a written plan for staff and residents to follow in case of emergencies such as fire or explosion.				
F808	2. The facility rehearses the plan regularly.				
F809	3. The facility has written procedures for the staff to follow in case of an emergency involving an individual resident.				
F810	4. These procedures include: a. Caring for the resident.				
F811	b. Notifying the attending physician and other individuals responsible for the resident.				
F812	c. Arranging for transportation, hospitalization, and other appropriate services.				
F813	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F814	1. The facility has an acceptable written plan in operation, with procedures to be followed in the event of fire, explosion, or other disaster.				
F815	2. The plan is developed and maintained with the assistance of qualified fire, safety, and other appropriate experts.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS/UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
F816	3. Includes procedures for prompt transfer of casualties and records.				
F817	4. Instructions regarding the location and use of alarm systems and signals and of fire-fighting equipment.				
F818	5. Information regarding methods of containing fire.				
F819	6. Procedures for notification of appropriate persons.				
F820	7. Specifications of evacuation routes and procedures. (See §405.1134(a).)				
	B. **Orientation and training**				
F821	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F822	The disaster program includes orientation and ongoing training and drills for all personnel in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster (See §405.1121(h).)				
	Utilization Review *(Condition of Participation)*				
F823	SNF (405.1137) ☐ MET ☐ NOT MET The facility carries out utilization review of the services provided in the facility to residents who are entitled to benefits under the program(s). Utilization review assures the maintenance of high quality care and appropriate and efficient utilization of facility services. There are two elements to utilization review: medical care evaluation studies and review of extended duration cases.				

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NAME OF FACILITY

CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
	A. **Plan**				
F824	SNF (405.1137(a)) (Standard) ☐ MET ☐ NOT MET				
F825	1. The facility has a currently applicable written description of its utilization review plan.				
F826	2. Such description includes: a. The organization and composition of the committee or group which will be responsible for the utilization review function.				
F827	b. Methods of criteria (including norms where available) to be used to define periods of continuous extended duration and to assign or select subsequent dates for continued stay review.				
F828	c. Methods for selection and conduct of medical care evaluation studies.				
	B. **Organization and Composition of Utilization Review Committees**				
F829	SNF (405.1137(b)) (Standard) ☐ MET ☐ NOT MET				
F830	1. The utilization review (UR) function is conducted by: a. A staff committee of the skilled nursing facility which is composed of two or more physicians, with participation of other professional personnel; or,				

NAME OF FACILITY

CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
F831	b. A group outside the facility which is similarly composed and which is established by the local medical or osteopathic society and some or all of the hospitals and skilled nursing facilities in the locality; or (indicate name of the outside group and briefly describe the organization.)				
F832	c. A group established and organized in a manner approved by the Secretary that is capable of performing such function.				
F833	2. The medical care evaluation studies, educational duties of the review program, and the review of admissions and long-stay cases are performed by: a. the same committee or group;				
F834	b. or more committees or groups. Briefly explain who performs these functions.				
	C. **Medical Care Evaluation Studies**				
F835	SNF (405.1137(c)) (Standard) ☐ MET ☐ NOT MET				
F836	1. Medical care evaluation studies are performed to promote the most effective and efficient use of available health facilities and services consistent with resident needs and professionally recognized standards of health care.				
F837	2. Studies emphasize identification and analysis of patterns of resident care and suggest, where appropriate, possible changes for maintaining consistently high quality care and effective and efficient use of services.				

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NAME OF FACILITY

CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
F838	3. Each medical care evaluation study identifies and analyzes factors related to the care rendered in the facility and where indicated, results in recommendations for change beneficial to residents, staff, the facility, and the community.				
F839	4. Studies, on a sample or other basis, include, but need not be limited to, admissions, durations of stay, ancillary services furnished (including drugs and biologicals), and professional services performed on premises.				
F840	At least one study was completed during the last year. Type of study last completed: _____				
	D. **Extended Stay Review**				
F841	SNF (405.1137(d)) (Standard) ☐ MET ☐ NOT MET				
F842	1. Periodic review is made of each current inpatient skilled nursing facility beneficiary case of continuous extended duration, and the length of which is defined in the utilization review plan to determine whether further inpatient stay is necessary.				
F843	2. The review is based on the attending physician's reasons for and plan for continued stay and any other documentation the committee or group deems appropriate.				
F844	3. Cases are screened by: a. A qualified non-physician representative of the committee.				
F845	b. The group.				
F846	c. The reviewer uses criteria established by the physician members of the committee.				

NAME OF FACILITY

CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
F847	4. In instances when non-physician members are utilized, those cases are referred to a physician member for further review when it appears that the resident no longer requires further inpatient care.				
F848	5. Non-physician representatives used to screen extended stay review cases, have experience in such screening or appropriate training in the application of the screening criteria used, or both.				
F849	6. Before the expiration of each new period, the case must be reviewed again in like manner with such reviews being repeated as long as the stay continues beyond the scheduled review dates and notice has not been given pursuant to paragraph (e) of this section.				
	E. **Further Stay Not Medically Necessary**				
F850	SNF (405.1137(e)) (Standard) ☐ MET ☐ NOT MET				
F851	1. A final determination of the committee or group that continued stay is not medically necessary is made by at least two physician members of the committee or group, except that the final determination may be made by one physician where the attending physician, when given an opportunity to express his views, does not do so, or does not contest the finding that the continued stay is not medically necessary.				
F852	2. If the committee or group, or its nonphysician representative where a physician member concurs, has reason to believe from the review of an extended duration case or a case reviewed as part of a medical care evaluation study that further stay is no longer medically necessary, the committee or group shall notify the individual's attending physician and afford him an opportunity to present his views before it makes a final determination.				

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NAME OF FACILITY

CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
F853	3. If the final determination of the committee or group is that further stay is no longer medically necessary, written notification of the finding is given to the facility, the attending physician, and the individual (or where appropriate, his next of kin) no later than 2 days after such final determination is made and, in no event in the case of an extended duration case, later than 3 working days after the end of the extended duration period specified pursuant to paragraph (d) of this section.				
	F. **Administrative Responsibilities**				
F854	SNF (405.1137(f)) (Standard) ☐ MET ☐ NOT MET				
F855	The administrative staff of the facility is kept directly and fully informed of committee activities to facilitate support and assistance. (Explain)				
	G. **Utilization Review Records**				
F856	SNF (405.1137(g)) (Standard) ☐ MET ☐ NOT MET				
F857	1. Written records of committee activities are maintained.				
F858	2. Appropriate reports, signed by the committee chairman, are made regularly to the medical staff, administrative staff, governing body, and sponsors (if any).				
F859	3. Minutes of each committee meeting is maintained and include at least: a. Name of committee.				
F860	b. Date and duration of meeting.				
F861	c. Names of committee members present and absent.				

NAME OF FACILITY

CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
F862	4. Description of activities presently in progress to satisfy the requirements for medical care evaluation studies, including the subject, reason for study, dates of commencement and expected completion, summary of studies completed since the last meeting, conclusions and follow-up on implementation of recommendations made from previous studies.				
F863	5. Summary of extended duration cases reviewed including the number of cases, identification number, admission and review dates, and decision reached, including the basis for each determination and action taken for each case not approved for extended care.				
	H. **Discharge Planning**				
F864	SNF (405.1137(h)) (Standard) ☐ MET ☐ NOT MET The facility maintains a centralized, coordinated program to ensure that each resident has a planned program of continuing care which meets his postdischarge needs.				
F865	1. The facility has in operation an organized discharge planning program.				
F866	The utilization review committee, in its evaluation of the current status of each extended duration case, has available to it the results of such discharge planning and information on alternative available community resources to which the resident may be referred.				
F867	2. The facility maintains written discharge planning procedures which describe: a. How the discharge coordinator will function, and his authority and relationships with the facility's staff.				
F868	b. The maximum time period after which reevaluation of each resident's discharge plan is made.				

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NAME OF FACILITY

CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
F869	c. Local resources available to the facility, the resident, and the attending physician to assist in developing and implementing individual discharge plans; and				
F870	d. Provisions for periodic review and reevaluation of the facility's discharge planning program.				
F871	3. At the time of discharge, the facility provides those responsible for the resident's post discharge care with appropriate summary of information about the discharged resident to ensure the optimal continuity of care.				
	The discharge summary includes at least the following:				
F872	a. Current information relative to diagnoses.				
F873	b. Rehabilitation potential.				
F874	c. A summary of the course of prior treatment.				
F875	d. Physician orders for the immediate care of the resident.				
F876	e. Pertinent social information.				

§ 488.105 Long term care survey forms, Part B.

§ 488.105 Long term care survey forms, Part B.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

PROVIDER NUMBER

FACILITY NAME AND ADDRESS (*City, State, Zip*)

VENDOR NUMBER

SURVEY DATE

SURVEYORS' NAMES	TITLES

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Discipline

A.		Administrator	H.		Life Safety Code Specialist
B.		Nurse	I.		Laboratorian
C.		Dietitian	J.		Sanitarian
D.		Pharmacist	K.		Therapist
E.		Records Administrator	L.		Physician
F.		Social Worker	M.		National Institute of Mental Health
G.		Qualified Mental Retardation Professional	N.		Other

Note: More than one discipline may be marked for surveyors qualified in multiple disciplines.

F2 Indicate the Total Number of Surveyors Onsite: _____

Form HCFA-519 (2-86) *(CONTINUED ON REVERSE)* Page 1

LONG TERM CARE SURVEY

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. _____ | F3 ☐ MEDICARE _____ | F4 ☐ MEDICAID _____ | F5 ☐ OTHER _____ | F6 TOTAL RESIDENTS _____

CODE		CODE	
	BATHING		CONTINENCE
F7	___ Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.	F22	___ Number of residents with indwelling or external catheters.
F8	___ Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.	F23	___ Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.
F9	___ **TOTAL***	F24	___ Number of residents with urination and defecation entirely self-controlled.
	DRESSING	F25	___ **TOTAL***
F10	___ Number of residents totally dressed by another person.		FEEDING
F11	___ Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)	F26	___ Number of residents who receive enteral/parenteral feedings.
F12	___ Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.	F27	___ Number of residents who receive NG tube feedings.
F13	___ **TOTAL***	F28	___ Number of residents who require assistance in act of eating.
	TOILETING	F29	___ Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).
F14	___ Number of residents not toileted. (Use protective padding, catheter.)	F30	___ **TOTAL***
F15	___ Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.	F31	___ Number of completely bedfast residents.
F16	___ Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.	F32	___ Number of chairbound residents.
F17	___ **TOTAL***	F33	___ Number of ambulatory residents (may use cane, walker, or crutches).
	TRANSFERRING	F34	___ Number of physically restrained residents (belt, vest, cuffs).
F18	___ Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).	F35	___ Number of residents receiving psychotropic drugs.
F19	___ Number of residents needing assistance in transferring to toilet and tub only.	F36	___ Number of confused or disoriented residents.
F20	___ Number of residents able to complete all transfers independently (may or may not be using mechanical supports).	F37	___ Number of residents with decubiti.
F21	___ Total*	F38	___ Number of residents on individually written bowel and bladder retraining program.
		F39	___ Number of residents receiving special skin care.
		F40	___ Number of residents receiving intravenous therapy and/or blood transfusion.
		F41	___ Number of residents requiring no assistance in ADLs.
		F42	___ Number of residents on self-administration of drugs.
		F43	___ Number of residents with contractures.
		F44	___ Number of residents receiving respiratory care.
		F45	___ Number of residents receiving tracheostomy care.
		F46	___ Number of residents receiving suctioning.
		F47	___ Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy)
		F48	___ Number of residents receiving injections.
		F49	___ Number of residents receiving colostomy care.

Form HCFA-519 (2-86) *MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY Page 2

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET Indicators A thru K apply to this standard for SNFs.				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET Indicators A thru K apply to this standard for ICFs.				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

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NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Medical Condition and Treatment				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. Transfer and Discharge				
	Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. EXCEPTION: Not required for ICF residents.				
	D. Exercising Rights				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. **Financial Affairs**				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. **Freedom from Abuse and Restraints**				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

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Page 5

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. **Freedom of Association and Correspondence**				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. **Activities**				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. **Personal Possessions**				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. **Delegation of Rights and Responsibilities**				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

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NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ Met ☐ Not Met				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

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NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

Form HCFA-519 (2-86)

Page 8A

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Resident Supervision by Physician**				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to** this standard for ICFS.				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. EXCEPTION: Not required for ICF residents.				
	C. **Emergency Services**				
F121	SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
	NURSING SERVICES *(CONDITION OF PARTICIPATION)*				
F123	SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ Met ☐ Not Met Indicators A and B apply to this standard for SNFs.				
F125	ICF (442.338) ☐ Met ☐ Not Met Indicators A thru E apply to this standard for ICFs except where noted.				
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.				
F136	11. Adequate resident care supplies are available for providing treatments.				
	B. **Twenty-Four Hour Nursing Service**				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. EXCEPTION: Not required for ICFs.				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Charge Nurse**				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D PATIENT CARE MANAGEMENT				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1 Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2 Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. **Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.**				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ Met ☐ Not Met				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

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NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.				
F179	SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	G. **Administration of Drugs**				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. **Conformance with Physician Drug Orders**				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate _____% (See Form HCFA-522)				

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NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFS.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets_____				
F201	Number of Therapeutic Diets_____				
F202	Number of Mechanically Altered Diets _____				
F203	Number of Tube Feedings_____				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Preparation				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. Frequency				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. Staffing				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

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NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. Plan of Care				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapists(s) and the nursing service.				
	B. Therapy				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. Progress				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. Supervision				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

Form HCFA-519 (2-86)

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan**				
F236	The medically related social and emotional needs of the resident are identified.				
	B. **Provision of Services**				
F237	1. Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

Form HCFA-519 (2-86)

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

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NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE		YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

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NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT ***(CONDITION OF PARTICIPATION)***				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. **Nursing Unit**				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B. **Dining and Activities Area**				
F275	SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET				
	INDICATORS C AND D APPLY TO THIS STANDARD FOR SNF				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

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NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily acessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

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NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
	I. **Maintenance of Building and Equipment**				
F320	SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET Indicators J thru L apply to ICFs.				
	J. **Dietetic Service Area**				
F326	SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. HYGIENE OF DIETARY STAFF SNF (405.1125(f)) (Standard) ☐ Met ☐ Not Met				
F330	Dietetic service personnel practice hygienic food handling techniques.				
F331	L. DIETARY SANITARY CONDITIONS SNF (405.1125(g)) (Standard) ☐ Met ☐ Not Met				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL *(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	**A. Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

Form HCFA-519 (2-86)

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NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Sanitation				
F341	SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
	C. Linen				
F343	SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
	D. PEST CONTROL				
F347	SNF (405.1135(e)) (Standard) ☐ Met ☐ Not Met				
F348	ICF (442.315(c)) (Standard) ☐ Met ☐ Not Met				
F349	The facility is maintained free from insects and rodents.				
	DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*				
F350	SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFS.				
	A. Disaster Plan				
F353	1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. **Drills**				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B
CRUCIAL DATA EXTRACT
(To be used with 2-86 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A.	_____	ADMINISTRATOR	H.	_____	LIFE SAFETY CODE SPECIALIST
B.	_____	NURSE	I.	_____	LABORATORIAN
C.	_____	DIETITIAN	J.	_____	SANITARIAN
D.	_____	PHARMACIST	K.	_____	THERAPIST
E.	_____	RECORDS ADMINISTRATOR	L.	_____	PHYSICIAN
F.	_____	SOCIAL WORKER	M.	_____	NATIONAL INSTITUTE OF MENTAL HEALTH
G.	_____	QUALIFIED MENTAL RETARDATION PROFESSIONAL	N.	_____	OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193 DRUG ERROR RATE: _____% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐ New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-519E (2-86)

☆U.S. GOVERNMENT PRINTING OFFICE : 1986 O - 153-203 : QL 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

RESIDENTS SELECTED FOR INDEPTH REVIEW

PROVIDER NUMBER	SURVEY DATE

	RESIDENT NAME (TARGETED)*	ROOM NUMBER	REASON FOR SELECTION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

FORM HCFA-520 (2-86) * NOTE IF ICF OR SNF RESIDENT

★U.S.GPO:1986-0-181-264/53839

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

TOUR NOTES WORKSHEET

PROVIDER NUMBER	SURVEY DATE

INSTRUCTIONS

1. *Note care and problems in care on all units.*
2. *Report deficiencies directly to survey report form or evaluate further during indepth sample review.*
3. *Select residents for indepth review.*
4. *Select a proportionate number from each section.*

INDEPTH SAMPLE

Facility Census	0-60	61-120	121-200	200+
Sample Size	25% (Min10)	20% (Min15)	15% (Min24)	10% (Min30) (Max50)

OBSERVE RESIDENTS FOR THE FOLLOWING CARE PROBLEMS

GROOMING/PERSONAL HYGIENE

POSITIONING

ASSISTIVE DEVICES

AMBULATION

RESTRAINTS

HYDRATION

INFECTION CONTROL

PATIENT RIGHTS

OTHER

FORM HCFA-521 (2-86)

*U.S. GPO 1986 O-181-284/53827

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

OBSERVATION / INTERVIEW RECORD REVIEW WORKSHEET

PROVIDER NUMBER	SURVEY DATE	OBSERVATION/INTERVIEW OF: (RESIDENT IDENTIFIER)

INSTRUCTIONS

1. Observe each resident in sample to identify ADL needs and potential problems. Check appropriate blocks.
2. Interview only residents in sample who are capable and willing.
3. Review each resident's record to ensure assessments, plans, interventions and evaluations are appropriate and current.
4. Note deficiencies on survey report form after reviewing all residents in sample.

RESIDENT NEEDS

ADL's
- ☐ Bathing
- ☐ Dressing
- ☐ Toileting
- ☐ Transferring
- ☐ Continence
- ☐ Feeding

SKIN
- ☐ Tears/Wounds
- ☐ Ulcers
- ☐ Rashes
- ☐ Flaking
- ☐ Scaling
- ☐ Red Area

DECUBITUS
- ☐ Grade
- ☐ Foul Odor
- ☐ Draining
- ☐ Dressing
- ☐ Unclean
- ☐ Not Dry
- ☐ Not Intact
- ☐ Poor Technique

GROOMING/HYGIENE
- ☐ Eyes/Ears/Mouth
- ☐ Oral/Dental Hygiene
- ☐ Foot Care
- ☐ Facial Hair
- ☐ Hair/Scalp
- ☐ Nails
- ☐ Clothing
- ☐ Shoes/Slippers
- ☐ Odors

POSITIONING
- ☐ Need Present
- ☐ Contracted Extremities
- ☐ Improper Position
- ☐ No Protective Device
- ☐ ROM Improper
- ☐ Lack of Turning as Needed
- ☐ Schedule Not Present
- ☐ Improper Techniques
- ☐ Aseptic/Other

DRESSINGS
- ☐ Present
- ☐ Unclean
- ☐ Not Dry
- ☐ Not Intact
- ☐ Foul Odor
- ☐ Poor Technique

RESTRAINTS
- ☐ Type
- ☐ Inappropriate Application
- ☐ Improper Body Alignment/Support
- ☐ Not Released/Exercised Every 2 Hours
- ☐ Chemically Restrained

BOWEL/BLADDER
- ☐ Incontinent
- ☐ Not Routinely Toileted
- ☐ Commode Not Available
- ☐ Schedule Not Available

CATHETER
- ☐ Present
- ☐ Inappropriate
- ☐ Poor Drainage
- ☐ Drainage System Open
- ☐ No Urine in Bag
- ☐ Urine Leaking
- ☐ Abdomen Distended
- ☐ Tubing Not Clean
- ☐ No I/O Recording
- ☐ Supply Storage Unclean

INJECTIONS
- ☐ Receives Injections
- ☐ Site Red/Swollen
- ☐ Improper Technique
- ☐ Resident Reacts

COLOSTOMY/ILEOSTOMY
- ☐ Present
- ☐ Not Well Regulated
- ☐ Odors
- ☐ Diarrhea/Constipation
- ☐ Site Red/Irritated

PARENTERAL FLUID/IV'S
- ☐ Present
- ☐ Rate Incorrect/Stopped
- ☐ Site Red/Swollen
- ☐ Dressing Unclean
- ☐ Unsafe Splint
- ☐ Improper Label
- ☐ Outdated Solution
- ☐ No I/O Recording

TRACHEOSOTOMY
- ☐ Present
- ☐ Site Red/Swollen
- ☐ Obstructed
- ☐ Unclean
- ☐ Improper Suctioning
- ☐ Equipment Not Available

SUCTIONING
- ☐ Need Present
- ☐ Audible Rales
- ☐ Labored Breathing
- ☐ Drainage
- ☐ Equipment Not Available

RESPIRATORY
- ☐ Congested/Short Breath
- ☐ IPPB Not Available
- ☐ Oxygen Not Available
- ☐ Improper Equipment Use

DIETARY NEEDS
- ☐ Over/Underweight
- ☐ Dehydrated
- ☐ Edema
- ☐ Emaciated
- ☐ Dull/Dry Hair
- ☐ Swollen/Red Tongue
- ☐ Bleeding Gums
- ☐ Cracked Lips
- ☐ Inability to Chew
- ☐ Swallowing Prob.
- ☐ Pallor

TUBE FEEDING
- ☐ Present
- ☐ Nutrition Inadequate
- ☐ Poorly Tolerated
- ☐ Vomits
- ☐ Dehydrated
- ☐ Over/Underweight
- ☐ Diarrhea/Constipation
- ☐ Poor Skin Condition
- ☐ Poor Mouth Condition
- ☐ Improper Technique

REHABILITATION NEEDS
- ☐ Cannot Communicate
- ☐ Ineffective Use of Assistive Device
- ☐ Improper Equipment Use
- ☐ Improper Technique
- ☐ Equipment Inadequate

SOCIAL SERVICE NEEDS
- ☐ Not Oriented
- ☐ Not Able to Converse
- ☐ Uncooperative/Disrupts
- ☐ Withdrawn
- ☐ Anxious
- ☐ Confused
- ☐ Lonely
- ☐ Vision/Hearing Needs
- ☐ Mentally Retarded

OTHER
- ☐
- ☐
- ☐
- ☐
- ☐

ACTIVITY NEEDS
- ☐ Not Participating
- ☐ Vision/Hearing
- ☐ Chair/Bedfast
- ☐ Dependence ≥ 4 ADL's

PATIENT RIGHTS
- ☐ Privacy Not Maintained
- ☐ Staff Not Courteous
- ☐ Not Informed of Rights
- ☐ Mental/Physical Abuse
- ☐ Cannot Exercise Rights
- ☐ Cannot Manage Affairs

NOTES:

Form HCFA 524 (2-86)

SEE REVERSE

RECORD REVIEW

☐ Drug Regimen Review (See SOM Appendix N Part 1): ☐ Satisfactory ☐ Unsatisfactory

ROUTINE REPORTS: ☐ Weights ☐ Lab ☐ X-ray ☐ Other

ASSESSMENT	PLAN	INTERVENTION	EVALUATION

PHYSICIAN SERVICES

☐ Admission Information

☐ Rehabilitation Information

☐ Physical Exam

☐ Written Care Plan

☐ Signs Orders/Notes

☐ Required Visits

☐ Emergency Availability

☐ Review of Care

★U.S.GPO:1986-0-181-264/53835

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

DRUG PASS WORKSHEET

PROVIDER NUMBER	SURVEY DATE
	ERROR RATE ☐

INSTRUCTIONS	DEFICIENCY FORMULA
1. Perform Drug Pass Observations on 20 Residents. *2. Record Observation of each Opportunity.* *3. Compare Observation Notes with Physician Orders.* *4. Calculate and Note Error Rate.* *5. Note Deficiencies on Survey Report Form.*	*1. One or more Significant Errors = Deficiency* *2.* $\frac{\text{Significant + Non-significant}}{\text{Doses Given + Doses Ordered But Not Given}} \times 100 \geq 5\% = \text{Deficiency}$

IDENTIFIER	POUR	PASS	RECORD
RESIDENT'S FULL NAME, ROOM NUMBER, TIME	DRUG PRESCRIPTION NAME, DOSE AND FORM	OBSERVATION OF ADMINISTRATION	DRUG ORDER WRITTEN AS: *(IF DIFFERS FROM ADMINIS ONLY)*

FORM HCFA-522 (2-86)

SEE REVERSE

DRUG ERROR CALCULATION
(SEE SOM Appendix N Part 2)

How to Calculate a Medication Error Rate—In calculating the percentage of errors, the numerator in the ratio is the total number of errors that you observe, both significant and non-significant. The denominator is all the doses observed being administered **plus** the doses ordered but not administered. The equation for calculating a medication error rate is as follows:

$$\text{Medication Error Rate} = \frac{\text{Number of errors observed}}{\text{Opportunities for errors}} \times 100$$

Where: Opportunities for errors equals the number of doses administered **plus** the number of doses ordered but not administered.

Comments

For example, you observed the administration of drugs to 20 patients. There were a total of 47 drugs administered (47 opportunities for errors). At the completion of the reconciliation of your Observations with the physicians' orders, you find that three medication errors were made in administration and one medication was omitted (ordered but not administered). The omitted dose is included in both the numerator and the denominator. Therefore, following the above formula, your equation would be as follows:

$$\frac{3 + 1}{47 + 1} \times 100 = 8.3\%$$

★U.S.GPO:1986-0-181-264/53836

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

DINING AREA & EATING ASSISTANCE WORKSHEET

PROVIDER NUMBER	SURVEY DATE

INSTRUCTIONS

TASKS 1. Observe Dining Area.
2. Note Meals Served/Review Physicians Orders.
3. Note Assistance Provided.
4. Note Deficiencies on Survey Summary Form.

➡ *SAMPLE A MINIMUM OF FIVE (5) RESIDENTS ⬅

1. DINING AREA AND MEALS	
a. Size does not restrict movement.	
b. Accommodates all residents.	
c. Cleanliness.	
d. Adequate/comfortable lighting.	
e. Adequate/comfortable ventilation.	
2. SERVING OF MEALS *	
a. Number of meals/time span between meal.	
b. Conformance to physicians order.	
c. Nutritional adequacy.	
d. Adequacy of portions.	
e. Residents eat approximately 75% of meals.	
f. Puree dishes served individually.	
g. Food cut, chopped or ground for individual resident needs.	
h. Acceptable taste.	
i. Proper temperature.	
j. Plates covered.	

FORM HCFA-523 (2-86)

SEE REVERSE

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2. SERVING OF MEALS * *(continued)*

k. Served promptly.

l. Residents ready for meal when served.

m. Attractive.

n. Utensils available.

o. Functional trays for bedfast residents.

p. Salt, pepper, sugar, other condiments on resident's trays unless contraindicated.

q. Medically able residents eating in dining area.

r. Bedtime nourishment offered.

3. SUPERVISION OF RESIDENT NUTRITION

a. Prompt assistance.

b. Proper assistance (spoon-feeding; supervision or instruction to develop eating skills).

c. Courteous and unhurried assistance.

d. Self-help devices present (straws, easy grip utensils, special cup, etc.).

e. Intake recorded/deviations from normal are reported.

FORM HCFA-523 (2-86)

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§ 488.110 Procedural guidelines.

SNF/ICF Survey Process. The purpose for implementing a new SNF/ICF survey process is to assess whether the quality of care, as intended by the law and regulations, and as needed by the resident, is actually being provided in nursing homes. Although the onsite review procedures have been changed, facilities must continue to meet all applicable Conditions/Standards, in order to participate in Medicare/Medicaid programs. That is, the methods used to

compile information about compliance with law and regulations are changed; the law and regulations themselves are not changed. The new process differs from the traditional process, principally in terms of its emphasis on resident outcomes. In ascertaining whether residents grooming and personal hygiene needs are met, for example, surveyors will no longer routinely evaluate a facility's written policies and procedures. Instead, surveyors will observe residents in order to make that determination. In addition, surveyors will confirm, through interviews with residents and staff, that such needs are indeed met on a regular basis. In most reviews, then, surveyors will ascertain whether the facility is actually providing the required and needed care and services, rather than whether the facility is capable of providing the care and services.

THE OUTCOME-ORIENTED SURVEY PROCESS—SKILLED NURSING FACILITIES (SNFS) AND INTERMEDIATE CARE FACILITIES (ICFS)

(a) General.
(b) The Survey Tasks.
(c) Task 1—Entrance Conference.
(d) Task 2—Resident Sample—Selection Methodology.
(e) Task 3—Tour of the Facility.
(f) Task 4—Observation/Interview/Medical Record Review (including drug regimen review).
(g) Task 5—Drug Pass Observation.
(h) Task 6—Dining Area and Eating Assistance Observation.
(i) Task 7—Forming the Deficiency Statement.
(j) Task 8—Exit Conference.
(k) Plan of Correction.
(l) Followup Surveys.
(m) Role of Surveyor.
(n) Confidentiality and Respect for Resident Privacy.
(o) Team Composition.
(p) Type of Facility-Application of SNF or ICF Regulations.
(q) Use of Part A and Part B of the Survey Report.

(a) *General.* A complete SNF/ICF facility survey consists of three components:

• Life Safety Code requirements;

• Administrative and structural requirements (Part A of the Survey Report, Form CMS–525); and

• Direct resident care requirements (Part B of the Survey Report, Form CMS–519), along with the related worksheets (CMS–520 through 524).

Use this survey process for all surveys of SNFs and ICFs—whether freestanding, distinct parts, or dually certified. Do not use this process for surveys of Intermediate Care Facilities for Mentally Retarded (ICFs/MR), swing-bed hospitals or skilled nursing sections of hospitals that are not separately certified as SNF distinct parts. Do not announce SNF/ICF surveys ahead of time.

(b) *The Survey Tasks.* Listed below are the survey tasks for easy reference:

• Task 1. Entrance Conference.

• Task 2. Resident Sample—Selection Methodology.

• Task 3. Tour of the Facility. Resident Needs. Physical Environment. Meeting with Resident Council Representatives. Tour Summation and Focus of Remaining Survey Activity.

• Task 4. Observation/Interview/Medical Record. Review of Each Individual in the Resident Sample (including drug regimen review).

• Task 5. Drug Pass Observation.

• Task 6. Dining Area and Eating Assistance Observation.

• Task 7. Forming the Deficiency Statement (if necessary).

• Task 8. Exit Conference.

(c) *Task 1—Entrance Conference.* Perform these activities during the entrance conference in every certification and recertification survey:

• Introduce all members of the team to the facility staff, if possible, even though the whole team may not be present for the entire entrance conference. (All surveyors wear identification tags.)

• Explain the SNF/ICF survey process as resident centered in focus, and outline the basic steps.

• Ask the facility for a list showing names of residents by room number with each of the following care needs/treatments identified for each resident to whom they apply:

—Decubitus care
—Restraints
—Catheters
—Injections
—Parenteral fluids
—Rehabilitation service
—Colostomy/ileostomy care
—Respiratory care

—Tracheostomy care
—Suctioning
—Tube feeding

Use this list for selecting the resident sample.

• Ask the facility to complete page 2 of Form CMS–519 (Resident Census) as soon as possible, so that the information can further orient you to the facility's population. In a survey of a SNF with a distinct part ICF, you may collect two sets of census data. However, consolidate the information when submitting it to the regional office. You may modify the Resident Census Form to include the numbers of licensed and certified beds, if necessary.

• Ask the facility to post signs on readily viewed areas (at least one on each floor) announcing that State surveyors are in the facility performing an ''inspection,'' and are available to meet with residents in private. Also indicate the name and telephone number of the State agency. Hand-printed signs with legible, large letters are acceptable.

• If the facility has a Resident Council, make mutually agreeable arrangements to meet privately with the president and officers and other individuals they might invite.

• Inform the facility that interviews with residents and Resident Councils are conducted privately, unless they independently request otherwise, in order to enhance the development of rapport as well as to allay any resident anxiety. Tell the facility that information is gathered from interviews, the tour, observations, discussions, record review, and facility officials. Point out that the facility will be given an opportunity to respond to all findings.

(d) *Task 2—Resident Sample—Selection Methodology*. This methodology is aimed at formulating a sample that reflects the actual distribution of care needs/treatments in the facility population.

Primarily performed on a random basis, it also ensures representation in the sample of certain care needs and treatments that are assessed during the survey.

(1) *Sample Size*. Calculate the size of the sample according to the following guide:

Number of residents in facility	Number of residents in sample[1]
0–60 residents.	25% of residents (minimum—10).
61–120 residents.	20% of residents (minimum—15).
121–200 residents.	15% of residents (minimum—24).
201+ residents.	10% of residents (minimum—30).

[1] Maximum—50.

Note that the calculation is based on the resident census, not beds. After determining the appropriate sample size, select residents for the sample in a random manner. You may, for example, select every fifth resident from the resident census, beginning at a random position on the list. For surveys of dually certified facilities or distinct part SNFs/ICFs, first use the combined SNF/ICF population to calculate the size of the sample, and then select a sample that reflects the proportions of SNF and ICF residents in the facility's overall population.

(2) *Special Care Needs/Treatments*. The survey form specifies several care needs/treatments that must always be reviewed when they apply to any facility residents. These include:

• Decubitus Care
• Restraints
• Catheters
• Injections, Parenteral Fluids, Colostomy/Ileostomy, Respiratory Care, Tracheostomy Care, Suctioning, Tube Feeding
• Rehabilitative Services (physical therapy, speech pathology and audiology services, occupational therapy)

Due to the relatively low prevalence of these care needs/treatments, appropriate residents may be either underrepresented or entirely omitted from the sample. Therefore, determine during the tour how many residents in the random selection fall into each of these care categories. Then, compare the number of such residents in the random selection with the total number of residents in the facility with each specified care need/treatment (based on either the resident census or other information provided by the facility).

Review no less than 25 percent of the residents in each of these special care needs/treatments categories. For example, if the facility has 10 residents with

decubitus ulcers, but only one of these residents is selected randomly, review two more residents with decubitis ulcers (25% of 10 equals 2.5, so review a total of 3). Or, if the facility has two residents who require tube feeding, neither of whom is in the random selection, review the care of at least one of the these residents. This can be accomplished in the following manner:

Conduct in-depth reviews of the randomly selected residents and then perform limited reviews of additional residents as needed to cover the specified care categories. Such reviews are limited to the care and services related to the pertinent care areas only, e.g., catheters, restraints, or colostomy. Utilize those worksheets or portions of worksheets which are appropriate to the limited review. Refer to the Care Guidelines, as a resource document, when appropriate.

Always keep in mind that neither the random selection approach nor the review of residents within the specified care categories precludes investigation of other resident care situations that you believe might pose a serious threat to a resident's health or safety. Add to the sample, as appropriate.

(e) *Task 3—Tour of the Facility*—(1) *Purpose*. Conduct the tour in order to:

• Develop an overall picture of the types and patterns of care delivery present within the facility;

• View the physical environment; and

• Ascertain whether randomly selected residents are communicative and willing to be interviewed.

(2) *Protocol*. You may tour the entire facility as a team or separately, as long as all areas of the facility are examined by at least one team member. Success of the latter approach, however, is largely dependent on open intra-team communication and the ability of each team member to identify situations for further review by the team member of the appropriate discipline. You may conduct the tour with or without facility staff accompanying you, as you prefer. Facilities, however, vary in staff member availability. Record your notes on the Tour Notes Worksheet, Form CMS–521.

Allow approximately three hours for the tour. Converse with residents, family members/significant others (if present), and staff, asking open-ended questions in order to confirm observations, obtain additional information, or corroborate information, (e.g., accidents, odors, apparent inappropriate dress, adequacy and appropriateness of activities). Converse sufficiently with residents selected for in-depth review to ascertain whether they are willing to be interviewed and are communicative. Observe staff interactions with other staff members as well as with residents for insight into matters such as resident rights and assignments of staff responsibilities.

Always knock and/or get permission before entering a room or interrupting privacy. If you wish to inspect a resident's skin, observe a treatment procedure, or observe a resident who is exposed, courteously ask permission from the resident if she/he comprehends, or ask permission from the staff nurse if the resident cannot communicate. Do not do ''hands-on'' monitoring such as removal of dressings; ask staff to remove a dressing or handle a resident.

(3) *Resident Needs*. While touring, focus on the residents' needs—physical, emotional, psychosocial, or spiritual—and whether those needs are being met. Refer to the following list as needed:

—Personal hygiene, grooming, and appropriate dress
—Position
—Assistive and other restorative devices
—Rehabilitation issues
—Functional limitations in ADL
—Functional limitations in gait, balance and coordination
—Hydration and nutritional status
—Resident rights
—Activity for time of day (appropriate or inappropriate)
—Emotional status
—Level of orientation
—Awareness of surroundings
—Behaviors
—Cleanliness of immediate environment (wheelchair, bed, bedside table, etc.)
—Odors
—Adequate clothing and care supplies as well as maintenance and cleanliness of same

(4) *Review of the Physical Environment*. As you tour each resident's room and

auxiliary rooms, also examine them in connection with the physical environment requirements. You need not document physical environment on the Tour Notes Worksheet. Instead, you may note any negative findings directly on the Survey Report Form in the remarks section.

(5) *Meeting With Resident Council Representatives.* If a facility has a Resident Council, one or more surveyors meet with the respresentatives in a private area. Facility staff members do not attend unless specifically requested by the Council. Explain the purpose of the survey and briefly outline the steps in the survey process, i.e., entrance conference * * * exit conference. Indicate your interest in learning about the strengths of the facility in addition to any complaints or shortcomings. State that this meeting is one part of the information gathering; the findings have not yet been completed nor the conclusions formulated. Explain further, however, that the official survey findings are usually available within three months after the completion of the survey, and give the telephone number of the State agency office.

Use this meeting to ascertain strengths and/or problems, if any, from the consumer's perspective, as well as to develop additional information about aspects of care and services gleaned during the tour that were possibly substandard.

Conduct the meeting in a manner that allows for comments about any aspect of the facility. (See the section on Interview Procedures.) Use open-ended questions such as:

- ''What is best about this home?''
- ''What is worst?''
- ''What would you like to change?''

In order to get more detail, use questions such as:

- ''Can you be more specific?''
- ''Can you give me an example?''
- ''What can anyone else tell me about this?''

If you wish to obtain information about a topic not raised by the residents, use an approach like the following:

- ''Tell me what you think about the food/staff/cleanliness here.''
- ''What would make it better?''
- ''What don't you like? What do you like?''

(6) *Tour Summation and Focus of Remaining Survey Activity.* When the tour is completed, review the resident census data provided by the facility. Determine if the care categories specified in the section on Resident Sample are sufficiently represented in the random selection, make adjustments as needed, and complete the listing of residents on the worksheet labeled ''Residents Selected for In-depth Review'', Form CMS–520.

Transcribe notes of a negative nature onto the SRF in the ''Remarks'' column under the appropriate rule. Findings from a later segment in the survey or gathered by another surveyor may combine to substantiate a deficiency. You need not check ''met'' or ''not met'' at this point in the survey. Discuss significant impressions/conclusions at the completion of each subsequent survey task, and transfer any negative findings onto the Survey Report Form in the Remarks section.

(f) *Task 4—Observation/Interview/Medical Record Review (including drug regimen review).* Perform the in-depth review of each individual in the resident sample in order to ascertain whether the facility is meeting resident needs. Evaluate specific indicators for each resident, utilizing the front and back of the ''Observation/Interview/Record Review (OIRR)'' worksheet, Form CMS–524. You may prefer to perform the record review first, complete resident/staff/family observations and interviews, and finally, return to the record for any final unresolved issues. On the other hand, you may prefer to do the interviews first. Either method is acceptable. Whenever possible, however, complete one resident's observation/interview/medical record review and document the OIRR before moving onto another resident. If because of the facility layout, it is more efficient to do more than one record review at a time, limit such record review to two or three residents so your familiarity with the particular resident and continuity of the OIRR are not compromised.

(1) *Observation.* Conduct observations concurrently with interviews of residents, family/significant others, and

discussions with direct care staff [of the various disciplines involved. In multi-facility operations, whenever possible, observe staff that is regularly assigned to the facility in order to gain an understanding of the care and services usually provided.] Maintain respect for resident privacy. Minimize disruption of the operations of the facility or impositions upon any resident as much as possible. Based upon your observations of the residents' needs, gather information about any of the following areas, as appropriate:

Bowel and bladder training
Catheter care
Restraints
Injections
Parenteral fluids
Tube feeding/gastrostomy
Colostomy/ileostomy
Respiratory therapy
Tracheostomy care
Suctioning

(2) *Interviews*. Interview each resident in private unless he/she independently requests that a facility staff member or other individual be present. Conduct the in-depth interview in a nonthreatening and noninvasive fashion so as to decrease anxiety and defensiveness. The open-ended approach described in the section on the Resident Council is also appropriate for the in-depth interview. While prolonged time expenditure is not usually a worthwhile use of resources or the resident's time, do allow time initially to establish rapport.

At each interview:

- Introduce yourself.
- Address the resident by name.
- Explain in simple terms the reason for your visit (e.g., to assure that the care and services are adequate and appropriate for each resident).
- Briefly outline the process—entrance conference, tour, interviews, observations, review of medical records, resident interviews, and exit conference.
- Mention that the selection of a particular resident for an interview is not meant to imply that his/her care is substandard or that the facility provides substandard care. Also mention that most of those interviewed are selected randomly.
- Assure that you will strive for anonymity for the resident and that the interview is used in addition to medical records, observations, discussions, etc., to capture an accurate picture of the treatment and care provided by the facility. Explain that the official findings of the survey are usually available to the public about three months after completion of the survey, but resident names are not given to the public.
- When residents experience difficulty expressing themselves:

—Avoid pressuring residents to verbalize
—Accept and respond to all communication
—Ignore mistakes in word choice
—Allow time for recollection of words
—Encourage self-expression through any means available

- When interviewing residents with decreased receptive capacity:

—Speak slowly and distinctly
—Speak at conversational voice level
—Sit within the resident's line of vision

- Listen to all resident information/allegations without judgment. Information gathered subsequently may substantiate or repudiate an allegation.

The length of the interview varies, depending on the condition and wishes of the resident and the amount of information supplied. Expect the average interview, however, to last approximately 15 minutes. Courteously terminate an interview whenever the resident is unable or unwilling to continue, or is too confused or disoriented to continue. Do, however, perform the other activities of this task (observation and record review). If, in spite of your conversing during the tour, you find that less than 40 percent of the residents in your sample are sufficiently alert and willing to be interviewed, try to select replacements so that a complete OIRR is performed for a group this size, if possible. There may be situations, however, where the resident population has a high percentage of confused individuals and this percentage is not achievable. Expect that the information from confused individuals can be, but is not necessarily, less

reliable than that from more alert individuals.

Include the following areas in the interview of each resident in the sample:

Activities of daily living
Grooming/hygiene
Nutrition/dietary
Restorative/rehabilitation care and services
Activities
Social services
Resident rights

Refer to the Care Guidelines ''evaluation factors'' as a resource for possible elements to consider when focusing on particular aspects of care and resident needs.

Document information obtained from the interviews/observations on the OIRR Worksheet. Record in the ''Notes'' section any additional information you may need in connection with substandard care or services. Unless the resident specifically requests that he/she be identified, do not reveal the source of the information gleaned from the interview.

(3) *Medical Record Review*. The medical record review is a three-part process, which involves first reconciling the observation/interview findings with the record, then reconciling the record against itself, and lastly performing the drug regimen review.

Document your findings on the OIRR Worksheet, as appropriate, and summarize on the Survey Report Form the findings that are indicative of problematic or substandard care. Be alert for repeated similar instances of substandard care developing as the number of completed OIRR Worksheets increases.

NOTE: The problems related to a particular standard or condition could range from identical (e.g., meals not in accordance with dietary plan) to different but related (e.g., nursing services—lapse in care provided to residents with catheters, to residents with contractures, to residents needing assistance for personal hygiene and residents with improperly applied restraints).

(i) *Reconciling the observation/interview findings with the record*. Determine if:

- An assessment has been performed.
- A plan with goals has been developed.
- The interventions have been carried out.
- The resident has been evaluated to determine the effectiveness of the interventions.

For example, if a resident has developed a decubitus ulcer while in the facility, record review can validate staff and resident interviews regarding the facility's attempts at prevention. Use your own judgment; review as much of the record(s) as necessary to evaluate the care planning. Note that facilities need not establish specific areas in the record stating ''Assessment,'' ''Plan,'' ''Intervention,'' or ''Evaluation'' in order for the documentation to be considered adequate.

(ii) *Reconciling the record with itself*. Determine:

- If the resident has been properly assessed for all his/her needs.
- That normal and routine nursing practices such as periodic weights, temperatures, blood pressures, etc., are performed as required by the resident's conditions.

(iii) *Performing the drug regimen review*. The purpose of the drug regimen review is to determine if the pharmacist has reviewed the drug regimen on a monthly basis. Follow the procedures in Part One of Appendix N, Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care Facilities. Fill in the appropriate boxes on the top left hand corner of the reverse side of the OIRR Worksheet, Form CMS–524. Appendix N lists many irregularities that can occur. Review at least six different indicators on each survey. However, the same six indicators need not be reviewed on every survey.

NOTE: If you detect irregularities and the documentation demonstrates that the pharmacist has notified the attending physician, do not cite a deficiency. Do, however, bring the irregularity to the attention of the medical director or other facility official, and note the official's name and date of notification on the Survey Report Form.

(g) *Task 5—Drug Pass Observation*. The purpose of the drug pass observation is to observe the actual preparation and administration of medications to residents. With this approach, there is no doubt that the errors detected, if any, are errors in drug administration, not

documentation. Follow the procedure in Part Two of Appendix N, Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care Facilities, and complete the Drug Pass Worksheet, Form CMS–522. Be as neutral and unobtrusive as possible during the drug pass observation. Whenever possible, select one surveyor, who is a Registered Nurse or a pharmacist, to observe the drug pass of approximately 20 residents. In facilities where fewer than 20 residents are receiving medications, review as many residents receiving medications as possible. Residents selected for the in-depth review need not be included in the group chosen for the drug pass; however, their whole or partial inclusion is acceptable. In order to get a balanced view of a facility's practices, observe more than one person administering a drug pass, if feasible. This might involve observing the morning pass one day in Wing A, for example, and the morning pass the next day in Wing B.

Transfer findings noted on the ''Drug Pass'' worksheet to the SRF under the appropriate rule. If your team concludes that the facility's medication error rate is 5 percent or more, cite the deficiency under Nursing Services/Administration of Drugs. Report the error rate under F209. If the deficiency is at the standard level, cite it in Nursing Services, rather than Pharmacy.

(h) *Task 6—Dining Area and Eating Assistance Observation.* The purpose of this task is to ascertain the extent to which the facility meets dietary needs, particularly for those who require eating assistance. This task also yields information about staff interaction with residents, promptness and appropriateness of assistance, adaptive equipment usage and availability, as well as appropriateness of dress and hygiene for meals.

For this task, use the worksheet entitled ''Dining Area and Eating Assistance Observation'' (Form CMS–523). Observe two meals; for a balanced view, try to observe meals at different times of the day. For example, try to observe a breakfast and a dinner rather than two breakfasts. Give particular care to performing observations as unobtrusively as possible. Chatting with residents and sitting down nearby may help alleviate resident anxiety over the observation process.

Select a minimum of five residents for each meal observation and include residents who have their meals in their rooms. Residents selected for the in-depth review need not be included in the dining and eating assistance observation; however, their whole or partial inclusion is acceptable. Ascertain the extent to which the facility assesses, plans, and evaluates the nutritional care of residents and eating assistance needs by reviewing the sample of 10 or more residents. If you are unable to determine whether the facility meets the standards from the sample reviewed, expand the sample and focus on the specific area(s) in question, until you can formulate a conclusion about the extent of compliance. As with the other survey tasks, transfer the findings noted on the ''Dining & Eating Assistance Observation'' worksheet to the Survey Report Form.

(i) *Task 7—Forming the Deficiency Statement*—(1) *General.* The Survey Report Form contains information about all of the negative findings of the survey. Be sure to transfer to the Survey Report Form data from the tour, drug pass observation, dining area and eating assistance observation, as well as in-depth review of the sample of residents. Transfer only those findings which could possibly contribute to a determination that the facility is deficient in a certain area.

Meet as a group in a pre-exit conference to discuss the findings and make conclusions about the deficiencies, subject to information provided by facility officials that may further explain the situation. Review the summaries/conclusions from each task and decide whether any further information and/or documentation is necessary to substantiate a deficiency. As the facility for additional information for clarification about particular findings, if necessary. Always consider information provided by the facility. If the facility considers as acceptable, practices which you believe are not acceptable, ask the facility to backup its contention with suitable reference material or sources and submit them for your consideration.

(2) *Analysis.* Analyze the findings on the Survey Report Form for the degree of severity, frequency of occurrence and impact on delivery of care or quality of life. The threshold at which the frequency of occurrences amounts to a deficiency varies from situation to situation. One occurrence directly related to a life-threatening or fatal outcome can be cited as a deficiency. On the other hand, a few sporadic occurrences may have so slight an impact on delivery of care or quality of life that they do not warrant a deficiency citation. Review carefully all the information gathered. What may appear during observation as a pattern, may or may not be corroborated by records, staff, and residents. For example, six of the 32 residents in the sample are dressed in mismatched, poorly buttoned clothes. A few of the six are wearing slippers without socks. A few others are wearing worn clothes. Six occurrences might well be indicative of a pattern of susbstandard care. Close scrutiny of records, discussions with staff, and interviews reveal, however, that the six residents are participating in dressing retraining programs. Those residents who are without socks, chose to do so. The worn clothing items were also chosen—they are favorites.

Combinations of substandard care such as poor grooming of a number of residents, lack of ambulation of a number of residents, lack of attention to positioning, poor skin care, etc., can yield a deficiency in nursing services just as 10 out of 10 residents receiving substandard care for decubiti yields a deficiency.

(3) *Deficiencies Alleged by Staff or Residents.* If staff or residents allege deficiencies, but records, interviews, and observation fail to confirm the situation, it is unlikely that a deficiency exists. Care and services that are indeed confirmed by the survey to be in compliance with the regulatory requirements, but considered deficient by residents or staff, cannot be cited as deficient for certification purposes. On the other hand, if an allegation is of a very serious nature (e.g., resident abuse) and the tools of record review and observation are not effective because the problem is concealed, obtain as much information as possible or necessary to ascertain compliance, and cite accordingly. Residents, family, or former employees may be helpful for information gathering.

(4) *Composing the Deficiency Statement.* Write the deficiency statement in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. Do not delve into the facility's policies and procedures to determine or speculate on the root cause of a deficiency, or sift through various alternatives in an effort to prescribe an acceptable remedy. Indicate the data prefix tag and regulatory citation, followed by a summary of the deficiency and supporting findings using resident identifiers, not resident names, as in the following example.

F102 SNF 405.1123(b).—Each resident has not had a physician's visit at least once every 30 days for the first 90 days after admission. Resident #1602 has not been seen by a physician since she was admitted 50 days ago. Her condition has deteriorated since that time (formulation of decubiti, infections).

When the data prefix tag does not repeat the regulations, also include a short phrase that describes the prefix tag (e.g., F117 decubitus ulcer care). List the data tags in numerical order, whenever possible.

(j) *Task 8—Exit Conference.* The purpose of the exit conference is to inform the facility of survey findings and to arrange for a plan of correction, if needed. Keep the tone of the exit conference consistent with the character of the survey process—inspection and enforcement. Tactful, business-like, professional presentation of the findings is of paramount importance. Recognize that the facility may wish to respond to various findings. Although deficiency statements continue to depend, in part, on surveyor professional judgment, support your conclusions with resident-specific examples (identifiers other than names) whenever you can do so without compromising confidentiality. Before formally citing deficiencies, discuss any allegations or findings that could not be substantiated during earlier tasks in the process. For example, if information is gathered that suggests a newly hired

R.N. is not currently licensed, ask the facility officials to present current licensure information for the nurse in question. Identify residents when the substandard care is readily observed or discerned through record review. Ensure that the facility improves the care provided to all affected residents, not only the identified residents. Make clear to the facility that during a follow-up visit the surveyors may review residents other than those with significant problems from the original sample, in order to see that the facility has corrected the problems overall. Do not disclose the source of information provided during interviews, unless the resident has specifically requested you to inform the facility of his/her comments or complaints. In accordance with your Agency's policy, present the Statement of Deficiencies, form CMS–2567, on site or after supervisory review, no later than 10 calendar days following the survey.

(k) *Plan of Correction*. Explain to the facility that your role is to identify care and services which are not consistent with the regulatory requirements, rather than to ascertain the root causes of deficiencies. Each facility is expected to review its own care delivery. Subsequent to the exit conference, each facility is required to submit a plan of correction that identifies necessary changes in operation that will assure correction of the cited deficiencies. In reviewing and accepting a proposed plan of correction, apply these criteria:

- Does the facility have a reasonable approach for correcting the deficiencies?
- Is there a high probability that the planned action will result in compliance?
- Is compliance expected timely?

Plans of correction specific to residents identified on the deficiency statement are acceptable only where the deficiency is determined to be unique to that resident and not indicative of a possible systemic problem. For example, as a result of an aide being absent, two residents are not ambulated three times that day as called for in their care plans. A plan of correction that says ''Ambulate John Jones and Mary Smith three times per day,'' is not acceptable. An acceptable plan of correction would explain changes made to the facility's staffing and scheduling in order to gurantee that staff is available to provide all necessary services for all residents.

Acceptance of the plan of correction does not absolve the facility of the responsibility for compliance should the implementation not result in correction and compliance. Acceptance indicates the State agency's acknowledgement that the facility indicated a willingness and ability to make corrections adequately and timely.

Allow the facility up to 10 days to prepare and submit the plan of correction to the State agency, however, follow your SA policy if the timeframe is shorter. Retain the various survey worksheets as well as the Survey Report Form at the State agency. Forward the deficiency statement to the CMS regional office.

(l) *Follow-up Surveys*. The purpose of the follow-up survey is to re-evaluate the specific types of care or care delivery patterns that were cited as deficient during the original survey. Ascertain the corrective status of all deficiencies cited on the CMS–2567. Because this survey process focuses on the actual provision of care and services, revisits are almost always necessary to ascertain whether the deficienicies have indeed been corrected. The nature of the deficiencies dictates the scope of the follow-up visit. Use as many tasks or portions of the Survey Report Form(s) as needed to ascertain compliance status. For example, you need not perform another drug pass if no drug related deficiencies were cited on the initial survey. Similarly, you need not repeat the dining area and eating assistance observations if no related problems were identified. All or some of the aspects of the observation/interview/medical record review, however, are likely to be appropriate for the follow-up survey.

When selecting the resident sample for the follow-up, determine the sample size using the same formula as used earlier in the survey, with the following exceptions:

- The maximum sample size is 30 residents, rather than 50.

• The minimum sample size of 10 residents does not apply if only one care category was cited as deficient and the total number of residents in the facility in that category was less than 10 (e.g., deficiency cited under catheter care and only five residents have catheters).

Include in the sample those residents who, in your judgment, are appropriate for reviewing vis-a-vis the cited substandard care. If possible, include some residents identified as receiving substandard care during the initial survey. If after completing the follow-up activities you determine that the cited deficiencies were not corrected, initiate adverse action procedures, as appropriate.

(m) *Role of Surveyor*. The survey and certification process is intended to determine whether providers and suppliers meet program participation requirements. The primary role of the surveyor, then, is to assess the quality of care and services and to relate those findings to statutory and regulatory requirements for program participation.

When you find substandard care or services in the course of a survey, carefully document your findings. Explain the deficiency in sufficient detail so that the facility officials understand your rationale. If the cause of the deficiency is obvious, share the information with the provider. For example, if you cite a deficiency for restraints (F118), indicate that restraints were applied backwards on residents 1621, 1634, 1646, etc.

In those instances where the cause is not obvious, do not delve into the facility's policies and procedures to determine the root cause of any deficiency. Do not recommend or prescribe an acceptable remedy. The provider is responsible for deciding on and implementing the action(s) necessary for achieving compliance. For the restraint situation in the example above, you would not ascertain whether the improper application was due to improper training or lack of training, nor would you attempt to identify the staff member who applied the restraints. It is the provider's responsibility to make the necessary changes or corrections to ensure that the restriants are applied properly.

A secondary role for the surveyor is to provide general consultation to the provider/consumer community. This includes meeting with provider/consumer associations and other groups as well as participating in seminars. It also includes informational activities, whereby you respond to oral or written inquiries about required outcomes in care and services.

(n) *Confidentiality and Respect for Resident Privacy*. Conduct the survey in a manner that allows for the greatest degree of confidentiality for residents, particularly regarding the information gathered during the in-depth interviews. When recording observations about care and resident conditions, protect the privacy of all residents. Use a code such as resident identifier number rather than names on worksheets whenever possible. Never use a resident's name on the Deficiency Statement, Form CMS–2567. Block out resident names, if any, from any document that is disclosed to the facility, individual or organization.

When communicating to the facility about substandard care, fully identify the resident(s) by name if the situation was identified through observation or record review. Improperly applied restraints, expired medication, cold food, gloves not worn for a sterile procedure, and diet inconsistent with order, are examples of problems which can be identified to the facility by resident name. Information about injuries due to broken equipment, prolonged use of restraints, and opened mail is less likely to be obtained through observation or record review. Do not reveal the source of information unless actually observed, discovered in the record review, or requested by the resident or family.

(o) *Team Composition*. Whenever possible, use the following survey team model:

SNF/ICF SURVEY TEAM MODEL

In facilities with 200 beds or less, the team size may range from 2 to 4 members. If the team size is:

• *2 members:* The team has at least one RN plus another RN or a dietitian or a pharmacist.

• *3–4 member:* In addition to the composition described above, the team has one or two members of any discipline such as a social worker, sanitarian, etc.

If the facility has over 200 beds *and* the survey will last more than 2 days, the team size may be greater than 4 members. Select additional disciplines as appropriate to the facility's compliance history.

Average onsite time per survey: 60 person hours (Number of surveyors multiplied by the number of hours on site)

Preferably, team members have gerontological training and experience. Any member may serve as the team leader, consistent with State agency procedures. In followup surveys, select disciplines based on major areas of correction. Include a social worker, for example, if the survey revealed major psychosocial problems. This model does not consider integrated survey and Inspection of Care review teams, which typically would be larger.

(p) *Type of Facility—Application of SNF or ICF Regulations.* Apply the regulations to the various types of facilities in the following manner:

• Freestanding Skilled Nursing Facility (SNF)	Apply SNF regulations.
• Freestanding Intermediate Care Facility (ICF)	Apply ICF regulations.
• SNF Distinct Part of a Hospital	Apply SNF regulations.
• ICF Distinct Part of a Hospital	Apply ICF regulations.
• Dually Certified SNF/ICF	Apply SNF regulations and 442.346(b).
• Freestanding SNF with ICF Distinct Part (Regardless of the proportion of SNF and ICF beds, the facility type is determined by the higher level of care. Therefore, LTC facilities with distinct parts are defined as SNFs with ICF distinct parts.)	Apply SNF regulations for SNF unit. Apply ICF regulations for ICF distinct part. Apply both SNF and ICF regulations for shared services (e.g., dietary). If the same deficiency occurs in both the SNF and ICF components of the facility, cite both SNF and ICF regulations. If the deficiency occurs in the SNF part only, cite only the SNF regulation. If the deficiency occurs in the ICF part only, cite only the ICF regulation.

(q) *Use of Part A and Part B of the Survey Report*—(1) *Use of Part A (CMS–525).* Use Part A for initial certification surveys only, except under the following circumstances:

• When a terminated facility requests program participation 60 days or more after termination. Treat this situation as a request for initial certification and complete Part A of the survey report in addition to Part B.

• If an ICF with a favorable compliance history requests to covert a number of beds to SNF level, complete both Part A and Part B for compliance with the SNF requirements. If distinct part status is at issue, also examine whether it meets the criteria for certification as a distinct part.

(i) *Addendum for Outpatient Physical Therapy (OPT) or Speech Pathology Services.* Use the Outpatient Physical Therapy—Speech Pathology SRF (CMS–1893) as an addendum to Part A.

(ii) *Resurvey of Participating Facilities.* Do not use Part A for resurveys of participating SNFs and ICFs. A determination of compliance, based on documented examination of the written policies and procedures and other pertinent documents during the initial survey, establishes the facility's compliance status with Part A requirements. This does not preclude citing deficiencies if they pertain to administrative or structural requirements from Part A that are uncovered incidental to a Part B survey. As an assurance measure, however, each facility at the time of recertification must complete an affidavit (on the CMS–1516) attesting that no substantive changes have occurred that would affect compliance. Each facility must also agree to notify the State agency immediately of any upcoming changes in its organization or management which may affect its compliance status. If a new administrator is unable to complete the affidavit, proceed with the survey using the Part B form and worksheets; do not use the Part A form. The survey cannot be considered complete, however, until the affidavit is signed. If the facility fails to complete the affidavit, it cannot participate in the program.

(iii) *Substantial Changes in a Facility's Organization and Management.* If you receive such information, review the changes to ensure compliance with the regulations. Request copies of the appropriate documents (e.g., written policies and procedures, personnel qualifications, or agreements) if they were

not submitted. If the changes have made continued compliance seem doubtful, determine through a Part B survey whether deficiencies have resulted. Cite any deficiencies on the CMS–2567 and follow the usual procedures.

(2) *Use of Part B (CMS–519).* Use Part B and the worksheets for all types of SNF and ICF surveys—initials, recertifications, followup, complaints, etc.

The worksheets are:

- CMS–520—Residents Selected for In-depth Review
- CMS–521—Tour Notes Worksheet
- CMS–522—Drug Pass Worksheet
- CMS–523—Dining Area and Eating Assistance Worksheet
- CMS–5245—Observation/Interview/Record Review Worksheet

For complaint investigations, perform a full or partial Part B survey based on the extent of the allegations. If the complaint alleges substandard care in a general fashion or in a variety of services and care areas, perform several tasks or a full Part B survey, as needed. If the complaint is of a more specific nature, such as an allegation of improper medications, perform an appropriate partial Part B survey, such as a drug pass review and a review of selected medical records.

§488.115 Care guidelines.

§488.115 Care guidelines.

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Resident Rights F53 SNF 405.1121(k)(1) ICF 442.311(a) F54 SNF 405.1121(h)(1) ICF 442.311(a)(1) A. Information* F55 SNF 405.1121(h)(1) ICF 442.311(a)(2) 1. Rights and Responsibilities F56 SNF 405.1121(k)(1) ICF 442.311(a)(3) 2. Rules of Resident Conduct F57 SNF 405.1121(h)(2) ICF 442.311(a)(4) 3. Resident Acknowledgement	Where is information concerning resident rights and responsibilities available in the facility?	Ask Resident: - Did you receive a copy of the Resident's Bill of Rights? Was it explained to you? - Were you told of any responsibilities you have in living here? - Were you given a chance to ask questions? - Did he/she receive a written copy of services provided by the facility and any additional costs for these services?	Looked for signed acknowledgement of receipt of resident rights information. Residents unable to sign name may have their "mark" witnessed. Look for written statement of charges services. Social Work records may idicate patient rights information discussed with resident.	Because of the confusion surrounding admission to a new facility and the large amount of information given to a resident or resident's family on admission, information given at this time is often forgotten. Therefore, surveyor should verify resident's recollection with staff interviews and record checks. Written information on services and costs must be given to the resident, as well as copies of residents rights and responsibilities. Copies of residents' rights should also be available to patients and visitors, e.g., in resident lounges, lobbies, or other area where residents and visitors could easily see and read them.	Notification of Change in Status 405.1121(j) 442.307 Patient Care Policies 405.1121(e) 442.308 442.309 442.310 442.305 Medical Direction 405.1122(a) Medical Records 405.1132(b)(d) 442.310

INTENT
To assure that the resident maintains, in so far as possible, those personal rights that are a part of normal, adult life, and including the right to personal dignity.

*Information concerning incompetent residents is given in L. Delegation of Rights and Responsibilities.

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F58 SNF 405.1121(k)(2) ICF 442.311(a)(4) 4. Resident informed in writing of changes in services and charges for services. F59 SNF 405.1121(k)(2) ICF 442.311(a)(4) 5. Information to resident of services not covered by Medicare or Medicaid and not covered in the basic rate.		Ask Resident: - If there are changes in services or costs does someone explain these? Ask Administrative Staff: - How do residents learn what is expected of them? - How do they learn about any changes in the facility's procedures and/or costs?			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
B. Medical Condition & Treatment F60–64 SNF 405.1121(k)(2) ICF 442.311(b)		Ask Resident: - Has your doctor discussed your health with you, how is it, what's wrong, and what you can expect in the future? - Have you had the opportunity to help plan what you need and how you are taken care of? - Do you know that you can refuse treatment or medication? - Have you ever refused medication or treatment? - What happened when you did? Ask Staff: - Is the facility participating in any experimental research? If yes, ask what residents are involved. Interview a sample of these residents. Ask Resident (or Guardian): - Are you participating in the _____ study? - Was this explained to you well enough so that you understand what the study is about and any risks that may be involved?	If the resident has not been informed of his/her medical condition, physician notes should document that the resident was not informed because it was medically contraindicated. Do care plans or other documentation reflect resident participation in care planning? If resident states he/she has refused treatment or medication does documentation indicate adherence to/violation of resident rights. Review records of residents identified as participating in a clinical research study. Are informed consent forms signed? Do these signed forms list all known risks for the resident? All needed informed consent statements are present and properly signed.	Unless there is documentation that the residents medical condition should not be discussed with him/her resident interviews/record reviews should indicate that the resident and physician have discussed his/her medical condition.* If you cannot confirm that this has occurred, interview staff to get further clarification. Almost all residents who are able to participate to some extent in their care planning do so. You should find evidence of this for the majority of the residents (e.g., care planning interview, nurses notes, social worker progress notes). Residents do have the right to refuse medication or other treatment, but you would expect that the facility would discuss the implications of this refusal with the resident and possibly do some "gentle persuasion".*	Patient Care Management 405.1124(d) 442.319 442.341

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F60-64 (cont'd)				However, except in an emergency situation force should never be used to compel a resident to accept medication or treatment. Deceit is also a violation of resident rights, except in the case of therapeutically indicated placebos ordered by the physician. Any resident participating in research studies should fully understand the implication of the study. The facility is not in compliance with the resident rights regulation if the resident consents to participate in a clinical study without full knowledge of the study. (Record review only as other nonclinical studies may not require informed consent).	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Transfer and Discharge F65–68 SNF 405.1121(k)(4) ICF 442.311(c)	Look for residents that may be inappropriately placed physically - an alert resident rooming with a confused, noisy resident; very ill resident placed far from the nurses station; residents not compatible with each other, (e.g., different life-styles, habits, etc.).	Ask Resident: - How well do you get along with your roommate? - Have you ever been moved from one room to another? If yes, why? - How were you involved in the decision to move? - How much time was there between the time they told you you were to be moved, and when you were moved? - Have you asked for your room to be changed? Ask Direct Care and Other Staff: - What are some of the reasons residents rooms are changed? - What are some of the reasons for discharge of residents or transfer to a hospital or LTC facility? - How are residents involved in the decision to move? - If a resident requests a room change, how is this handled? - When a resident requests a room change are the following areas of consideration presented and discussed:	Nursing, physician, and/or social service progress notes should indicate reason for transfer and discussion with resident and/or family/guardian. If staff interviews give you cause to feel that transfers and discharges may be in violation of these regulations, review a sample of closed records for transfer information on how it was handled. If residents are transferred between facilities with common ownership and similar levels of care, transfers must be reviewed to determine reasons for transfer. Efforts to maintain the census is not an acceptable reason for transfer. Do discharge records review: - reason for discharge, medical non-payment or need for different level of care?	To be in compliance with transfer and discharge regulations the facility must be able to confirm that all discharges/transfers were for medical or resident welfare reasons, or non-payment. Welfare reasons include physical, emotional, social issues. Transfers and discharges made solely for the convenvience of the facility are unacceptable. (Relocation to accommodate contagious or other disorders requiring isolation procedures are not for the convenvience of the facility).	Status Change Notification 405.1121(j) Medical Records 405.1132(c)(e) 442.318(c)(4) Transfer Agreement 405.1133(a)(2) 442.307(b)(1)(2)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F65-68 (cont'd)		+ cost factors + resident welfare + resident's reason for requesting the move + facility's assessment of whether the move would be beneficial or not for the resident.			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
D. Exercising Rights F69 SNF 405.1121(k)(5) ICF 442.311(d)	Do residents appear comfortable when speaking to the surveyors as opposed to being afraid that someone may see them or overhear their conversation?	Ask Resident: - Do you belong to, or have representation on the resident council? - Are you informed of changes in the facility that will affect you? - Are you given a chance to express views on these changes prior to their implementation? - Does the facility assist in arranging for you to vote either at the polls or via absentee ballot? - Are you assisted in obtaining legal or Social Services if needed? - Do you feel comfortable in expressing yourself freely or are you concerned about retaliation? - Is staff/administration responsive to complaints? Do you know who to complain to? Ask Staff: - What arrangements are made for residents to vote? - How do you handle it if someone needs a lawyer or other service that you don't provide?	Review resident council documentation, as available, to determine level of activity. Review social work or progress notes for legal referrals. Is there documentation in progress notes or elsewhere, of resident complaints and disposition of complaints?	Compliance determinations will be made based primarily on resident/staff interviews and the correlation of interview information with documentation in the Medical record. If residents ask, they should be allowed to speak to the surveyor without facility personnel being present. However the resident has the right to have a third party of their choosing present during an interview.	Social Services 405.1130 442.344

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E. Financial Affairs F72-78 SNF 405.1121(k)(6) 405.1121(m) ICF 442.311(e) 442.320		Ask Residents: - Are you able to take care of your own financial affairs? - Does the facility keep some money for you that you can have when you request it? - When you ask for this money, how quickly do you get it? - Do you know the amount of money you have available at this time? - If the facility pays bills for you do they periodically provide an itemized listing of the transactions they have made? - When did you receive the last itemized statement? - Are you comfortable that your funds are taken care of correctly? - If you deposit money or valuables with the facility, do you receive a receipt for this deposit? - Are you or your family able to review your financial records when you request to do so? - Have you ever had money or anything else stolen? If so, what was done about it?	A copy of the statement should be in the residents financial record and given to the resident at least quarterly. Receipts, account logs showing deposits/withdrawals, authorization/reasons for withdrawals, and interest earned should be reviewed. If resident indicates there may be a problem, an in-depth interview should be conducted. Resident records indicate separate financial records from facility records.	Residents should have reasonable access to their funds (may not be available at 2 A.M.) and should have at least a quarterly accounting of their funds. If questions arise they should be resolved. Personal possessions and funds received from the residents should be protected from theft and other loss. If losses do occur there should be: 1. a procedure which is implemented to investigate the loss, and 2. a plan to prevent recurrence. Resident funds must not be appropriated for facility furnishings, linen direct care supplies, etc	Social Services 405.1130(a)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F72–78 (cont'd)		- Does the home provide safe-keeping for valuables? - Have they ever lost anything of yours? Ask Staff: - What is the procedure when residents lose personal belongings? Valuables? - How are resident personal funds handled? - What is your procedure when a resident asks to get an accounting of their funds? * The special needs of residents with Alzheimer's disease who "lose" personal possessions should be noted. Individuals in stages 2 and 3 of Alzheimer's disease sometimes believe their personal possessions were stolen.			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F. Freedom From Abuse and Restraints F79-83 SNF 405.1121(k)(7) ICF 442.311(f)	- How many residents are physically restrained? - What type or restraints are used? - Are they applied correctly? - What is the apparent physical/mental condition of those residents restrained? - Do you observe the release of restraints every 2 hours and the provision of at least 10 minutes exercise for the resident? - Do staff respond to request for water, assistance to bathroom, etc., from a resident who is restrained? What is the interval between request and response?	Ask Resident: - Why are you wearing this? - How often is this worn? - Do you know what would happen if it were removed? - How often is it removed? - What is done for you when the restraint is removed? - For nonrestrained resident-- + Have you ever been restrained? + For what reason? + What explanation was given for the restraint? - Do you ever feel that you receive medication when you don't need it?	Look for a physician's order for the restraint. Review nurses', physicians' progress notes re: reason for restraints and resident reaction to them. Also any alternative methods tried. What time of day are restraints most often applied? Review schedule of releasing restraints. Care plans: - When restraint is to be used. - For how long. - What are plans for alternative measures. - Is the resident periodically re-evaluated? If appropriate are the Social Service or activities departments involved in providing different directions for resident attention?	There must be a physician's order for all restraints, including "safety devices" which are defined in some State laws. Progress notes should show evidence that methods other than restraints were initially used to protect the resident from injury, and that restraints were used only when other methods were not adequate If used in an "emergency" the reason for use must be documented and show that: a. Its use was necessary to protect the resident from injury. b. Its use was necessary to protect others from injury. The resident must be observed by a staff member at least every 30 mins. while restrained. The restraints must be released and the resident exercised, toileted, etc. at least every 2 hours.	Nursing Services 405.1124(c)(5) Rehab Nursing 405.1124(e) Patient Care Management 405.1124(d)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F79–83 (cont'd)	- How often are restrained residents observed by staff? - Observe effect on residents. Do you see what may be signs of over-medication? - How often is this observed? - Residents should be free from mental and physical abuse. -Observe interaction of staff and residents for any sign of harassment, humiliation or threats. - Do residents appear comfortable with staff? - Look for numbers of residents with bruises or other injuries (skin of the elderly bruises easily, so do not automatically assume abuse or injury). - Observe resident to resident interactions and staff response to any physical or mental abuse of one resident to another.	Ask Staff: - What is the facility policy regarding re: restraints? - What is considered an "emergency" need for restraints? - What is the most common reason for use of restraints? - Do you try any alternative measures before using restraints? - What information do you give the physician to help him make the decision to order restraints? - What do you routinely do for the resident when you periodically release the restraints? - Does use of restraints increase on evenings or nights when there are fewer staff members? - Have you had any accidents or incidents in the last year while residents were restrained? - How do you define the difference between a "safety device" and a "restraint"? - How do your policies differ in regard to "safety devices" and restraints?	Who authorizes the use of restraints in an emergency? Do progress notes indicate that a professional staff member authorized the use of "emergency" restraints? There should be documentation that the use of "emergency" restraint has been promptly reported to the residents physician. Review incident and accident reports to identify any problematic trends. Does the drug regimen review indicate appropriate use of psychoactive drugs? Are there resident complaints documented? What is the resolution of these complaints?	The restraint must be applied correctly. If the use of restraints increased during evening and night hours review progress notes, nurses notes and staffing to make a determination as to whether the restraints are justified or if they are for staff convenience. Care plans should plan not only for care while the resident is restrained but should show effort to find alternative treatments to restraints, or there should be documentation in the medical record that no alternative is appropriate. An appropriate drug regimen reviews should be conducted on the resident. Your observations should show interaction between residents and staff to be, except in unusual situations, free from tension and hostility. Staff should step into situation where one resident may be abusing another.	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCI
F79-83 (cont'd)	- Observe for evidence of resident neglect, residents left in urine/feces without cleaning.	Ask Resident: - Do you feel safe in the facility? - Do you ever feel intimidated, harassed, or otherwise abused? - How are confused residents treated? - Is anyone ever hit or treated roughly? - Do you feel as if you are treated with respect /dignity? - Is the staff/administration responsive to complaints? - Do you know who to complain to?		Resident should feel free to voice complaints. If no complaints are noted in records or on record review, why not? Residents should seem comfortable in relating how they are treated?	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
G. Privacy F84-89 SNF 405.1121(k)(8) (9)(14) ICF 442.311(g)	- Observe interactions between staff and residents for indications of respect, consideration, dignity and individuality. - How do staff members enter a residents room or go behind a privacy curtain? - Are privacy curtains used or doors shut when personal care needs and/or treatments are rendered? - Are there areas for residents to be alone or meet in private with visitors?	Ask Resident: - Do you feel that you are treated as a worthwhile, adult individual? - - When you are being cared for, are you comfortable? - What is the degree of privacy and respect you receive? - Do you feel comforatable that if the door to your room is closed staff will knock or otherwise make their presence known before entry? - Do you have a private place to make telephone calls? - - Can you see your record if/when you ask? - Has any information about your condition been given to someone outside of the facility without your permission?	Review progress notes for indications that staff see resident as an individual-i.e., resident eats breakfast in bed because he/she enjoys it. Signed consent for release of information. Do maintenance of and content of medical records indicate that confidentiality is practiced?	Observations and interviews will give you information to determine if residents are respected and treated as individuals. Is privacy available--e.g., access to a private place to meet or make phone calls, ability to shut door when having visitors, etc. Medical records should not be left where unauthorized personnel can read them and there should be identification codes needed to access computerized records. Married residents should be sharing rooms if they desire to do so unless there are appropriate contradictions.	Medical Records 405.1132(b) 442.318(d)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F84-89 (cont'd)	- Are medical records kept in their assigned spots not carelessly left for nonauthorized persons to view? - Are married residents sharing rooms? - Observe for negative attitudes toward aging-infantilization and patronizing of residents. - If residents undress in public area, how does staff handle this? - Listen to staff conversation in public places (elevator, lobby). Are resident issues being discussed?	For Married Residents: - When your husband/wife visits can you shut your door and be assured of privacy? - Can you ask that you not be disturbed and have that request respected? Ask Staff: - What is done to assure that each resident maintains his/her dignity and individuality? - How are medical records kept secure? Who has access? - Do you have married couples here? - Do they share rooms? - If not, why? - What arrangements do you make for spouses or significant others to visit? - Do you allow their door to be closed? - Can you adhere to a request that they not be disturbed? - How are residents' medical records and conditions kept confidential?			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Work F90 SNF 405.1121(k)(10) ICF 442.311(h)	- Are residents doing any type of work such as picking up dirty trays, pushing laundry hampers, etc.? - What about clerical work?	Ask Resident: - Are you ever asked to help out in the facility such as pick up dirty trays or stamp mail? - If yes, do you do this? - Do you want to, or do you feel it is expected of you? - Do you feel you can say "no"? Ask Staff: - Are residents asked to help with facility staff if you are shorthanded? - What is their reaction? - What useful work is available for residents who want/need to be usefully "employed"?	If residents are performing services for the facility, is that included in their care plan with specific therapeutic goals defined? If appropriate does the family concur? Are results documented in progress notes? What service (activities, nursing, etc.) is responsible for planning reevaluating and adjusting work activity? Look for physician's orders for approval or disapproval of work activity or restrictions on this activity. Look for evidence that the resident is given opportunities to refuse to do the work. The resident, however, is not restricted from doing the amount and type of work they desire unless it is in conflict with the plan of care.	Services performed by a resident should be part of the resident's plan of care and should be done only if the resident is in full agreement. Service rewards are specifically identified and not obtained using the residents own funds.	405.1124(d) 442.341

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
I. Freedom of Association and Correspondence F91-92 SNF 405.1121(k)(11) (12) ICF 442.311(i)	- Are there areas in the facility-e.g., small lounges, etc., where residents can and do meet privately? - Is mail delivered opened or unopened? - Are facility personnel assisting residents, if needed, in opening and/or reading mail?	Ask Residents: - Can you have visits from anyone? - Can you find a private place to visit? - Do you receive your mail unopened unless you request otherwise? - Are there telephones you have access to? - Does the staff or volunteers assist you in reading or sending mail, if needed? - How timely is your mail delivered? - How do you receive incoming calls? Ask Staff: - Where do residents go when they want privacy? - What telephones are available to residents? - What is the facility visiting policy?	Physician orders and care plans for indications of restrictions on visitors and/or receiving and sending mail.	All residents may have access to and maintain contact with the community and members of that community have access to them. Subject to reasonable scheduling restrictions, residents may receive visits from anyone they wish. A particular visitor may be restricted by the facility for one of the following reasons: - The resident refuses to see the visitor. - The resident's physician documents specific reasons why such a visit would be harmful to the resident's health. - The visitor's behavior is unreasonably disruptive of the functioning of the facility (reasons are documented and kept on file). Decisions to restrict a visitor are reviewed and reevaluated each time the resident's plan of care and medical orders are reviewed by the physician and nursing staff or at the resident's request.	Resident Rights 405.1121(k)(8) 442.311(g)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F91–92 (cont'd)	Do the available telephones accomodate the physically handicapped (e.g., wheelchair bound, hearing impaired, etc.).			Space is provided for residents to receive visitors in reasonable comfort and privacy. Telephones, consistent with ANSI standards (45.1134(c)), are made available and accessible for residents to make and receive calls with privacy. Residents who need help are assisted in using the phone. The fact that telephone communication is possible, as well as any restrictions, is made known to residents. Arrangements are made to provide assistance to residents who require help in reading or sending mail.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
J. Activities F93 SNF 405.1121(k)(12) ICF 442.311(j)	- What planned activities are occurring? - What unplanned activities are occurring--individual, 2 or 3 persons or a larger group. - If there is a facility chapel, is it open? - Are activities posted at wheelchair level and kept up to date? - Are residents lined up in front of a T.V. in a common room for hours? - Are activities offered during the evening and on weekends.	Ask Residents: - What do you like to do? - What did you do yesterday? (compare answers) - Is participation in activities optional? - Are you encouraged to participate? - Is pressure exerted on you to attend specific activities? - Which ones? (Surveyors should be aware of special encouragement--"gentle persuasion", which might be important for the depressed or withdrawn resident.) - Are residents notified of community activities? - Are arrangements made for transportation, etc. so that residents can participate? - Can residents go to religious services if they wish? - What opportunities are you given to make choices in your life within the facility? (eg. are all residents "put to bed" at the same time?). Ask Staff: - Are arrangements ever made to take residents to community activities? - Do friends and relatives ever take them to community activities? - Do your residents attend religious service of their choice? - How are residents kept informed/notified of activities?	Care plans or other documentation should indicate resident preferences for both facility and non-facility planned activities. Progress notes of responses to activities.	Compliance with this element is determined by evidence that residents are given the opportunity to participate in available activities they choose unless medically contraindicated. Residents must not be forced to participate against their wishes.	Patient Activities 405.1131(b) 442.345(a)(c)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
K. Personal Possessions F94 SNF 405.1121(k)(13) ICF 442.311(k)	- Are residents wearing their own clothing or facility nightgowns, robes, etc.? - In resident rooms observe for personal belongings. - Ask residents if you can look in the closet-is personal clothing in there? - Ask residents if belongings such as clothing are identified with name tags or other identifying methods? - Is there enough space to store clothing?	Ask Residents: - What clothing and personal belongings can you have? - Is there a place that you can secure any valuables that you may not want to keep in your room? Ask Staff: - What personal belongings may residents have? - What do you do to secure valuables and other personal property? - What provisions are made for the care of personal clothing?	Admission notes on personal property inventory (e.g., the record should indicate a list of any personal property secured by the facility). The record should indicate how personal clothing will be laundered.	Residents are permitted to keep reasonable amounts of personal clothing and possessions for their use while in the facility and such personal property is kept in a safe location which is convenient to the resident. The amount that is reasonable will be dependent on space available in the facility. Patients are advised, prior to or at admission, of the kinds and amounts of clothing and possessions permitted for personal use, and whether the facility will accept responsibility for maintaining these items (e.g., cleaning and laundry). Any personal clothing or possessions retained by the facility for the patient during his stay is identified. The facility is responsible for secure storage of such items, and they are returned to the patient promptly upon request or upon discharge from the facility.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
L. Delegation of Rights and Responsibilities F95-97 SNF 405.1121(k) ICF 442.312		Ask Administrative Staff: - When do you have relatives make decisions for residents-i.e., how do you decide when the resident isn't capable of making decisions himself? - Have any legal steps been taken? Ask Resident and/or Guardian: - Do you feel that you are given all pertinent information? - What opportunities do you have to make decisions regarding clothing, meals, bathing schedules, etc.? - For guardian: are you notified/informed in a timely manner as appropriate?	Review physician progress notes--incapability must be documented. Is there clear documentation as to whom rights and responsibilities have been assigned? Are pertinent consents/documents signed by appointed guardian?	The fact that a resident has been judged incompetent, is medically incapable of understanding, or exhibits a communication barrier, does not absolve the facility from advising the resident of their rights to the extent the patient is able to understand them. If the resident is incapable of understanding their rights, the facility advises the guardian or sponsor and acquires a statement indicating an understanding of resident's rights. The surveyor reviews records of residents selected for indepth review who are classified either incompetent, medically incapable of understanding their rights, or have a communication barrier to verify documented evidence (signed acknowledgment) that the guardian or other sponsor has been advised of these resident rights and understand their role in acting on behalf of the resident.	Resident Rights 405.1121(k)(1) 442.311(a)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
STAFF DEVELOPMENT F98 SNF 405.1121 F99 ICF 442.314 F100 1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled. F101 2. Facility staff practices proper techniques in providing care to the aged, ill and diseased. F102 3. Facility staff practice proper technique for prevention and control of infection, fire prevention	How do staff relate to residents? Does the facility reflect adaptations for the elderly, i.e., information given in large print, floors covered with materials that allow for ease of movement with walkers, wheel chairs, etc.? Is resident care given using accepted professional standards? Is privacy maintained during bathing treatment, toileting? Are housekeeping staff courteous and responsive to resident needs?	Ask Residents - Does staff know how to take care of you? - What things do they do to help you accommodate your (poor vision, unsteady walking, arthritis, etc.)? Ask Staff - What, if any, training have you had here to learn about unique problems and needs of the aged? - What training have you had during the last 12 months? - How have you learned about facility policies and procedures? - Does the facility ask your needs when they develop a training program? - In what areas would you like to have training?	Care plans reflect staff's knowledge of the problems and needs of the residents and special adaptations that are needed. Progress notes indicate that the special needs are considered in implementing planned care.	Facility staff adjusts care to needs/problems of resident. Staff is knowledgeable concerning facility policies and procedures. Staff practices correct techniques, i.e., infection control rehabilitation nursing techniques, etc. Staff interacts and treats residents in a kind, caring way.	Residents Rights SNF 405.1121(k) ICF 442.311 Infection Control 405.1135(a)(b)(c)(d)(e) 442.327(b) Physical Environment 405.1134(a) 442.315(b)(c) 442.326(a)(c) Nursing Services 405.1124(a)(c)(e) 442.338(a)(2) Social Services 405.1130(a)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F102 (cont'd) and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity including protection of privacy and personal and property rights. INTENT To assure that facility provides ongoing training to staff so that they will be knowledgeable in current practices, use proper techniques, and interact with residents in a kind, caring way.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Status Change Notifications F103-104 SNF 405.1121(j) ICF 442.307 F105 1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or patient charges, billings, and related administrative matters.	Note residents condition: - Clean - Well groomed - Well adjusted - Casts - Bruises - Decubitus Ulcer - Multiple sites of edema - Aberrant behavior, e.g., abusive, disruptive, not reasonable, etc.	Ask Resident: - Have you been injured since you have been in the facility? - If you are injured or become ill, is your physician called? - Are your relatives notified? - Do you know who is notified if administrative changes such as changes in charges, billings, etc. occur? Ask Staff: - Who do you notify if a resident is injured or has a change in condition? - When would they be notified? Does the facility have a policy regarding how soon a relative or responsible party would be notified? - Do you notify them of actual changes in resident condition and also if resident's condition is getting progressively worse?	- Progress note should document injury/change in condition plus notification of physician and appropriate family member/guardian. - Changes in charges should be documented. Ask facility where this is located. - Review accident and incident reports for indepth sample.	- All injuries and changes in condition must be documented. The resident's physician and family must be notified of significant changes. This should be documented, but this notification should be confirmed by the resident if possible.	Resident Supervision by Physician 405.1123(b)(3) Emergency Services 405.1123(c)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F106 2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. INTENT To assure that: - the resident receives proper treatment in the event of an accident or change of condition. - resident and/or next of kin or responsible party is aware in advance of any changes. - resident is not discharged to gain a higher source payment for that bed or facility convenience.		Ask Resident: - Have you ever been or do you know if others have been transferred or discharged without discussing it with you first?	- Nursing, physician and social work progress notes should be reviewed for evidence of discussion of transfer/discharge with resident or other designated person.	- Except in an emergency, all transfers or discharges are first discussed with the resident or next of kin as evidenced by documentation in the medical record or confirmed by asking resident.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Physician's Services F107 SNF 405.1123 A. Medical Findings and Orders at Time of Admission F108 SNF 405.1123(a) F109 1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings diagnoses, and orders from a physician for immediate care of the resident. F110 2. Information about the rehabilitation potential of		Ask Staff: - Interview nursing staff to determine if they receive transfer information and admission orders on day of admission. - Ask Administrator and Director of Nursing to explain procedure if a resident arrives without sufficient medical information and/or orders.	Review records of residents selected for indepth review to ascertain that: - There is a referral form from the transferring facility that was received in advance of admission or on date of admission that includes current medical findings, diagnosis and orders from a physician for the immediate care of the residents. - If the medical orders were not obtained from the residents attending physician, there are temporary orders from the emergency care physician. - Information on the rehabilitation potential (prognosis) of the resident and a summary of the course of treatment followed in the transferring facility were transmitted within 48 hours of admission. - The summary of treatment should include discharge summaries from therapies or special services when appropriate. - For residents admitted directly from the	Examine medical records of the residents selected for indepth review to determine if date of orders, medical data and other required information is the date of admission or within 48 hours of admission. The facility should receive sufficient information and orders to provide continuity of care of all residents.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F110 (cont'd) the resident and a summary of prior treatments are made available to the facility at the time of admission, or within 48 hours thereafter.			community, the attending physician provided current medical findings, diagnosis, prognosis, and orders. - The order should cover: + Medications and treatments + Diet + Therapies (P.T., O.T., Speech) + Activities (bedrest, ambulatory, able to participate with any specific limitations on activity).		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Resident Supervision by Physician F111 SNF 405.1123(b) F112 ICF 442.346 B. Resident Supervision by Physician F113 1. Every resident must be under the supervision of a physician F114 2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs.	Observe resident for any problem/conditions that should be addressed by physician, e.g., edema, loss of appetite, weight loss, etc.	Ask Resident: - How often physician visits. - If physician has discussed plan of care and medical treatment. - If resident feels treatment and/or plan of care meets his/her needs. - What kinds of questions do you ask the physician about your health problems? (Cite examples). Ask Licensed Nursing Staff - How often physician visits and is it often enough to meet resident's need? - Does physician participate in evaluation and reevaluation of resident's plan of care? - Does plan of care meet resident's needs? - Is physician available in an emergency? - Is physician available to disucss residents treatment and care? Ask Administrator - Facility's policy regarding a physician to provide care in the absence of the resident's own physician. - Facility's policy on physician visits.	Review medical records of selected for indepth review for: - A current plan of care that is based upon physician's orders and resident needs. - Evidence that the plan is reviewed and revised as needed. - Evidence through physician's progress notes, nurses notes, physician's orders, that the physician participates in the resident's overall plan of care. - Evidence that rehabilitation potential is addressed. - Long range plans include an estimate of the length of time for skilled nursing care and a discharge plan. - Physician's orders for medications and treatments on admission and during stay. - A medical evaluation completed within 48 hours of admission unless done within 5 days prior to admission that includes attention to needs such as diet, vision, hearing, speech	Medical records should provide evidence that the residents are under the supervision of a physician by the coordination of physician's orders and progress notes with the resident's plan of care and observations of residents needs. There is evidence that the physician reviews and revises the plan of care as needed. There is evidence that physician services are available to the residents when the residents need such services. An alternate schedule for physician visits may be established if the attending physician determines that the resident need not be seen every 30 days. Justification for the decision is placed in the resident's medical record and is reviewed by the U.R. Committee and State medical review team. Where there is a change in the resident's condition and the physician has failed to document his findings or evaluation of the condition, the physician has failed to provide	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F114 (cont'd)			level of activity, emotional adjustment. - Evidence in care plans and treatment records that physician's orders are being implemented. - Discrepancies in medication record, diet order, intake and output records. - Evidence that an alternate physician provided care if applicable. - Progress notes by physician at least every 30 days for first 90 days (ICF-at least every 60 days). - Review of medications and treatments every 30 days or 60 days if an alternate schedule of visits has been approved. - Documentation of physician observations, actions and plans for treatment. - Justification for alternate schedule of visits.	evidence of his evaluation of resident needs and supervised care.	
F115 3. A physician is available to provide care in the absence of any resident's attending physician.				A physician is available to respond within a reasonable time when a resident needs medical attention.	
F116 4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admissions. NOT ICFs.					
F117 5. Each SNF resident is seen by their attending physician at least once every 30 days for the first 90 days after admission.			A few closed records should be reviewed to determine if residents were appropriately discharged by an order written by the attending physician. Also review	Although medical evaluation can be noted as a revision of the previous H&P A statement such as "no change" when in conflict with the status of the	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F117 (cont'd) Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician. F118 6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary.			discharge plans to assure that they were adequate and implemented. Verbal medication orders are countersigned by a physician. Physician is reviewing all medication orders every quarter.	resident on this admission to the facility, does not constitute a medical evaluation. Verbal medication orders must be countersigned with 48 hours.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Exception: Only medications must be reviewed quarterly for ICF residents.					
F119 7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.					
F120 8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F120 (cont'd) the medical record. These visits cannot exceed 60 days or apply to patients who require specialized rehabilitation schedules. Exception ICF residents must be seen every 60 days unless justified otherwise documented by the attending physician.					
C. Emergency Services F121 SNF 405.1123(c) F122 Emergency services from a physician are available and provided to each resident who requires emergency care		Ask Staff: - Are you aware of physician reporting procedures and medical protocols to be followed during a fire emergency? - Do you know where names and telephone numbers are of physicians to be called in case of emergency?	- If records document an accident or a medical emergency, was the patient seen by a physician or was the physician notified promptly of the emergency? - Review physician's orders to see if specific medications or treatments were ordered to treat emergency situation if applicable.	- Surveyor verifies that there are readily available written procedures for securing a physician in case of emergency. - Names and telephone numbers are posted or on rolodex. - An alternate physician is designated.	Status Change Notification 405.1121(j)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F122 (cont'd) INTENT: To assure that a physician has overall responsibility for the managment and supervision of the residents care.			- Review physicians progress notes to see if emergency situation was addressed.	- There is provision for: + Notification of attending physician/ emergency and other responsible person. + Arrangements for transportation. + Preparation of reports. + There is evidence in the medical records that proper procedures have been carried out. + Residents with sudden changes in condition have been evaluated by the physician.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Nursing Services F123 SNF 405.1124					
F124 SNF 405.1124(c) F125 F126 ICF 442.1124(c) A facility provides nursing services sufficient to meet nursing needs of all residents all hours of each day. F127 Grooming and Personal Hygiene SNF 405.1124(c)	Basic care provided to residents: Surveyors should observe the basic care provided by staff to the residents. Listed below are suggested areas of attention which may provide evidence of the quality of personal care: - Eyes/Ears/Mouth Presence/absence of: + Secretions forming around eyelids, redness or irritation of eyes. + Eyeglasses worn when appropriate are clean, in good repair and fit properly. + Backs of ears scaly, obvious wax build-up, discharge, odor. + Hearing aid worn when appropriate, is in good repair and working. + Dried food particles or drool, etc. around mouth.	Ask Resident: - If the resident's clothing is inappropr-ate, ask: + Did you choose your clothing today? + Is this what you want to wear? + Do you have other clothing available? - If the resident is not clean, poorly groomed, or inappropriately groomed, ask the resident: + Have you had any help in caring for yourself today (e.g., washing your face, brushing your teeth, etc.)? + How often do you have a bath/shower? + How often is your hair washed? + How often do you brush your teeth/ clean your dentures? + Were there extenuating cicumstances (e.g.,	Nursing notes, flow sheets or bathing records should indicate that the care plan for grooming and personal hygiene is being followed. For example: - Bathing schedules are being followed (including the use of any soaps or special lotions). - Assistance instruction and/or supervision is being provided as identified for each activity. Nursing documentation should also indicate resident response or any changes in the resident's behavior, reaction to an activity, or the ability to carry out grooming and personal hygiene activities. Look for indications of progress toward a goal or further deterioration of resident functioning.	Refer to information on observation. A pattern of evidence of poor personal care indicates non-compliance unless the care plan specifically deals with this and appropriate planning and implementation is occurring. The regulations require that individual preferences are taken into account when providing for grooming and personal hygiene and that residents are encouraged in self-care activity. Do your patient interviews substantiate compliance with the regulations?	Resident Rights 405.1121(k)(8)(13) 442.311 (g)(k) Social Services 405.1130(a) 442.344 Activities 405.1131 442.345(a)(c) Patient Care Management 405.1124(d) 442.341 Training 405.1121(h) 442.314

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F127 (cont'd)	+ Dentures worn when appropriate and in good repair. + Oral hygiene. - Odors presence/absence of: + Body odors - Hair/Scalp + Clean and free of rashes + Hair combed - Nails are clean and appropriate length - Clothing is appropriate, clean, and in good repair. + Extremities elevated as necessary while in chair or wheelchair. + Appropriate techniques to prevent infection. + Use of whirlpool as a treatment modality as available and appropriate. - With resident's permission check: + heels, feet and toes + lateral hip + scapular area + sacrum + buttocks + bony prominences in contact with braces + condition of stump (especially diabetic	resident is participating in dressing retraining program)? - Special consideration might be given to the demented patient who frequently "borrows" clothes and for whom removal may elicit catastrophic reaction-whether clothing "matches" may not be the most important issue in the care of these patients. <u>Ask Direct Care Staff</u>: - How do you choose what clothing each of your residents wear each day? - Do you have a specific schedule for washing residents' hair? - How did you learn to bathe resident? - How did you learn to wash residents hair? - How did you learn to shave residents? - How do you handle situations when residents want to wear dirty clothes, or mismatched clothes? - How much care do you let the residents do on their own?			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F127 (cont'd)	amputees with elastic bandage or sock removed).				
Skin Condition F128–129 SNF 405.1124(c)	Observe with residents' permission: - General condition of skin + Redness + Blanching + Soft/dry/rough etc. + Rashes/irritation + Bruises + Scabs + Free of above - Measures taken to prevent skin breakdown. - Pressure sores - Pressure sores Rx - Factors contributing to prevention of pressure sores + Overall cleanliness and maintenance of dry and aerated skin (uncompromised by urine/feces/perspiration) + Padding for pressure points and bony prominences including padding on bed/chair + Proper gentle massage to bony areas several times a day.	Ask Resident: - Are your feet usually swollen? - Do you know what causes the swelling? - What do you do to alleviate it? - Is this discoloration normal for you? - How did this wound/bruise develop? - Are the treatments done about the same time every day? - What staff person has looked at your skin recently?	Look at nursing notes and P.O.C. for evidence of: - Planned preventive measures - Treatments/Intervention including nutrition - Routine assessment/evaluation of skin condition - Documentation of specific skin problems with location number, severity, measurements as appropriate, and cause - Progress or lack of progress in healing - Assessment/Reevaluation of interventions with alterations in plan - Appropriate nutritional plan - Methods to control edema of lower extremities	Preventable pressure sores are not occurring. Ulcers present are treated on a routine basis according to P.O.C. Is skin clean? Is resident dry? Is turning schedule adhered to? Are linens clean and smooth? Do personnel know preventive measures and practice these? Has a nutritional assessment been done, and if appropriate, recommendations implemented?	Dietetic Services 405.1125(i)(c)(e) 442.332(a)(1)(b)(1) Activities 405.1131(b) 442.345(a) Patient Care Management 405.1124(d) 442.341 Training 405.1121(h) 442.314 Rehabilitative Nursing 405.1124(e) 442.342 Supervision of Patient Nutrition 405.1124(f) 442.332(b)(2)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F128-129 (cont'd)	+ Regular assistance for resident to turn or shift weight (bed-rails, footboards, trapeze). + Bed linens, clothing, underpads smooth and free from wrinkles. + Elastic bandages or hose are smooth and wrinkle free. + Elastic bandages wrapped smooth with appropriate overlap. + Dietary/nutritional support for skin integrity. (See Guidelines for Dietary/Nutrition + Prevention of shearing force when resident's position altered by staff. + Turning and reposi-tioning as needed. - Care and Treatment: + Turning and reposi-tioning every two hours or as needed (e.g., alternative approach that is justified by the facility.) + Positioning of the ulcer site or protec-tion of affected areas. + Use of effective pressure relief devices.	Ask Direct Care Staff: - What can you tell me about Mr./Mrs._____ swollen feet/wounds/ brusises/etc.? - What do you do for them? Ask Charge Nurse: - How did _____ get cuts, bruises, etc.? - What is being done to prevent further occur-ance? - What treatment is he/she receiving?			Resident Super-vision by Physician 405.1123(b)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Wounds/Wound Dressings F126 SNF 405.1124(c)	- Condition of dressing - i.e., clean, firmly secured unless contra-indicated. - Observe, if possible, and with resident's permission, a dressing change + Pre-dressing Removal Equipment and supplies organized Hands washed Residents provided with privacy - Dressing Is: + Old dressing observed for drainage? + Wound examined + Appropriate technique used + Proper disposal of old dressing? + Post dressing + Does staff member wash hands? + Return resident to comfortable position or previous activity?	Ask Resident: - How often is the dressing changed? - By whom is the dressing changed? - Does it seem dressing changes are frequent enough? - Are there any odors from the dressing? - Is the dressing change always done in a similar way? - If not, what are the differences? - Do you feel confident that the wound is being well cared for? - Is the area/wound healing? - What caused the ulcer, wound, etc.? Is it healing? Does the staff keep you informed of its status? Ask Staff: - Specific treatment and schedule for each resident?	- Physician orders for wound care - Progress notes detailing condition of wound - i.e., size, drainage, surrounding tissue, odor - Treatment provided - Progress/change - Plan of Care (POC) + The plan of care should address: - Area in need of treatment, treatment to be performed, frequency, and responsible staff. - All necessary solutions, ointments, irrigations, types of dressings, and materials. - Any necessary precautions, drains, if present, sutures and tubing. - Specific goals of treatment as well as any problems or limitations imposed as a result of treatment.	Physician orders, your observations, progress notes and POC should reflect the same information. Treatment provided over a period of time with no improvement and no re-evaluation also would represent non-compliance, unless nursing/physician progress notes address the "no improvement" problem. Compliance is evidenced by: - treatment given according to doctor's orders and POC. - use of appropriate technique when caring for wound/changing dressing (e.g., follows facility's written procedures). - periodic evaluation of healing process and revision of care plan as needed.	Physician Services 405.1123 442.346 Infection Control 405.1135(b) Pt. Care Management 405.1124 442.341 Dietetic Services 405.1125(b)(c)(e) 442.332(a)(1)(b)(1) Medical Records 405.1132 442.318

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Restraints F130 When residents require restraints the application is ordered by the physician, applied properly, and released at least every two hours. (See also information under Resident rights-freedom from abuse & restraints)	Direct to evidence of: - Proper application - Proper use - Maintenance of good body alignment - Resident observation, release and exercise Observe frequently throughout your visit to validate care. Specific observations should include the following items: - Type of restraint: belts, wrist or ankle cuffs, blanket restraints, vests, bed nets, locked, etc., (When locked restraints are used can you readily find the key and/or scissors?) as well as geriatric chair or geri-table/ tray in place for prolonged periods. - Protective devices and/or safety devices that are used as restraints must be evaluated as restraints. - Appropriate application: skin protected from injury (restraint neither too loose nor too tight to prevent	Use of restraints may be precipitated by an "emergency" situation in which there is a threat to the resident's health or safety, or a threat to the health and safety of others due to the resident's behavior. Restrained residents may not be coherent or rational enough to respond to questions and caution in interviewing therefore, must be exercised. However, observation of a resident in a geri-chair with table in place or a resident in a wheelchair (with vest restraint) for several hours would warrant appropriate questions as to when the staff last assisted him or her to move about or whether the resident would like to get out of the chair. Staff interviews focus on the reason why the resident is restrained. <u>Ask Direct Care Staff and Charge Nurse</u>: - When, why, and how to release and apply restraints? - Why is the resident	- Physician orders for restraint: reason, length of time, type - Progress notes - Describe the resident's status/behavior which prompted the use of the restraint. - If a chemical restraint, the order should indicate a specific time period for its use as well as a stop date. - Plan of Care should + Identify other methods or therapies that are being used in conjunction with restraints. + What alternatives to restraints have been considered. + Identify staff responsible for observing the resident (every 30 minutes), and releasing and exercising the resident (every 2 hours for at least 10 minutes). Time intervals should be identified. + Indicate involvement and input of other disciplines necessary to overcome the problem. + Indicate a specific period of time for	- Is there a physician's order, including the circumstances in which they will be used, the length of use, and the type of restraint? - Is the restraint applied properly? - Is it released at least every two hours and the resident provided with exercise and toilet facilities if needed? - Does the staff observe the resident frequently while he/she is restrained? - Are chemical restraints administered in accordance with physician's orders? - Is the order for restraints renewed only after a reassessment of the patient?	<u>Patient Rights</u> 405.1121(k)(1)(7) 442.311(f)(2)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F130 (cont'd)	rubbing and blistering or impeded circulation) - Body alignment and support: use of pillows, footboards, and wheelchair footrests to maintain appropriate posture, circulation, and to prevent skin injury or breakdown. - Periodic release and exercise: exercise may include ambulation, range of motion, massage, or other opportunities for motion (at least 10 minutes every 2 hours during day and evening hours). - Chemical restraints: residents appear drowsy throughout the day (may indicate tranquilizers or other drgus are being used to limit or control behavior for staff convenience).	restrained? - Was the resident given an option of restraint? - When were you taught the use of restraints? By whom? - If chemically restrained (excessively sedated) + Why is this done? + Whether alternate means of restraint have been attempted, for how long this will continue, etc. This should elucidate from staff whether the chemical restraint is necessary, or whether it is done for staff convience by controlling resident behavior - Do you ask the resident for permission before using restraints? - How does the restrained resident summon assistance? - What is the usual time-frame for assistance to reach the restrained resident? <u>Ask Resident:</u> + Why are you restrained? + What would happen if the restraint were removed? + When do you use bed rails? + What purpose do they serve? + How do you gain assistance?	using the restraint. - Indication of assessment of factors which precipitate residents behavior which has warrented restraints and plans to intervene early enough to prevent occurence. - Type, duration and frequency of exercise should be documented. - An assessment of why restraints are continued should be documented.		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Bowel and Bladder F131 SNF 405.1124(c) Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.	- There should be a chart/record in the resident's room on which the program is documented accurately. - If the room is located a distance from the toileting room or for residents with problems ambulating, a commode may be present in the room. - Verify that a call light is available to the resident if non-ambulatory or restrained. - Are fluids available at bedside? - Is there roughage on meal tray? - Diet is appropriate to enhance elimination?	Both the resident and direct care staff should be interviewed and should exhibit a good understanding of the importance of maintaining a regular schedule of elimination. If neither are aware of the intake and toileting schedule, then determine whether they are appropriately panning the resident or carrying out a retraining program. - Verify that the resident is aware that he/she is on a retraining program and knows the content of the program. <u>Ask Resident</u>: Suggested questions are: - How do you deal with constipation/diarrhea? - Are you involved in a special bowel/bladder training program? - If so, how does your program work? - Any problems with it? - Any successes to date? - What does the staff do for you in this matter? - Are they consistent and timely? - How long do you have to wait to be taken to the toilet?	- Physician orders if required by facility policy - Nursing notes for + Assessment + Documentation of techniques and progress, reevaluation - Plan of care The plan of care should clearly address: + Goals that resident will aim for. + Methods to accomplish the goals. + Schedule for fluid intake. + Schedule for toileting. + Responsible staff + Any limitations the resident may encounter as a result of either incontinence or the training program. - Progress notes/physician orders for cause of incontinence. - Laboratory tests of kidney function when available - Treatment for diarrhea/constipation - Residents preference for treatment of constipation. - Recently admitted and newly incontinent residents should be thoroughly assessed for at	- Are all incontinent patients assessed for cause of incontinence and ability to be helped by a bowel/bladder rehabilitative training program or an incontinence management program? - Are all appropriate residents involved in bladder/bowel training programs or, incontinence management and there is a schedule that shows when the program will be started? - Is there evidence of follow through on all shifts? - For residents not on bowel/bladder retraining programs the plan of care should address specific measures for managing incontinence with a view to prevention of skin and other problems and maintenance of resident dignity.	<u>Nursing Services</u> 405.1124(e) <u>Dietetic Services</u> 405.1125(c)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F131 (cont'd)	- When a resident puts on his/her call bell for toileting assistance, how long is it before assistance is given/ - Observe pre-meal toileting. - Privacy provided. - Schedule for toileting should allow for resident's normal sleep pattern, to avoid disrupted sleep.	Ask Nurses Aides and Charge Nurse: + Will you describe this resident's bowel/ bladder (B/B) training program? + How long has it been in effect? + When will you evaluate the results? + If this program is not successful - What assessment was done to determine B/B status - For residents not on B/B retraining programs what is the facility program for managing incontinence?	at least 7 days for the cause of incontinence and when appropriate an intensive bowel and bladder B/B training program should be instituted. - A trial B/B training program is suggested for all residents with incontinance problems. - I & O		
Catheter Care F132 SNF 405.1124(c) Each resident with a urinary catheter receives proper routine care including periodic evaluation	The indwelling catheter should promote a continuous flow of urine unless ordered otherwise. The surveyor should also observe for the following: - Ample supplies for catheter insertion and care. - Proper positioning of the tubing and drainage bag. - Cleaniness of the	Ask Resident: - What is the tubing/ cathetor for? - Why do you have one? - Does it cause any discomfort? - If it does, what is done about it? - How do you feel about having the catheter? - Is any special care given in relation to the catheter?	The surveyor should verify that there is a physicians order for an indwelling catheter, including the type and frequency of catheter care. If irrigation is ordered, the order should include type of solution and frequency of irrigation. The record should also indicate the color, consistency, and amount of urinary drainage.	*The facility should follow accepted professional standards in their catheter care. There should be medical reasons for catheter insertion - staff convenience cannot be justification. Direct care staff should know signs and symtoms of urinary tract	Infection Control 405.1135(b)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F132 (cont'd)	tubing and drainage bag. - Color and consistency of urine in bag. - Availability and accuracy of documentation on the I&O sheet if ordered or policy. - Proper equipment for ambulation - leg bag if resident is ambulating. (if ordered) - Availability of fluids. - When indicated monitor intake to ensure adequate intake and output or conformance with physician orders. - How many observed residents are on catheter care?	Ask Nursing Aide and Charge Nurse: - How do you routinely position and secure catheters and drainage bags? - How often is each part of the system changed? - What are the indications for insertion of the catheter? - What is the facility's procedure for routine catheter care? - How do you observe for U.T.I.'s in residents with indwelling catheters? - What is the facility's procedure for the cleansing and storage of reusable catheter equipment and drainage receptacles? - How do you care for catheter tubing?	- Assessment should address: + Need for an indwelling catheter. + Resultant problems or limitations. - Plan of Care should address: + Type of catheter and type and frequency of care. + For irrigation, the rationale, the type of solution, amount, and frequency of irrigation. + Frequency of symptoms which would precipitate catheter change. + Time frames of catheter change and responsible staff. + Appropriate increase in oral fluid intake. - Intervention The record must reflect: + When and by whom the catheter was inserted and for what reason. + Any special care provided + New problems or changes + Only appropriately trained staff should deliver catheter care. + Only licensed staff should insert	infections (U.T.I.s) and these should be reported and treated promptly. *The Center for Disease Control has developed standards for catheter care which may be used but it is not a requirement.	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F132 (cont'd)			indwelling catheter. + The specific type and size of equipment used should be noted. + Signs and symptoms of urinary tract infections (UTI) should be acted upon and documented as to follow-up. - Evaluation/Reevaluation The record should reflect that the resident: + Is assessed for UTI. + Has no abdominal distention. - Notes should also include: + The color and odor of urine and the development of any problems after insertion of indwelling catheter. + Verify that catheter is patent.		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
Injections F133 SNF 1124(c)	- Observe for preparation of injection - i.e maintenence of sterility; correct dilution, handwashing, before preparation, etc. - Observe injection site for: + Redness + Discoloration + Swelling + Lesions - Observe for proper technique when injection is given + correct site + correct needle size + correct volume of drug + sterility maintained - Resident is observed for any adverse reaction - What is the disposal method for used needles or syringes?	Ask Nurse: - What is your plan for alternating injection sites? Show me. - What is the medication for and what are potential adverse reactions? - Is there nonspecific pain at the injection site or shooting pains down a limb? - Is there skin irritations or lumps under the skin? - If adverse reaction occur, how soon are they reported? - Could this be given by any other route? Ask Resident: Suggested questions are: 1. What kind of medicine do you receive by injection/shot? Why do you need that medicine? 2. Do you have pain or numbness at or around your injection site? 3. Who gives the injection? 4. Do you receive your injection according to a schedule?	- Physician order sheet - Nursing notes for: + Resident response to medication if appropriate + Any problems noted at injection site + Any other adverse reactions + Site of injection - Plan of care + Rotation of injection site + Care for any special problems related to the injection. - Infection Control: reports for any infections connected with injections.	- Is the medication administered according to the physicians order? - Is proper technique used in preparation and administration including site rotation? - Does the nurse administering the medication know the expected action of the drug? - If infection control reports show infections at injection sites. - Is the resident's response to the medication noted in the progress notes?	Staff Development 405.1121(h) 442.314 Infection Control 405.1135(b)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
Parenteral Fluids F133 SNF 405.1124(c)	The surveyor should observe that parenteral fluids are administered with safe, aseptic technique providing fluids as ordered by the physician. Safety and comfort measures are to be taken insuring maximum protection and optimum hydration of the resident. The surveyor should note the following items: - Labeling of the solution bottle/bag. - Rate of infusion/cc/ml per hour. - Date and time started --additives, if any. - Any signs of swelling or redness at site. - Site dressing is clean, dry and dated. - Accurate I&O of parental and P.O. fluids - If splint (armboard) is used, it is applied to prevent movement but not impede circulation. - Positioning of I.V. tubing. - Comfort of restraint used to allow for maximum resident freedom while preventing movement of I.V. site.	Ask Resident: - Why do you have this tube in your (arm)(leg)? - Is it comfortable? - Is there a way it would be more comfortable? - How long has it been in? - How much longer will it stay in? Ask Appropriate Staff: - Why the resident is receiving I.V. therapy? - What the drip rate is (the amount of fluid to be received per hour). - How often the dressing is changed. - How often the tubing is changed. - What are possible side effects? - How often is the site changed? - How often is the infusion checked for drip rate and the remaining volume to be administered? Ask Nursing Aide - What are your responsibilities when caring for a resident receiving IV fluids? - What training have you had?	- Physician's order for parental therapy specifying type of fluid, rate of infusion/hour, and additives, if any, is available and current. - Twenty-four hour I&O record. - Nursing documentation indicates physician's orders are being followed. - Any adverse reactions are noted in the medical record. - Record indicates: + Infusion started by whom; cite time, rate of flow + Note is made of observation of pain or swelling at infusion site. + The need or reason for parenteral fluids. + Response to the therapy. + Problems and limitations encountered by the resident as a result of receiving parenteral fluids. - Plan of Care* The plan of care should include + Type, rate of infusion /hour, and additives (if ordered).	- Is the parenteral fluid administered according to the physician's order and in accordance with accepted nursing practice? - Are infiltrations noted in a timely manner before a large amount of fluid infiltrates? - Is the facility procedure for care of the IV site and tubing changes followed for all patients unless contraindicated? - Does documentation reflect what the patient received, any problems, and his/her response to the parenteral fluid? - Have any adverse effects been caused by administration of IV fluid? - If yes, were these preventable?	Resident Care Policies 405.1121(1) Infection Control 405.1135(b) Patient Care Management 405.1124(d) 442.341

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F133 (cont'd)			specified goals for correction, time frames, and responsible staff. - Documentation must include time administered and by whom, the amount of fluid infused, and any other special care administered as a result of IV therapy (i.e., mouth care, assistance with ADLs, etc.). - The record must reflect: + Conditions of site and any infiltrations, phlebitis, necrosis, etc. noted, along with measures taken to correct these. + The resident's response to therapy + Changes in laboratory studies *Plan of care would not be modified for a one-time IV infusion.		
Colostomy/Ileostomy F133 SNF 405.1124(c)	The surveyor should ascertain that the facility is providing appropriate nursing care to those residents who have had bowel surgery resulting in a colostomy or ileostomy. It is recommended that the surveyor, with the resi-	Ask Resident: - Why was the ostomy performed? - How do you feel about the ostomy? - Does it ever cause you problems (e.i., pain, skin problems, odors accidents)? If so, what	The surveyor should determine that: - Colostomy irrigations, if ordered, are documented as performed by the resident or appropriately trained staff. - In the case of sigmoid colostomy regular patterns of bowel elimination are	Compliance would be indicated if residents are physically and emotionally comfortable with the ostomy with minimal or no skin problems. If residents are not comfortable with the ostomy, are having skin or other problems, the facility	Patient Care Management 405.1124(d)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Colostomy/Ileostomy F133 (cont'd)	dents permission, observe care being given to determine that proper techniques are being used. The following steps should be taken to assure that proper ostomy care is being provided. - The ostomy dressing should be changed or the bag emptied and thoroughly cleaned promptly after each bowel evacuation or more frequently, if drainage continues. - The peristomal skin should be cleansed and dried, and appropriate measures taken to prevent excoriation and infection. - The resident's privacy should be considered while providing care. - The resident should be provided with information and instruction in self-care at the appropriate level of understanding. - The resident should be observed for signs of withdrawal, disgust anxiety, or other emotional responses which may be related to his/	does staff do about it? - What does the staff generally do with or for the ostomy? Are they consistent and timely? - Has staff talked to you about doing some of the care for this? If so, what was the outcome? If not, is this something you'd be interested in learning more about? <u>Ask Staff</u>: - If nurses aid: + How did you learn to take care of colostomies? + What do you do if the skin around the colostomy becomes red or sore? + Do you ever teach the residents to care for their own colostomies? - If nurse (RN or LPN) + What is the procedure if the resident becomes constipated? <u>Ask Other Nursing Staff</u>: - Is there a facility procedure for ostomy care? - Do you have skin problems with your	documented as established through management of diet, fluid intake, exercise, and the use of prescribed laxatives, suppositories, and/or irrigations. - Ostomy care is documented in the resident's record along with a description of the excreta. - Problems in irregularity, skin breakdown, or other observable concerns are documented and reported to the physician. - Documentation indicates that nursing measures are taken to assist the resident who is experiencing problems in understanding and/or accepting the presence of the ostomy. - Documentation of nursing measures to maintain skin integrity. - Assessment The assessment should indicate: + Needs, problems, and limitations as a result of an ostomy. + Specific degree of	should be responding to these and correcting them as reasonable. Care plans should indicate specific goals in relation to problems and specific interventions for reaching these goals. When available an enterostomal therapy nurse should be involved in developing the care plan for residents with urinary and intestinal stomas.	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Colostomy/Ileostomy F133 (cont'd)	her acceptance of the colostomy/ileostomy. - The surveyor should observe the staff giving ostomy care to verify that proper technique is used.	ostomy residents? - What do you do when skin becomes excoreated? - What teaching do you do with the residents? - What in general is the response to this teaching?	self-care performed or assistance needed. + Special skin care needs. + Special dietary needs. + Emotional support. + Medications and treatments if needed. - Plan of Care The plan of care should clearly address: + Specific goals to overcome or improve the problems(s) identified. + Methods to accomplish the goal (training, assistance, supervision, treatments, emotional support). + Services necessary and who will perform the services. + Time frame for accomplishing goals.		Social Services 405.1130(a) 442.334(a)(b)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 SNF 405.1124(c)	- Aerosol Compressor or IPPB (Intermittent Positive Pressure Breathing Machine) The surveyor must determine that the facility is providing respiratory therapy as ordered by the physician. Observation for this indicator should focus on the necessary equipment as well as on the resident. In order to determine that the necessary equipment is available, the surveyor must look for the following: + Aerosol compressor or IPPB Machine. Check that the machine is clean and operable. + Tubing - If tubing is not attached to the machine, ask to see it. Check that it is stored dry and with consideration for cleanliness. + Nebulizer Cup - should be attached to tubing. It is filled with either the prescribed medicine or distilled water only if about to be used. It should not be	While interviewing the resident, observe for sounds of congestion. Note color of lips and nail beds. Ask Resident: - Do you ever feel short of breath? - If yes, what is done when this occurs? - Is the therapy helping you to feel better? - Are there any problems with it? - If so, how does the staff respond? - Is the therapy consistently performed - both concerning time and method of providing it. Ask Staff: - What is the reason the resident is getting this therapy? - What are the expected results? - Can you demonstrate how you use the equipment? - How often is the equipment cleaned? - What are the infection control procedures in regard to use of res-	The surveyor should determine that: - Respiratory/oxygen therapy is performed or administered by appropriately trained staff. - There is a physician's order for therapy, and it is specific as to rate of delivery, etc. - If the physician's order is for prn therapy, it should specify for what symptoms. - Any information gained from resident or staff is verified in the record. - Assessment + The assessment should address both the need or reason for therapy and any problems or limitations which result from the need for therapy. - Plan of Care The surveyor should note: + The kind, amount, frequency, and/or duration of therapy based on the physician's order. + Specific goals to overcome to improve any identified	Only qualified (trained) personnel should administer/assist with respiratory therapy. Therapy must be provided as ordered. The effectiveness of the therapy must be periodically evaluated and therapy revised as appropriate. Effective infection control measures must be practiced. Needed safety precaution for the use of oxygen must be practiced. Equipment should be available and in working order.	Staff Development 405.1121 (h) 442.314 Infection Control 405.1135(b) Patient Care Management 405.1124(d) 442.341

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 (cont'd)	stored wet. If it is not attached to the tubing, ask to see it. The mouthpiece is connected to the nebulizer cup. The surveyor should also check that all involved equipment is clean. - Oxygen Therapy The surveyor must establish that the facility is meeting the oxygen needs of the resident. When the facility does not have wall units, check that: + There are enough cylinders for oxygen delivery. + There should be flow meters and regulators for tanks in use. + A wrench should be attached or stored close by. + If using large cylinders (size G or H), look for a carrier since these tanks cannot be transported without it. + The cylinder at the resident's bedside should either be on	piratory equipment? - What training was given you in the use of this equipment? - Where is the emergency oxygen supply?	problems and/or limitations. + Specific methods to accomplish the goals (observation, supervision, training, etc.). + Who is responsible to perform therapy or assist in accomplishment of goal. - Intervention - The record should display evidence that: + The plan of care is functional + The therapy was admin-administered in accordance with physician's order for the specified reason(s) by an appropriately trained staff member + Change in condition is tion is documented and acted upon promptly. - Evaluation/Reevaluation The record should reflect: + The resident's response to therapy. + If response was undesirable, evidence of further intervention. + Any progress, deterioration, or development of new problems.		Physical Envionment 405.1134 (i) Medical Records 405.1132 442.318

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 (cont'd)	the carrier, sitting on a metal skirt, or otherwise secured. + There should be other necessary equipment available such as humidifiers, nebulizers, masks, nasal cannulas, T-pieces, etc., all should be dry and clean when stored. + Check to see that non bed-bound residents are not limited to their own chair/room when using oxygen (portable units will prevent social isolation. + Water reservoir is appropriately filled per manufacturers instructions. + Check to make certain the tank is not empty and that any tank is labeled as such. + Check for good oral hygiene of resident. + The room should be posted with a "No Smoking" sign. - Residents on respirators: + Are alarm systems turned on?	<u>Residents on Respirators Ask Staff (all levels)</u>: - What training have you had in caring for	+ Based on the above information, possible modification of goals.		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 (cont'd)	+ Is sufficient Oxygen supply available? + Is the ventilator accessible to an emergency outlet? + Is the resident in a location that allows for frequent observation by staff? + How does the resident communicate with staff? + What level of staff (aide, LPN, RN) caring for the resident? + Is such equipment at bedside? + Is there reserve back-up equipment? + What is the condition of the residents skin around intubation tube/tracheostomy. + Does the care given use appropriate technique in caring of the patient?	residents on respirators? - Can you show me how the alarm system works? - What is your procedure for pulmonary care? - What is your procedure for changing tubing and the water reservoir? - What happens if the power goes off?			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F133 SNF 405.1124(c)	Satisfactory tracheostomy care is a procedure which promotes a clean, unobstructed air passageway and maintains the skin integrity surrounding the tracheostomy site. The surveyor should determine whether: - Adequate supplies are available for the care of the tracheostomy such as tracheostomy kits, hydrogen peroxide, normal saline or sterile water, suction machine, catheter, sterile gloves, and clean dressings. - The resident is breathing without difficulty and is comfortable. - The dressing is clean, dry, and intact; the cannula is clean, in the proper position, and secured. - The skin surrounding trach is clean and dry with no redness or inflammation. - The resident has adequate oral hygiene. - An extra tube, the same size as the one in	Resident interviews must be guided by the resident's communication ability. Ask Resident: - How long will you have it? - What care can you do for yourself? - What do you need help with? - Who helps you? - Is someone always available to suction him/her when needed? - Is the suction equipment always available in working order? - Is the dressing kept clean and comfortable? - Is the tube kept clean and changed as needed? - How often are the tubes and dressings changed? - Does he/she feel confident in the personnel caring for his trach- - What is communicating with staff and other residents like? - Are staff patient and do they allow you enough time to express your needs/thoughts/feelings? [- May I observe your tracheostomy care?] Ask Staff: - Why does resident have	- The surveyor should determine that tracheostomy care is done as scheduled and as needed following the proper procedure. - Any special solutions that are needed should be addressed in the physician's orders. - Assessment - The record should reflect that the need for tracheostomy care was assessed in terms of: + Frequency + Skin integrity surrounding the tracheostomy, noting redness, inflammation, and/or excoriations. - Plan of Care should include: + Specific times of trach care and the responsible, appropriate trained person performing this task. + Specific problems relating to skin and breathing as well as the goals set to overcome these problems listing the appropriate personnel responsible. + Time frames for resolving problems	Stoma and surrounding skin should be in good condition and if not, there should be treatment directed to resolving this problem. All staff caring for the tracheostomy must be trained and emergency procedures must be known. All needed equipment must be available and in working order. Resident must at all times have readily available a means of communicating with the staff in an emergency.	Infection Control 405.1135 (b) Training 405.1121(h) 442.314 Patient Care Management 405.1124(d) Physicians Services 405.1123(b) Social Services 405.1130(a)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F133 (cont'd)	place, is available at bedside. - Does resident have an adequate method of communicating with the staff? - Does staff allow enough time for residents to communicate?	tracheostomy? - What training were you given to enable you to care for tracheostomies? - What is the procedure for tracheostomy care? - How often is the tube changed? - What do you do if the tube comes out? - May I watch you do a dressing change? - If not convenient, describe what you do. [- How do you communicate with a tracheostomized resident?]	listed in goals. + Plan for periodic assessment of appropriateness of residents own self care re: teaching or nursing assuming more responsibility as appropriate. - Intervention - The surveyor should look for documentation of: + Trach care and oral hygiene administration, including responsible personnel, time and date, and effects. + Any problems or changes noted in resident condition (e.g., redness, swelling, tracheal obstruction). + Emotional response to tracheostomy. - Evaluation/Reevaluation + Resident is or is not benefiting from trach care and skin care. + If problems are noted, the progress notes and plans for care should indicate changes in treatment. + Resident's emotional response to care of the tracheostomy should be evaluated,		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Trachoestomy Care F133 (cont'd)			since this may require additional care planning.		
Suctioning F133 SNF 405.1124(c)	Suctioning is necessary for any resident who is unable to cough up secretions that are obstructing his airway. Suctioning may occur via the oral or nasal route, or stoma route with sterile technique. Attempts should be made to observe a resident being suctioned should such an opportunity arise. If so, observe that a clean/aseptic technique is observed throughout and that the resident tolerated the procedure. There should not be bloody aspirant, cyanosis, or bronchospasm. Check that equipment is in good working order, frequency of procedure, etc. Resident observations which indicate need for intervention include: - Secretions are draining from a resident's mouth or trach and the resident is unable to	Ask Resident: - How are you feeling now after the suctioning? Does the suctioning seem to help? - Has staff explained to you the need for suctioning? Why do you need to be suctioned? How often? - Who performs the suctioning (i.e., nurses or nurses aides)? Do you feel safe with the staff performing the suctioning? - Does everyone do it about the same way? Ask Staff: - When and where did you learn to suction? - Tell me what procedure you use when you suction a resident. - Do you always have enough suction machines and catheters? - How frequently is suction tubing changed? - What provisions do you have for suctioning if the electricity is lost?	- Assessment - The record should reflect that: + The resident is frequently observed for suctioning needs. + Any limitations a resident has as a result of his suctioniong needs should be specifically noted. + Any problems resulting must be specified. - Plan of Care should include: + Awareness of the resident's suctioning needs, goals, approaches, and responsible staff needed to improve the problem or at least to maintain the resident at his present status without further deterioration. The plan must clearly indicate specific approaches towards: - Prevention of skin problems around the trach if one exists. - Correction of any existing skin pro-	- All equipment must be available and in working order. - All staff caring for the resident must know what to do in an emergency. - Current professionally accepted standards of care must be maintained.	Infection Control 405.1135(b) Patient Care Management 405.1124(d)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Suctioning F133 (cont'd)	cough or clear himself. - There are audible crackles or wheezes and/or diminished breath sounds. - The resident is dyspneic. - Restlessness or agitation may also be an indication that suctioning is needed. Upon completion of suctioning above symptoms should, in most cases, be relieved. The surveyor should observe that the resident is positioned to facilitate breathing (usually at a 45 degree angle). Check to see that the facility has an ample supply of suction machines and suction catheters to meet the needs of residents requiring them and that they are clean and properly stored.	- Where are your emergency electrical outlets? - What is your procedure for disposing of the secretions from suctioning? - How often does Mrs./Mr. need to be suctioned? - May I observe you when you suction Mrs./Mr.?	blems. - Provision of good oral hygiene including a rigid schedule for mouth care, schedules, or procedures for maintaining clean equipment at bedside, as well as disposal of used (dirty) equipment. - Route of suctioning (i.e., oral/nasal/trach). - Intervention - The record should indicate clearly that: + The plan of care is being implemented. Documentation should reflect: + The number of times the resident required suctioning, for what specific reason, and by whom the resident was suctioned. + Any special treatment the resident received in conjunction with suctioning		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Suctioning F133 (cont'd)			(i.e., oral hygiene, skin care, etc.). - Evaluation/Reeevaluation The record should reflect: + How well the resident tolerates suctioning procedures. + Any bloody aspirant, cardiac arrhythmia, cyanosis, or bronchospasm. + Further interventions utilized to overcome or improve these. + The amount of sputum as well as its color and consistency. + Any progress or lack of progress, deterioration, and/or the development of new problems. + The evaluation should determine whether goals are being reached or if new goals must be addressed.		
Tube Feedings F133 SNF 405.1124(c)	- Staff use proper technique in administering feedings and medications. Check to see that staff checks for location of tube before feeding and that tubing	If the resident is able to be interviewed, suggested questions may be: Do you feel comfortable/safe with all the staff who perform the feeding?	Tube Feeding Review: - Plan of care - Must document tube placement and formula potency prior to each feeding.	- Has the feeding been ordered by a physician? - Is tube feeding nutritionally adequate? - Have attempts been made to discontinue tube feeding if indicated?	Nursing Services 405.1124(d)(f) 442.338(a)(2) Meal Service 442.331(c)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tube Feedings F133 (cont'd)	is irrigated before and after addition of medication. - The tube is clean and formula flows freely. - The equipment is clean and protected. If dressings are ordered, they are in place, clean, and dry. - The nasal tube is securely but comfortably secured on the face with skin maintained intact and without irritation. - The skin around the gastrostomy is kept clean and free from irritation or infection. It should be checked carefully for leakage of gastric contents. - A resident who has a N/G tube for a prolonged period of time should be observed for possible complications, such as nasal erosion, sinusitis, esophagitis, gastric ulceration, and pulmonary infection. - Resident is fed slowly with head elevated to 45° during feeding and at least 1 hour post-feeding.	If not, what happens? Are you losing or gaining weight? What is your goal? Ask Staff: - Please describe how you would carry out a resident's tube feeding.	- In the case of continuous feeding, tube placement must be documented at least every 4 hours. - Naso gastric tube must be secured in a manner that avoids creating pressure on the nose and nasopharynx. - Identify frequency, amt. of feeding based on the physician's order and time span over which each feeding is accomplished. - Medication and treatment records. - Fluid intake records. - Number of calories as well as amount of additional water. - Documentation present regarding removal and reinsertion of tubes. - Record should indicate measures taken to prevent diarrhea and constipation and to treat if they have developed.	- Is skin free from irritation; mouth care is given several times daily? (More frequent mouth care in the case of continuous feeding.) - Have changes in resident condition been noted and addressed (weight loss, constipation, diarrhea, skin condition)? - Have observed problems been coordinated with other departments and resolved? - Is feeding being monitored to ensure that feeding is occurring at the ordered/appropriate rate? - Varied supplements as preferences allow?	Dietetic Services 405.1125(c)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tube Feedings F133 (cont'd)	- Supplies for mouth care are in evidence, observe if possible for technique; mouth shows evidence of good care (i.e., moist, clean.)				
Nursing Services F137 SNF (405.1124) ICF (442.338) B. Twenty-four hour nursing. F137 1. Assigned duties consistent with their education and experience/ based on the characteristics of the resident load. F138 2. Weekly time schedules are maintained. F139 3. There is a sufficient number of nursing staff	Are personnel performing duties that are allowed under the State Nurse Practice Act? Do you observe care being rendered in an appropriate, competent manner? Does the time schedule posted indicate that at least the minimum required personnel are scheduled and actually on duty? What is the usual response time before a call bell is answered? In SNF's is an RN on duty during the day? Are licensed staff and aide staff functioning in appropriate roles? Where are staff spending their time?	Ask Resident: - Do residents generally feel that people taking care of them know what they are doing? - If no, explain. - Are your treatments done in a consistent manner? - If no, explain. - Do you feel that there are enough people here to take care of you? - If no, explain. - How long do you usually wait for help when you put your call light on? - Is there anything that doesn't get done as often as it should? Ask Staff: - Do you feel qualified to do all the work you are assigned to do? - If no, explain. - Do you feel you have enough training to keep up with the care the residents require?	- Review progress notes to determine who is giving care. - Review care plan to determine who the facility has assigned to care responsibility to. - Check staffing sheets for minimal requirements and time and attendance for actual staffing. - Review charts maintained for ADL medications, I & O, restraints, etc., to assure that sufficient staff are available for carrying out responsibilities as specified in patient care plans.	All nursing personnel must function within their State Nursing Practice Act. Levels of staffing meet at least minimum requirements. Nursing care needs must be identified by the facility & documentation, resident and staff interviews should determine if these needs are met. All nursing staff should have education or training to prepare them for the care they perform.	Patient Rights 405.1121(k)(g) Patient Care Policies 405.1121(l) Medical Records 405.1132(c) 442.318(a)(c) Patient Care Management 405.1124(d) 442.341 Staff Development 405.1121(h) 442.314

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F139 (cont'd) available to meet the total needs of all residents.	Check for staff who are actually on duty.	- If no, what else do you need?			
F140 4. There is a registered nurse on the day tour of duty 7 days a week (for SNF only).					
Intent That all residents are cared for by personnel qualified to provide the care & that sufficient numbers & classifications of personnel are available.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Patient Care Management F167 SNF 405.1124(d) F168 ICF 442.341 F169 A. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and is implemented shortly after admission. F170 B. Each professional service identifies needs,	Observe resident level of physical, mental, emotional and social functioning. Note problems, potential problems, needs, using observation/interview/record review work sheet.	Ask Resident: - Are you aware that you have a plan of care? - Did you participate in developing a plan of care? - Do you/your family know what the plan is and details? (e.g., diet, ambulation, dressing, etc.) - Do you attend and participate in plan of care meetings? - Who else attends the plan of care meetings? - When did you last attend the meeting for your plan of care? - Does the staff assist you in achieving the goals on the plan of care? If not, who does or why not? - Do you have all necessary assistive devices and equipment? - Is there anything that is not part of your plan of care that you think should be included? - What happens if you question any treatment or procedure? Can you give an example?	Review: - Plan of care The content of the plan of care is of primary importance rather than the format. Separate care plans are not required for each discipline, but may be accepted if there is evidence that the various disciplines coordinate their planning. - Nursing assessment/reassessments and notes. - Physician orders. - Physician notes. - Assessments/evaluations and progress notes from all professional disciplines as appropriate. - Medication and treatment records as applicable. - Lab reports, as applicable.	- Are all resident's needs/problems identified? - Is the plan developed to meet these needs? - Does the plan demonstrate an interdisciplinary approach, and include: + Goals stated in measurable/observable terms? + Approaches (staff action) to meet the resident action goals? + Responsible disciplines/staff responsible for approachs to assist resident in achieving goal/goals? + Is plan being reassessed and changed as needed to reflect current status? + Does plan of care accurately reflect information gained from observation, interview and record review?	Physician Services 405.1123 442.346 Medical Records 405.1132 442.318 Resident Rights 405.1121(k) 442.311 24 Hour Nursing Service 405.1124 442.338 Specialized Rehabilitation Services 405.1126 442.343 Training 405.1121(h) 442.314 Resident Rooms 405.1134(e) 442.325 442.326 Infection Control 405.1135 442.328 442.324

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F 170 (cont'd) goals, plans, and evaluates the effectiveness of interventions plus institutes changes in the plan of care in a timely manner. INTENT The intent is to assure that the facility identifies the resident's (with residents/family input if applicable) needs through the coordinated efforts of all disciplines.		Ask Staff: - What is your input into resident's plan of care? - What aspect of the resident plan of care are you carrying out? - What is this particular resident's plan of care? - How do you assist the resident in carrying out the plan of care? - Who attends the care planning meeting? - Is the plan of care useful to you in caring for the resident? - Is there anything the resident needs that is not addressed in the plan of care? - How often is it reassessed?			Social Services 405.1130 405.1130(a) 442.344(d) Activities 405.1131 442.345 Dietetic Services 442.1135 442.332

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Restorative Nursing Activities of Daily Living F171-176 SNF 405.1124(e) ICF 442.342 442.343(a)(c) INTENT To assist the resident to attain or maintain his/her maximum level of independence and function?	A. Observe residents in need of assistance. 1. Is needed assistance provided? 2. Is resident provided assistance and instruction, as appropriate, in all ADL's to increase his/her level of independence? 3. Does staff minimize pain/discomfort while assisting resident? 4. Is resident taught transfer techniques? 5. Is resident assisted to toilet in timely manner? 6. Resident personal equipment available & within reach? Glasses Hearing aids Dentures [Artificial larynx]	Ask Resident: - What assistance do you need with bathing and/or dressing? Who helps you? - Does the staff plan with you your dressing/bathing schedule? - Do the nursing and activities staff coordinate your schedule so that you have the opportunity to participate in favorite activities? - Are you able to dress/bathe at times convenient for you? - Are you bathed consistently? (i.e., on the day(s) scheduled does the bath get performed?) - Where are you bathed? (bed, shower, tub?) - Are there adequate clothes available for you to wear? - Do they come back from laundry in appropriate condition? - How do you get in and out of bed? - If staff assists you, do they seem to be able to do their job appropriately? Do you always feel safe when	Review: - Plan of care + Reflects assessment, goals, methods to reach goals, service providers, evaluation, and achievement . + Addresses restorative nursing assessment, program initiation, implementation and evaluation of the progress over a reasonable time period. Professional judgement determines the assessment of appropriate time frames. + Identifies planning for potential discharge for all residents to determine a disposition on home care or an alternate level of care. - Nursing Notes + Demonstrate evidence of assessment, intervention, response to treatments/teaching and their progress toward independence, a maintenance level or a deterioration. + Provide evidence of interdisciplinary conferences.	Are patient needs identified? Verify that the plan of care addresses resident needs and is implemented as scheduled and that all appropriate information is documented. If goals are not reached, has a reevaluation been performed and goals revised? Does restorative nursing assist the resident to acquire a higher level of independence? Is sufficient time allowed to resident for learning to increase his/her level of independence? Are assistive devices used regularly as per plan and are they in good repair? Is there an assessment, and if appropriate, a plan for each ADL that the resident needs to gain independece in? Maintenance goals should be noted as appropriate.	Physicians Services 405.1124(a)(b) Nursing Services 405.1124(a)(b)(c) 442.342 Dietetic Services 405.1125(a) 442.331(c) Activities 405.1131(a)(b) 442.345(a)(b) Specialized Rehab. Services 405.1126 442.343(e)(1)(2)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd) ADL's (cont'd)	Prosthetic devices (eg. braces, artificial extremities). Adaptive equipment (e.g., built-up spoon, reachers). Orthotic devices (eg. splints, AFO's). Restraints (eg. vest, waist, wrist, ankle, mitts, nets, geri-chairs). Grooming items (eg. comb, brush, shaver). Oral hygiene (eg. toothbrush, toothpaste, mouthwash, denture cup). Self-feeding devices. Assistive devices for special sensory loss needs (eg. communication boards, large print books, magnifiers, writing tablets, picture cards, talking books). <u>Training/re-training</u> Prosthetic management Stroke adapted ADL's Self-injections of medications Bowel/Bladder Self-feeding Self grooming Ambulation	being helped? - Are staff members encouraging you to do things for yourself? - Do you have any problems getting to the bathroom on time? - Do you have any problems with leakage when you sneeze, laugh or at any other particular time? - How does the staff help you with these problems? - Are they aware of the problems? - Do you bowels move regularly? - If not, what do you/staff do about this? Are you able to feed yourself? - Are you able to get to the dining room by yourself? If not, why? In that case, what does staff do about this? - How long have you been up today? - Do you usually lie down for a rest? - If you need help getting into or out of bed, is staff available to help you when you need it? - Where do you spend most of your time - in your chair, wheelchair or in bed?			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)	Colostomy/Ileostomy Care Respiratory Care (oxygen inhalation) Speech Mobility Upper extremity dressing Lower extremity dressing Observe at mealtime whether staff encourages/guides residents in self-feeding or <u>feeds</u> the residents.	Does anyone move your arms or legs or help you with exercises? - Have your sleeping habits changed since you came to the nursing home? If yes, in what way? - Are you able to get help during the night if needed? + What kind of help is needed? + Is staff response timely? - Do you feel there are adequate care supplies at this facility? - If not, can you give me an example of why you feel this way? - Is your family involved in assisting you or if learning to help you? - Do you feel there is adequate staff at this facility? - If not, can you give me an example of why you feel this way? - Does staff assist and/or encourage activities (e.g., R.O.M., ambulation ADL, communication programs, feeding)? - How often does staff assist in activities? - Is there anything resident would like to do			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)		for himself/herself that staff is doing? - Is resident comfortable (e.g. free from pain)? - Is your cane/walker/ crutches comfortable for you to use? - Did anyone measure you so you have the right size cane/walker/crutch-es? - Did anyone show you the correct way to use your cane/walker/crutches? - If the facility arrang-ed so that you can get around easily? Ask Activities Staff Do you provide information to nursing staff about time and place of activi-ties, plus names of resi-dents who are to attend or those who might be inter-ested in attending? Chair-bound Resident Ask Resident: - Does he/she know why he/ she is in a chair? - Is resident assisted to use bathroom? - Is resident comfortable? - Does he/she see thera-pist? (O.T., Speech, P.T.) and how often? - Does resident go to a			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)		therapy area or does therapist come to resident? - Is able to reach items needed? Ask Nurses Aide -Who give you information about the time and place of activities and which residents are to attend? How are you given this information? -How do you encourage a resident to do the most for themself? Wheelchair Resident Ask Resident: - Does he/she know why he/she needs a wheelchair? - Is resident trained and/or encouraged in independent W/C ambulation and activity? - Does resident know how to lock and unlock wheelchair? Ask Staff: - How is a resident set up for independent W/C ambulation? - Nurse Aide - has resident received instruction in transfer techniques? For Bed Bound Resident In addition to appropriate interview questions above:			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)		Ask Resident: - How do you spend your day? - Can you do some things for yourself? - Does the staff give you a chance to learn self-care skills? Ask Nurse: - If the resident had access to a recliner chair, would he/she be able to be out of bed? - Is the time out of bed coordinated with the activity schedule and necessary care? Ask Nurses Aide: - Does this resident do any self-care? Why not? - If no, has anyone tried to teach him/her to do some care?			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Positioning F175 SNF 405.1124(e) Intent To assure that the resident is positioned at all times to promote maximum therapeutic benefit and comfort, as well as safety.	Observe residents in bed, chairs, restrained, or in "protective devices" for - body alignment - positioning - contractures (when did they occur and what is being done)? - ROM program (observe extent & technique of provider) - Assistive devices (overhead pulleys, slings, splints, etc.) - Turning/repositioning schedule and adherence to the schedule. - Devices to maintain positioning, i.e., sandbags, extra pillows, etc. Specific Observations for the Bed Resident (as appropriate to condition). Positioning/body alignment Resting splints & correct application Foot positioning boards Trapeze Hand rolls Elbow/leg splints & correct application Restraints Siderails (padded) Special mattresses	Ask Resident: - How often are you turned/repositioned by the staff? - Is that often enough? - Are you comfortable now? Do you have any pain or discomfort? Where? - How long have you had joint stiffness (contractures)? - What kinds of exercise do you do every day, including range of motion (ROM)? How long does the exercise last and how frequently do you exercise each week? - Do you wear special devices? How often? - Consistently? - Are they always applied and removed appropriately and promptly? How Often? - By whom? Bed Rest Resident Ask Resident: - Why do you have to stay in bed? - How often does staff get you OOB? - Do they know how to get you up? - Who sets you up and/or assists you in bedside ADL's? - Does staff, therapist check positioning, supportive devices?	- MD orders for non-nsq interventions/treatments. - Plan of care should include at a minimum: + Restorative goals + specific joints to be exercised + devices to be used in positioning + frequency of treatment or repositioning + resident teaching information + resident teaching information + services responsible for carrying out the procedures + time frames for reaching goals - Nursing progress notes indicate: + Plan has been implemented + Progress toward goals + Response to information from reevaluation - Look for actual turning/repositioning schedule	Plan of care should be complete (addressing resident positioning needs) and plan is implemented on a daily basis. Care givers are knowledgeable re plan content Residents are turned as scheduled. In good body alignment with proper assistive devices & equipment. Contractures are prevented and/or treated. Plan is reviewed, reevaluated and revised at least quarterly, but must be done as often as patient condition dictates. Ask aide assigned to demonstrate the hand holds he/she uses for ROM. If aide doesn't know, ROM is probably not being done. Do it "at bath time" is not sufficient.	Rehabilitative Services 405.1126(h) 442.343(c)(2) MD Orders Activities Resident Rights Nursing-Staffing Inservice Social Service Dietary

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F175 (cont'd)	Blankets/pillows Clean, smooth linen Clean, appropriate bed wear Turning schedules ROM schedule O.O.B. (as tolerated) Water available All adaptive devices are clean and in good repair. All assistive supportive devices are clean and in good repair. <u>Specific Observation for the OOB Resident in Chair</u> (geri-chair, lounge chair in room, as appropriate to condition) Arrangement of room facilitates residents optimal independence (e.g., independent eating, grooming, T.V., radio, water). Positioning/body alignment. Blankets/lap robe, pillows, foot stool. Hand rolls, splints. Clean, dry attire. Pressure relief device. Restraints, with release & activity schedule. Call bell available.	- When? - Does staff answer call bells propmtly? How soon? - Is resident able to reach items (e.g., water call bell, urinal, emesis basin, tissues)? - How much confidence do you have when the nurses are helping you transfer, or turn and so on? - Does resident go to therapy area or does therapist come to resident? <u>Bed Rest Resident</u> <u>Ask Staff</u>: - How often is position changed? - What activity is done at the time (e.g., R.O.M., toileting, OOB, grooming? - What can resident do independently? - Is equipment available? - Who maintains and cleans the equipment? - What is the schedule for this? - What training have you had to learn to position patients correctly?			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F175 (cont'd)	Specific Observation for the Wheel Chair Resident (as appropriate to condition, including deliberate alterations made to equipment for specific reasons.) - Proper fit - Good working condition - Appropriate arm rest, footrest, leg support, lap tray - Proper positioning - Pressure relief aids, (e.g., gel flotation pads, egg crate mattress, sheepskin) - Set up for independent W/C ambulation - Functional adapted toilet area - Transfer techniques Observe how staff wheel the resident (e.g., do they inform before starting movement)? Are patients moved wheeling forward and facing elevator doors? Observe staff for: - verbal cues - physical support - body mechanics Specific Observation for the Ambulatory Resident (as appropriate to condition) - Gait (steady/unsteady) - Appropriate devices for	- Was there any part of your orientation when you first came to work here that addressed positioning? - Do you have any periodic reviews/updates on positioning? Chair Bound Resident Ask Staff: - How often is resident repositioned/taken out of chair? - What is the activity at time of repositioning and/or release of the restraint? - What can resident do independently? Ambulatory Resident Ask Staff: Is resident encouraged to independently ambulate to and from activities and dining room (with or without personal assistance)? - Does resident do as much as he/she can independently? - What does resident do? - How do you know that resident is maximally independent? - If it is not working independently, how do			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F175 (cont'd)	ambulation (e.g., cane, crutches, hemi-sling - Posture - Appropriate staff assistance in ambulation - Grab bars (halls, bath/shower area) - Functionally adapted toilet area	you deal with it? - Is there something resident would like to do that he/she is not allowed to do (e.g., shave self, apply make-up, style own hair)? - What training have you had in learning to position residents and do range of motion? - What opportunity do you have for ongoing training? - Who does the actual training? Check question placement under Interviewing. May be more appropriate for resident's rights section. Observe wheeling technique used by staff.			
Nursing Services G. Administration of Drugs F183-184 SNF 405.1124(g) ICF 442.337 F186 1. The patient is identified prior to administration of a drug.	Observe a drug pass with at least 20 residents receiving medication. See SOM Appendix N. Transmittal No. 174 for details of the Surveyor Methodology for Detecting Medication Errors. - Observe medication administration techniques (e.g., hand-	Ask Resident - Do you always receive your medication on time? - If not, what is the problem? - Do you receive the correct medication? - What does it look like? - Who explained your medications to you? - What reactions do you have? - What happens if you have a question or refuse to take your medication? - Who gives you your medication? - Do your medications change in appearance?	Review the medication administration record. (as appropriate) See S.O.M. Appendix N, Transmittal No. 174 for details of the record review.	If the combined total of significant & non-significant errors is 5% or above, a deficiency is present. Any significant error is cause for a deficiency. See Appendix N for details.	Physician Services 405.1124(b)(7) Pharmaceutical Services Supervision 405.1127(a) 442.336(a)(b)

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F187 2. Drugs and biologicals are administered as soon after doses are prepared. F188 b. Administered by same person who prepared the doses for administration except under single unit dose packet distribution system. Exception: ICF residents may self administer medications with their physician's permission.	washing, pouring of dosage, position of resident).	- Do the nurses stay with you when you take your medication? - Do any of the medications bother you? Ask Staff: - Do you generally have available the medications you need? - Are there any problems in administering medications? Note drug doses refused by resident and how handled by staff.			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Conformance with Physician Drug Orders F189 F190 F191 SNF 405.1124(h) ICF 442.334(a) Drugs are administered in accordance with written orders of the attending physician. Intent All residents receive medications as ordered by the physician.	Combine with observation of drug pass.		- Review the latest recap of the physicians orders - Review the medication administration record (as appropriate) - See S.O.M. Appendix N, Transmittal No. 174 for details of the record review.	See Appendix N for details	Physician Services 405.1123(b)(7)

LONG TERM CARE SURVEY

SURVEY AREA CROSS REFERENCE	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	
DIETETIC SERVICES (Condition of Participation) F193 SNF (405.1125) A. Menus and Nutritional Adequacy F194 SNF (405.1125(b)) F194 ICF 442.332(a)(1) F196 Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	o <u>Specific Observations which might be indicative of possible nutrition problems:</u> Clinical - underweight/ overweight - dehydration - edema - cracked lips - pallor - dull or dry hair - swollen or red tongue - bleeding gums - decubitus ulcers - infections o Physiologic factors which may affect intake: - Swallowing difficulties - Vomiting - Food intolerance - Poor dentition - Sore mouth - Constipation - Diarrhea - Inability to feed slef - Decreased visual and olfactory acuity - Unable to communicate - Loss of appetite o Psychological/Social - Confusion	Ask dietary manager to explain the procedure for making substitutions and recording the changes. - Is menu usually followed? <u>Ask Resident</u>: 1. How are your meals? 2. Are there foods you are not allowed to have? 3. Are you on a special diet? 4. Do you receive foods that are not appropriate for your diet? If so, what do you and the staff do about that? 5. What time do you receive breakfast, lunch and supper? Do you always receive a meal at mealtime? If not, why? What happens then? 6. Do you like the taste of the food? 7. Is the temperature appropriate (i.e., milk chilled, coffee hot, etc.)? 8. Do you get enough to eat? What do you do if you're still hungry after a meal?	<u>Review Nutrition assessment for the following documentation</u>: o Usual/ideal body weight/ height o Dietary allergies/ sensitivities, ability to chew and swallow regular foods without difficulty. o Full or partial dentures o Mental and emotional condition o Physical appearance, skin condition o Appetite and food preference. o Vitamin and mineral supplements. o Food and fluid intake in measurable terms and frequency of meals. o Degree of assistance needed in eating, related mobility, vision, or other identified problems. o Medications (e.g., diuretics, insulin, antibiotics, etc.) o Related laboratory findings (e.g., fasting blood sugar, cholesterol, sodium, potassium, hemoglobin, BUN, serum albumin, transferrin or creatinine-height index if available).	o Were physician diet orders followed? o Did nursing plan for feeding and assistance at mealtime? o Is there rehabilitative use of assistive devices, if appropriate? o Is modification of consistency of meals made if resident has a problem or change in condition? o Are between meal and bedtime snacks provided as needed? o Is socialization at meals provided? o Has dietitian provided counseling of resident and family as needed (related to diet)? o Usual body weight is maintained/supported? o Is there evidence that the plan is being carried out (e.g., documentation in the resident's chart, observation by the surveyor, and resident/staff interviews)? If the resident refuses meals or does not respond to intervention, the notes in the chart should indicate efforts to intervene or provide counseling.	<u>Physician Services</u> 405.1123 442.346 <u>Medical Records</u> 405.1132 442.318 <u>Nursing Services</u> 405.1124(e)(f) <u>Specialized Rehabilitative Services</u> 405.1126 <u>Patient Care Management</u> 405.1124(d)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196(cont'd) Intent Ensures that each resident receives food in the amount, kind, and consistency to support optimal nutritional status.	- Excessive food likes and dislikes - Refusal to eat o Selected biochemical changes which might indication changes in nutritional stutus: - Visceral protein status o serum albumin o transferrin o BUN o Serum electrolytes During mealtime observe the resident for: - adherence to food preferences - adequate space for eating - self-feeding skills - proper position for eating - ability to eat foods served - use of adaptive feeding devices - amount of food actually eaten - protection of resident's clothes - amount of time resident is allowed to chew and swallow - Assistance provided as needed to and from dining area - All beverages are covered]	9. Do you receive nourishment in the evening? Do you have a choice about what you want to eat? 10. Do you receive medicines during meals? If yes, do you know what it is or what it is for? 11. Do you get food from outside of facility that you buy or family brings? How often? What kind of food? 12. How often does anyone from the kitchen come to ascertain your feelings and opinions on the food service, your portion size, etc.? 13. Where do you eat (e.g., dining room, your room, etc.)? Is this your choice? Do you have a choice of where you eat? 14. How often have you seen a therapist for your swallowing difficulties?" "How has the therapist instructed you/staff/family on methods to improve your swallowing? Ask Dietician - Describe the meal planning input you receive from residents.	o Food/drug interactions o Mental/emotional assessment as it relates to resident's food habits. Review: o Plan of Care o Nursing Notes Review: o Physicians orders o Progress notes o Notes from other professional disciplines as appropriate. Nutritional status depends not only on adequacy of menu planning but also whether the resident eats the food and how the body uses it. While the surveyor is not responsible for individual nutritional assessments of residents, when specific information is needed during the survey to make a compliance decision, the surveyor will utilize the following minimum assessment guideline: Menu Evaluation o Adequate in energy and nutrients - Protein - Calories	Is there evidence that the resident's progress is regularly observed (e.g., awareness of food and fluid intake such as acceptance of foods, food consumed, and resident's appetite)? o Is fluid intake for resident encouraged, Foley catheter, problem feeders monitored? o Is there general evidence as to whether poor resident conditions are due to poor care or whether the facility has taken appropriate measures to prevent or resolve problems. o Is there indication of progress toward desired outcomes? If not, is the evidence of re-evaluation available within specified time frames? o When the antropometric and clinical data do not correlate with dietary data, (food intake, dietary supplements) the surveyor should take note that the problem may not be nutritional.	Nursing Services -405.1124(f)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196(cont'd)	Assistance being provided in case of choking, incontinence, falling, or other emergencies. Nursing Staff supervision of dining areas including residents' rooms during meal times.		- Vitamin C - Calcium Selected evaluation of residents for in depth review: A check list can be used to evaluate daily menus for basic foods: (use standard serving protions) Daily food plan should include: MILK GROUP 1 pt milk MEAT GROUP 5 equivalents:* 1 equivalent equals 1 oz. of meat (edible portion) weighed after cooking (this includes eggs, dried peas, beans, nuts, and all meat, fish and poultry). VEGETABLE AND FRUIT GROUP 5 services or more, including a dark green or deep yellow vegetable for vitamin A value every other day and a citrus fruit or other fruit rich in Vitamin C daily.		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)	Observe serving portions sizes on all menu items: MILK GROUP - 1 pint daily Source of: Protein Calcium Phosphorus B Complex MEAT GROUP - 5 lean meat equivalents (1 meat equivalent = 1 oz meat, poultry, fish, cheese & eggs; also dried peas, beans, and nuts). Source of: Protein Iron Vitamin B12 VEGETABLE AND FRUIT GROUP - 5 servings or more (1/2 cup = 1 serving) Source of: Vitamin A,C, B6, Folacin, Fiber BREAD-CEREAL-POTATO-LEGUME-PASTA GROUP - 7 servings (1 serving = 1 slice bread; 1/2 cup other; 3/4 cup flake-type cereal).		BREAD-CEREAL-POTATO-LEGUME-PASTA GROUP 7 servings FATS AND SWEETS (Without this group the diet contains 1,415 Kcal) Diets should be adapted from facility's currently approved diet manual. Menus are dated and contain minimum portion sizes. Are substitutions noted on the file copy? Are substitutions made within the same food group i.e., meat for another source of protein in the meat group, or vegetable of similar nutritional value?		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)	FATS AND SWEETS (to increase caloric intake) IODIZED SALT (unless contraindicated) Adequate fiber in diet		o Documentation of decision to withdraw or begin artificial feeding and hydration. Check menus for variety Are they specific (i.e., states kinds of fruit, juice, vegetable)? DIETARY SERVICES SELECTED NUTRITIONAL REQUIREMENT RECORD REVIEW N.B. The basal energy expenditure (BEE) and calorie requirement using Harris-Benedic formula recognizes the variation in energy needs for individuals. 1. Anthropometry- Weight /Height NOTE: The following sample formulas and guidelines are not the only acceptable guides available. The surveyor should ask to use the assessment guidelines used by the facility before using the ones provided here. o Important indicator of nutritional outcomes. o Disease state can have adverse effect on desired body weight.		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)			2. <u>Weight for Height Calculation</u> Females: Allow 100 lbs. for first 5 ft. of height plus 5 lbs. for each additional inch Males: Allow 106 lbs. for first 5 ft. of height plus 6 lbs. for each additional inch <u>Estimating Caloric Needs</u> 1. FORMULA: Harris-Benedict Equation Men: 66 + (13.7 x Wt. in Kg) + (5 x Ht. in cm) - (6.8 x Age)=BEE Women: 65.5 + 9.6 X Wt. in Kg.) + (1.7 x Ht. in cm) - (4.7 x Age)=BEE Parenteral Anabolic: 1.75 x BEE Oral Anabolic: 1.5 x BEE (Kcals)		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)			Oral Maintenance: 1.20 x BEE (Kcals) Metric Conversions* (Approx) pounds (lb.) x 0.45 = kilograms (Kg) inches (in.) x 2.5 = centimeters (cm) Estimating Protein Needs 1. Allow 0.8 gram protein per kilogram of ideal body weight. 2. Increase to 1.2 - 1.5 gm/kg for patients with depleted protein stores (decubitus, draining wounds, fractures, etc.). Fluid Requirement Based on actual body weight: Over 55 years with no major cardiac or renal diseases: (NOTE: 2.2 lbs. equals 1 kg of body weight)		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)			Example: 120 lbs/2.2 lbs. = 54.5 kg (55 kgs) 55 kg x 30 cc - 1,650 cc/day Note: Isotonic Standard Tube Feeding = Approximately 80% water. Amputation % of Body Weight Leg 20% Below Knees 10% Arm 6% At Elbow 3.6% Suggested Standards for Evaluating Significance of Weight Loss % of body weight loss Interval / Significant Loss / Severe Loss 1 week 1-2% 2% 1 month 5% 5% 3 months 7 1/2% 7 1/2% 6 months 10% 10% From Blackburn, et al: "Nutritional and Metabolic Assessment of the Hospitalized Patient: JPEN vol. 1, 1977.		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS			CROSS REFERENCE
F196 (cont'd)			Lab Indices for Visceral Proteins				
				Mild Deficiency	Moderate Deficiency	Severe Deficiency	
			Albumin g/dl	3.5–3.2	3.2–2.8	2.8	
			Total Lumphocyte Count (cu/mm)	1800–1500	1500–900	900	
			Transferrin (If Available)	200–180	180–160	160	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
B. Therapeutic Diets F197 SNF 405.1125(c) F198 ICF 442.332(b)(1)(2) F199 1. Therapeutic diets are prescribed by the attending physician. F182 2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietician and advice from the attending physician whenever necessary.	System for the provision of diets: o Dietetic service Kardex or file o Therapeutic menus o Nourishment preparation and service o Adequacy of nourishment o Individual menus or diet cards SPECIAL FEEDINGS: The surveyor should also attempt to observe that: o Staff use proper technique in administering feedings and medications. Check to see that staff checks for location of tube before feeding and that tubing is irrigated before and after addition of medication. o Unused milk-based tube feeding should be discarded in a timely manner	Ask Staff: o Number, type of therapeutic diets? o Time of nourishment activity, who's responsible? o Nourishment provided for day of survey? The surveyor should interview staff regarding their knowledge of the feeding schedule and training in administering tube feedings. Some residents having difficulty in speaking or swallowing with the tube in place (i.e., poor toleration). The surveyor should inquire if mouth feeding was attempted. Ask Resident: If the resident is able to be interviewed, suggested questions may be: 1. How long have you been fed by this tube? 2. When was the last time you tried to eat by mouth? What happened? 3. How often do you receive the feeding? Is this consistent?	Review: - Physician diet orders in medical record - Nurses' Kardex - Dietary Kardex - Therapeutic diet menu - Diet cards Note: - Consider appropriateness of special diet-updated and reviewed since admission. - Progress notes reflect reevaluation of resident's progress on diet. Selected number of residents on therapeutic diets should be considered for indepth reviews. Tube Feeding Review: - Plan of Care - Identify frequency, amt. of feeding based on the physician's order and the time span over which each feeding is accomplished. - Medication and treatment records - Fluid intake records - Number of calories as	On Pureed diets: o Ordered by physician o Prepared fresh daily o Same calories and/or food groups as if served whole. Pureed foods are coordinated with general/regular menu. On Tube Feeding: o Has the feeding been ordered by physician? o Is tube feeding nutritionally adequate? o Have attempts been made to progress tube feeding if indicated? o Have changes in resident condition been noted and addressed.	Nursing Services 405.1124 405.1124(c) (d.) Patient care plan (f.) Supervision of patient nutrition

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197-199 (cont'd)		4. Does the staff help you in feeding? Do you feel comfortable/safe with all the staff who perform the feeding? If not, what happens? 5. Are you losing or gaining weight? What is your goal? 6. How often is the tube changed? Who does this? Do you feel comfortable/safe with all staff who perform this procedure?	well as amount of additional water - Periodic reassessment of ability to swallow - Record should indicate measures taken to prevent diarrhea and constipation and to treat if they have developed.	weight loss, constipation, diarrhea, skin condition)? o Have observed problems been coordinated with other departments and resolved? o Is feeding being monitored to ensure that feeding is occurring at the ordered/appropriate rate? o Varied nourishments as preferences allow?	
		Interview staff regarding knowledge of diabetic diets. o What nourishment does the diabetic patient receive? o If diabetic patient refuses the meal, what is done to supplement the meal? If resident is able to be interviewed, suggested questions: 1. How long have you been on your diabetic diet? 2. Do your know some of foods you must avoid? What are they?	Diabetic Diets Review: o Pertinent Laboratory data: - urinary glucose - serum glucose o Wt. gain/losses	On Diabetic Diets and Other Therapeutic Diets o Ordered by Physician o Varied, nutritionally adequate o Individualized to suit resident o Re-evaluation indicates diet meets objectives. If not appropriate, documentation is provided o Laboratory results support diagnosis o Between meals nourishment provided as needed and recorded in measurable amounts.	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197-199 (cont'd) F198 Therapeutic diets prescribed by the attending physician	Observe tray/meal service: o Low sodium diets are platable (taste) o Sugar sources on diabetic diet trays o Salt sources on sodium restricted diet trays.	3. Do you receive a nourishment between meals or before going go bed?			
F199		FOR THE RESIDENT WITH DECUBITUS ULCERS			
Therapeutic menus are planned in writing, prepared and served as ordered with supervision from the dietician and advice from the physician whenever necessary.	Functioning system to provide the needed nutrients: - Resident's general appearance - Meal service + Food acceptance + Adherence to food preferences - Food supplement + Type to support + Method of service + Assistance provided + Timely provision as ordered - Portion sizes - Conforms to physicians orders	Ask Staff: 1. Regarding knowledge of dietary needs. 2. What do you do when this resident refuses milk, meats, bread, etc.? 3. What nourishments are provided to this resident? How often? 4. What happens when a weight loss is noticed with this resident? Ask Resident: 1. Has anyone talked with you about the importance of eating your meals? 2. Do you get foods that you don't eat on your tray? 3. When do you feel hungry? 4. Do you get between meal nourishments?	1. Identify residents with conditions that immobilize or prevent voluntary body movement. 2. Identify location, number, size and depth of decubitus ulcers. 3. Calculations of kilocaloric and protein levels as needed. 4. Micronutrient need assessment and recommendation. 5. Progress notes + monitor weight + monitor healing of decubitus ulcers. 6. Pertinent Laboratory Data + Hemoglobin/Hematocrit + Serum Albumin + Total Lymphocyte Count 7. Fluid Intake + sufficient to maintain hydration	A system is in place to provide the type and amount of nutritional support needed by the residents who have developed decubitus ulcers. Food and supplementation are provided in a method to ensure intake of nutrients needed by residents with decubitus ulcers. Nutritional intervention is assessed and reassessed to ensure appropriate intervention for acceptable health care outcome.	Nursing Service 405.1124 (d) Patient Care Plan (f) Supervision of Patient Nutrition

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197–199 (cont'd) F198 Therapeutic diets prescribed by the attending physician F199 Therapeutic menus are planned in writing, prepared and served as ordered with supervision from the dietician and advice from the physician whenever necessary.	RENAL REVIEW System in place for the the correct provision of renal diets. - Individualized menu - Dietary Staff Utilize menu when serving diets.	Interview Staff regarding knowledge of renal diets: 1. What foods should be restricted when a patient has kidney problems? 2. What nourishments are given to these patients? 3. Are fluids restricted? Ask Resident: 1. Are you on a special diet? 2. What foods must you avoid? 3. Do you feel hungry? 4. Do you eat everything at mealtimes? 5. Are the foods the kitchen sends you the correct ones for your diet? 6. Has the dietitian explained your diet to you?	Renal Patient Diet Review - Pertinent Laboratory Data + Serum Sodium + BUN + Serum Potassium + Albumin + Hematocrit + Creatinine - Pertinent Medications + Vitamin/Mineral + Supplements - Weight gains/losses	On Renal Diets - Ordered by physician - Written menu nutritionally complete in so far as medically possible, including calories - Individualized to suit resident - Laboratory testing as needed - Coordination with dialysis unit to determine effectiveness of diet	Nursing Service 405.1124 (d) Patient Care Plan (f) Supervision of Patient Nutrition

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Preparation F204 SNF 405.1125(e) F205 1. Food is prepared by methods that conserve its nutritive value and flavor. F206 2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs. F207 3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.	Observe: o Feeding assistance is provided or not provided by staff o Length of time residents sit and wait for meal service o Food is served soon after cooking or refrigerated o Trays are free of spillage of foods or liquids o Foods are appropriately covered and kept at a proper temperature o Cooking and service utensils are clean, sanitary and greaseless o Refrigerated foods must be covered o Leftover and pre-cooked foods must be dated and labeled o All cooked food stored above raw meats in refrigerator o Temperature gauge on or in refrigerator to record temperature o Shelving to allow air circulation o Food not stored in refrigerator must be stored off the floor (This is applicable to food stored in walk-in refrigerator and freezer.)		Review: o Plan of Care o Progress notes o Notes from other professional disciplines to determine rehabilitation potential to self feed, use of assistance devices. o Record of food substitution to determine alternate choice provided o Standardized recipes	The facility has kitchen and dietetic service areas adequate to meet the food service needs. These areas are properly ventilated, arranged, and equipped for sanitary refrigeration, storage, and preparation of food. Equipment and storage areas are clean, well maintained, within proper temperatures ranges, and safe Proper temperatures: (Fahrenheit) Frozen food storage -- 0 or below Cold food storage -- 40-45 degrees Hot food holding equipment -- 140 degress minimum Dishwasher wash cycle -- 150 - 160 degrees Dishwasher rinse cycle -- 160-180 degrees or a color change in thermopaper; or adherence to manufacturers recommendations	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F207 (Cont'd) INTENT To provide foods that are safe and nutritious SNF 495.1125(e)	- No rust on shelves - No dripping or spillage on shelves and floors - Degree to which diet modification is commensurate with residents tolerance and capability - Residents for meal satisfaction - Observe appearance of food color, texture, aroma, and flavor - Less than 75% of meal is consumed - Type of substitutions provided		- Progress notes - Diet card - Day's menu substitute record	Dietary personnel are clean and free of infectious disease. They practice acceptable techniques and procedures to keep foods at proper temperatures and protected against contamination. Is dietary information pertinent to dietary modification? Has resident been assessed for eating program to maintain independence? The food substitute is of similar nutritive value as the refused item (e.g., milk refused, alternate of calcium rich food should be provided.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
D. Frequency F208 SNF 405.1124(d) F209 ICF 442.331(a) F210 1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast. F211 2. To the extent medically possible, bedtime nourishments are offered to all residents	o Menus as under A on page 63 o Who serves nourishments o Nourishment list and schedule	Interview various residents about the nourishment service: o Are nourishments offered routinely? o At what time are they offered? o By whom? o What kind of nourishments are offered?	Review o Menu as under A o Nourishment List	Three meals or their equivalent are served daily with not more than a 14-hour span between the evening meal and breakfast. The nourishment service is more difficult to evaluate: must find evidence that patients are offered nourishments on a planned basis and documented.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E. Staffing F212 SNF 405.1125 (a) F213 1. Food service personnel are on duty daily over a period of 12 or more hours. Intent Persons are providing services commensurate with their level of training; and at the level of sophistication needed by the residents.	- Food service personnel are on duty for all defined dietary responsibilities: - Supervision - Food Preparation - Dishwashing - Cleaning - Duty Schedules	- Interview personnel to verify that they are aware of their responsibilities and job descriptions.		- From an assessment of the total dietetic service operation: + The dietetic supervisor is capable of the overall management and supervision of the dietetic service. + There are dietetic personnel on duty over a 12-hour period who demonstrate ability to perform tasks adequately. + Dietetic personnel receive appropriate orientation and training consistent with their duties and responsibilities. There is evidence that the dietetic staff are knowledgeable about food service policies and procedures and apply these accepted professionals practices in their daily work. + Services provided are consistent with the size, scope and facilities available.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
SPECIALIZED REHABILITATIVE SERVICES F214 SNF 405.1126 F215 SNF 405.1126(b) F216 ICF 442.343 A. PLAN OF CARE ICF442.343(e)(1)(2) F217 Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service. B. THERAPY F218 ICF442.343(a)(c)(d) Therapy is provided according to orders of the attending physican in accordance with accepted	OBSERVE RESIDENTS As per "Restorative Nursing Activities of Daily Living" SNF 405.1124(e)2(b) ALSO: OBSERVE RESIDENTS IN THERAPY AREAS: - Is privacy provided during treatment, as applicable (e.g., cubicle curtains, room dividers, one to one area)? - Is there appropriate, courteous resident/ staff interaction? - Are therapy areas appro-priate to treatment given (e.g., small, quiet area for speech/ language/ hearing test and sessions, large for P.T., exercise and therapy groups, O.T. perceptual testing/splinting, A.D.L. adaptations area, as applicable)? - Is equipment clean and in good working condition? Is it operating as per manufacturer instructions (e.g., hydrocollator temp., parafin, whirlpool, etc.)?	ASK RESIDENT: (or ask staff, if resident has severe communication problem): - Are you receiving any kind of therapy? P.T.? O.P.? Speech? - What kinds of therapist(s) are working with you on your swallowing problem? - What kinds of therapists have instructed you on how to improve your swallowing? - How do the methods to improve swallowing help you? - How often do you see the therapist? - What happens if the therapist is absent for scheduled treatments? - Where do you receive your therapy? - How long have you been receiving therapy? - Do other staff members assist with therapy? Who and in what way? - Are you in a comfortable environment (room temperature, privacy, etc.)? - Do you have input into developing or revising your therapy treatments? -What things did you do immediately before entering this facility, that you are unable to do now? ASK THERAPY STAFF: - How many days/hours per week do you provide therapy? - Do you participate in the development of the resident's overall plan of care? In what way? - Do you utilize P.T.	REVIEW: - Plan of care - Doctors' orders - Nursing assessment and progress notes - Aide assignment sheets - Therapy assessments/ evaluations (includes a minimum of): + name, age, date, diagnoses + referring physician and reason for referral + history, precautions, limitations + objective documentation (e.g., tests, measurements) + rehabilitation potential - Treatment plan (includes a minimum of): + specific rehabilitation needs and objectives + treatment to meet specific measureable rehabilitative goals + Type, amount, frequency, duration, modalities + name of therapist(s) who will provide treatment + restorative nursing follow-thru (recommendations for plan of care)	- Are rehabilitation services integrated with restorative nursing? - Do therapists participate in development of resident plan of care? - Do observations and interview indicate that services are provided in conjunction with 24 hour nursing, and in accordance with the overall plan of care regarding restorative nursing and specialized rehabilitation services?	Nursing Services 405.1124 442.338 442.319 442.341 Physician Services 405.1123 442.346 Medical Records 405.1132 442.318 Activities Program 405.1131 442.345 Resident Rights 405.1121(k) 442.311 Training 405.1121(h) 442.311 Infection Control 405.1135 442.315 442.327 442.328

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F218 (cont'd) professional practices by qualified therapists or qualified assistants. C. PROGRESS ICF 442.343(f) F219 1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. EXCEPTION: ICF resident's progress must be reviewed regularly.	- Are assistive devices being provided as needed? - Do assistive devices fit well, function and are used properly (e.g., wheelchairs, crutches, braces, glasses, hearing aids, canes, artificial limbs assistive eating devices)? - Is staff responsive to resident expressions of discomfort? - How are the prescribed treatments and training meeting the needs of the resident? - Are parallel bars sturdy and well secured to floor? Are systems designed for weight lifting sturdy and well secured; if attached to wall with rigging and hand grips in good conditions? - Are nonverbal residents provided with means of communication (e.g., writing tablets and utensils, picture cards)? - Are visually impaired residents provided with	"aides" In what way (if interviewing the registered physical therapist)? - How do you assure carry-over of therapeutics in your absence? - How often do you provide inservice to staff? What topics are covered? - Do you have opportunities to attend inservices? - How do you communicate patient progress/regression, etc. with physician, nursing personnel, family, other disciplines? - How many residents currently are receiving P.T., O.T., Speech-language pathology and audiology therapy (SLP/AT) . - Do you utilize the services of a certified occupational/therapy assistant (if interviewing the registered occupational therapist)? If so, in what way? - Is space available for the conduction of your therapy? - Is equipment readily available to meet resident needs? - Is there a coordinated interdisciplinary	+ identifies modalities that will be delegated to non-skill staff - Progress notes indicate that plan of rehabilitation care has been re-evaluated by the physician and therapist as necessary but at least every 30 days. - Communication with physician: + 2 week progress after initiation + monthly progress + discharge summary - Treatment documentation: + frequency + summary		Physical Environment 405.1134 442.324 442.325 442.326 442.328 442.329 442.330 Dietetic Services 405.1125(e) 442.329 442.331(c)

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	magnifiers and large print books? - Is equipment such as whirlpool cleaned between patients?	approach toward rehabilitation of the geriatric resident evident in your facility? In what way do you see this?			
F220 2. The resident's progress is thereafter reviewed regularly and the plan of rehabilitative care is re-evaluated as necessary, But at least every 30 days by the physician and therapist. EXCEPTION ICF resident's plan must be revised as necessary INTENT Therapy services are provided that will assist the resident to attain his/her optimal level of function.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Pharmaceutical Services F221 SNF 405.1127 F222 A. Supervision F223 ICF 442.336(a)(b) F224 SNF 405.1127(a) The pharmacist reviews the drug regimen of each resident at least monthly & reports any irregularities to the medical director and administrator. A registered nurse may be utilized to perform this monthly review for ICF residents. Also the attending or staff physician must review medication quarterly.	- Observe residents for excess sedation or adverse effects: + drooling + shuffling gait + involuntary movements of limbs, tongue, facial muscles + loss of affect + drowsiness + postural abnormalities + pill rolling movement - Observe for depression aggitation	Ask Resident: - Are you aware of the medications you are taking--use, frequency, contraindictions? - Has your physician discussed the medications you are taking, with you? - How many medications are you taking? - How do you feel the medcation helps you? - How do medications bother you? (e.g., make you feel nauseated or dizzy) - Have you told anyone about this? Ask Staff: - How often does the pharmacist review the resident's medications? - To whom does he report any irregularities? - When the pharmacist reports irregularities, what is done about it? - To whom do you report any problems about medication? - Do you feel the residents are receiving the proper medications, amount and kind? - Is the pharmacist available to you for consultation?	Review medical record: - to see if pharmacist or nurse has reviewed a drug regimen on a monthly basis. - for evidence that the reviewer has reported irregularities to the physician or other who has authority to correct the irregularities for evidence that the irregularities have been evaluated. - review nurses notes, progress notes, care plan, etc. for any adverse reaction to medication and indication that corrective action was taken. - screen the drug therapy of the residents included in the sample using the indicators (forms if prepared) outlined in SOM Appendix N Transmittal #174. - review pharmacists drug regimen monthly reports to determine if pharmacist has commented on potential irregularities, screened out through this process (need full year).	Reviews were performed in the facility. There was evidence of a review performed on every resident whose record was reviewed indepth. In records reviewed, the average prescription utilization was not substantially over 6.1 If it is, review for appropriateness. Apparent irregularities were identified and reported. * Refer to SOM Appendix N in 174 for further information on drug regimen review.	Physicians Services 405.1123(b) 442.346 Nursing Services 405.1124 442.338

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F224 (cont'd)		- Where does the pharmacist perform his drug regimen review?			
B. Labeling of Drugs and Biologicals F225 SNF 405.1127(c) F226 ICF 442.333 F227 The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessory and cautionary instructions as well as an expiration date when applicable. INTENT To assure that residents receive medications as ordered and that they are monitored for possible side effects.	Observe labels of medications for residents observed on drug pass tour for: - name of drug - dosage form - strength of drug - quantity of drug - expiration date - presence of a control number - appropriate accessory or cautionary statement				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Laboratory and Radiological Services F228 SNF 405.1128 F229 SNF 405.1128 (a) A. Provision of Services F230 1. All services are provided only on the orders of a physician. F231 2. The attending physician is notified promptly of findings.	Observe symptoms of targeted residents, e.g., drainage, odors, jaundice, fevers, edema, etc.	Ask Nursing/Rehabilitative Staff: - What do you do when you think a resident needs laboratory work done - blood work, cultures, etc.? - How long does it take to get lab results back? - What do you do with the results when they do come back? - Do you have any problems with your laboratory services? - How are lab specimens stored? - Do you have any instruction from the lab regarding collection and storage of specimens?	Review the physician's order sheet to see if: - orders for lab services are signed - that there are orders for tests that have been done. Nursing progress notes are reviewed for documentation of physician notification of lab results. Physician progress notes or other documentation indicating that the physician is aware of lab results. There are lab reports on the medical record for all tests ordered (except if just performed).	There must be signed physician orders for all lab/radiology services performed. Record results of all testing in the medical record. There is documentation in nursing or physician notes to indicate the results of lab tests were promptly communicated to the physician. When lab tests are performed the resident should be informed of significant findings and the possible therapeutic alternatives.	Nursing Services 405.1124(a)(b)(c) 442.343 Physician Services 405.1123(b)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F232 3. Signed and dated reports of a clinical laboratory, x-ray and other diagnostic services are filled with the patient's medical record. INTENT To assure that lab tests are performed as ordered and findings are reported to physicians are made aware of symptoms that may require lab tests.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Social Services F233 SNF 405.1130 F234 SNF 405.1130(a) F235 ICF 442.344(d) A. Plan F236 The medically related social and emotional needs of the residents are identified. B. Provision of Services F237 1. Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.	Observe resident for: - level of alertness - behavior exhibited (disoriented, confused, uncooperative, disruptive, aggressive, anxious, withdrawn, isolated, lonely). - personal appearance - apparent disabilities - apparent vision and/or hearing problems they exhibit as you talk to them - interaction to staff, other residents, family, visitors - participation in group activities - independence in activities, decision making - Therapeutic staff intervention: constructive reaction to resident's behavior - resident's participation on policy making bodies and committees of facility, e.g., resident councils.	- How long have you been in the facility? - Can you explain to me why you are here? - Have you had any problem adjusting to the facility i.e., loss of independence? - Have you had any other problems? - Has staff been helpful, e.g., financial? - Do you have any family or any other visitors? - Do they have any problems with which this facility has not been helpful? - If exhibiting disruptive depressed, agitated, anxious, etc. behavior- I noticed that you are upset (quiet, nervous, unhappy) today, Can you tell me what has bothered you? - Does staff respond to your suggestions about your own care? - Did you participate in planning what care you will get and who will give it to you? - Do you make use of the dining, activity, community room, and/or outdoor area?	Review medical records of residents selected for in-depth review to determine that: - Assessment and plan of care identifies residents medically related social and emotional needs and/or problems. - Resident's family and home situation, information related to medical and nursing requirements, and community resources are considered in making decisions regarding the residents care. - Medical records contain current specific information signed and dated which highlights the social and emotional needs of the resident and significant findings and actions are entered promptly in the medical record. - Social service notes address the following, if applicable: + losses due to aging + relationship with staff and other residents + mental status + behavior problems + adjustment to the facility + illness	The residents social and emotional needs are identified. The plan of care addresses those needs. The plan of care is being followed, reviewed and revised as necessary. The family's needs and concerns are addressed if applicable. There is referral to appropriate agencies if necessary. Sufficient space is provided for private meetings and discussions. While it is not a program requirement a social worker or other staff may contribute to the resident's care plans by indicating personal strengths that can be used to build upon.	Nursing Services SNF 405.1124 ICF 442.338 Activities SNF 405.1131 ICF 442.345(a)(c)(d) Physicians Services SNF 405.1123(b) ICF 442.346 Patient Care Management SNF 1124(d) ICF 442.346 Physical Environment SNF 405.1130(b) ICF 442.344(c)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-238 (cont'd) F238 2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.		- Can you tell me about your life here? What do you do in a usual day? - Are things like getting up, bathing, dressing, eating, done at the same time for everyone? - If you could change some things about living here, what would you change? <u>Ask Social Worker/Nurse</u> -When the social worker is readily available, delete "ask the nurse". -How often is the resident seen by a social worker?" - Who is responsible for identifying the resident's: + social and emotional needs + family and home situation + problems and needs + financial needs - How are needs identified and reported? - Does resident participate in the development of his/her care plan? - Ask nursing how often the social worker sees resident. - Does the social worker discuss residents needs/ problems with nursing staff if there is a need for nursing to be involved?	- Plan of care, social service notes, reflect the current status of the resident. - There is evidence that the residents mental status has been considered when plan of care was developed. - Vision and hearing problems have been addressed. - Plan of care addresses residents needs as observed by the surveyor and stated by the resident. - Notes and plan indicate that needs have been re-evaluated and care plan changed as necessary. - There is evidence that the problems and needs of the family have been addressed. - There are indications that a referral has been made to the appropriate agency and a statement describing why. - There is documentation from the outside agency indicating what actions were taken and any plan for follow-up.		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-238 (cont'd)		- How is physician notified and involved in plan of care? - Ask social service staff their role, function, and what services they provide. - Ask staff what referral services are available. - If services are being provided by outside resource, are resources documented work service? - Ask social service staff about their background and education. - If there is a consultant ask staff: + How often does the person come? + How long do they stay? + What does the person do while in the facility? + What assistance, consultation is being provided? + Ask social service staff if adequate space is provided for them by the facility to conduct private interviews and meetings.	- The time period between date of referral and date of services is reasonable and if not, there is evidence of follow-thru by staff. - The outside agency has documented their involvement and activities. - Plan of care demonstrates awareness of behavior, articulates the reasons for it, and indicates in the plan of care an approach to the behavior. - Assessment should contain: + a flexible approach to each resident (should be individualized). + awareness of a mental status evaluation. + resident history. + family availability for planning, resident support, etc. + identification of problems resulting from placement. + recent social adjustment. + discharge planning. - The record reflects	- There is documentation of collaboration between nursing and social work for meeting emotional needs.	Patient Care Management 405.1124(d)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-238 (cont'd)			Social Service intervention with family and resident, i.e., grief and bereavement counseling. - Review integrated plan of care for: + Plan for concerted social services. + Plan for supportive services for adjustment. - Adjustment goals. - Interventions for specific conditions.		
Activities F239 SNF 405.1131 F240 SNF 405.1131(b) F241 ICF 442.345 F242 1. An ongoing program of meaningful activities is provided based on identified needs and	General level of activities throughout the facility, as well as in specifically designated areas. How many residents are lying on their beds or sitting in chairs staring at the walls during waking hours? What is the level of residents interest in activities they are doing? Are residents positioned correctly for activity?	- How does he/she spend the day? - Of the activities resident has during the week, what does he/she enjoy most/least? - If has none, why? - Has staff asked about his/her interests? Suggested specific activities or people to get acquainted with in response to interests? - What organized activities has he/she participated in this past week? - How does resident find out about upcoming programs or happenings?	Activities Assessment Interests of the resident (past and present) are identified as to resident's current capabilities and necessary adaptations to pursue their interests. Documentation that information about social history, medical problems and limitations impacting residents' activities have been communicated to activities personnel and used in assessment and development of activities portion of care plan.	Are each resident's personal interests known? If not, what actions are being taken to identify them? Residents in facility 60 days should not be without some identified interests. Are each resident's needs identified? If not, what actions are being taken to identify them? Have medical contraindications been identified in the care plans? Needs and contraindications of residents in the facility more than 30 days should be known and/or have a plan of action.	Nursing Services 405.1124 442.319 Social Services 405.1130 442.344 Special Rehabilitative Services 405.1126 442.363 Physician Services 405.1123 442.329

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F242-(cont'd) interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any. F243 2. Unless contraindicated by the attending physician, all residents are encouraged to participate in activities. F244 3. The activities promote the physical, social and mental well being of the residents.	Are needed personal equipment (e.g., splints, glasses) and adaptations for limitations and safety (e.g., cardholder, goggles, footrests) used in activities?	- Does resident get out of facility to activities? - Does resident have problems getting to activities? If so, does the staff assist? - Does the staff encourage residents to go to activities? - Does resident participate in Resident Council? - Does resident have free choice of activities? - What kind of activities do bedfast residents engage in? Ask Resident: - Hove you ever had difficulty in having private visits? Give examples.	- Needs of the resident in the following areas are identified: + social interaction + creative expression + work and service opportunities + intellectual stimulation or activities adaptation + physical exercise + spiritual or religious expression - Plan of care Used all available information about: + interests + needs + indications and contraindications for activities from other assessments + physician orders and progress notes	Does each resident's activities promote his . physical, social and mental well-being?	Physical Environment 405.1134 442.329 Infection Control 405.1135 442.328 Resident Rights 405.1121(k) 405.311 Medical Records 405.1132 405.318 Patient Care Management 405.1124(d) 442.341

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F245 4. Equipment is maintained in good working order. F246 5. Supplies and equipment for activities of interest are available. INTENT Each resident has individual and/or group activities to meet activities needs through his interests daily.	Is lighting adequate throughout the facility for activities in which residents are engaged? Do men and women have activities of interest to them? Do residents communicate with each other in activities? Are methods of communicating upcoming activities appropriate to the resident populations? Specific observation for physically impaired/alert residents: Activities adapted to meet specific needs of the resident. Alert residents have activities of interest and at their cognitive functional level. Specific observations for confused/disoriented, emotionally disturbed and mentally retarded residents: There are current calendars, clocks and patients	Ask Nursing/Activity Staff - Do they know the interests of residents under their care? TV programs they like? Activities they want to participate in today/this week? - Do they know the personal equipment needed (e.g., glasses, hearing aids, reacher)? - Do they know the adaptive equipment used by residents for specific activities (e.g., talking books, built up tools)? - Do they talk to residents to identify new interests and report these and "dislikes" to activities personnel? How? - What is staff's involvement with individual and group activities of residents in their care? - How do they determine interests of residents who have difficulty communicating? - What activities does resident participate in regularly? Which activities does he/she enjoy most/least?	Activities notes spell out implementation of plan, resident's reactions to specific activities, approaches, and people. Residents' participation in individual and group self-started and organized structured and unstructured activities timespent. Evaluation of plan of care for: changes in interests; changes in precautions, changes in needs, new problems, approaches, etc. Plans are revised as needed.	Are equipment and supplies to meet residents interests available and maintained in good working order? Are residents evaluated periodically with emphasis on participation levels and desire for new activities? Are plans readjusted if they do not reach desired outcomes? Residents in the facility more than 60 days should have at least two activities per week of interest to them personally.	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F246 (cont'd)	and patients names or symbols visible to all the residents. Staff consistently use techniques such as reality orientation, empathy, and/or validation therapy as per each individual's needs. Resident has familiar items if available in room (e.g., family pictures, artwork, afghan, chair from home). Residents in restraints have activities of interest geared to their abilities when restrained (e.g., table-top activity, music, radio, reading and writing material; when out of restraints (e.g., walks, exercise, group, toileting). Small group and one-on-one involvement with staff reinforcing appropriate responses. Staff reaction to resident behavior during activities (e.g., crying, whining, demanding, nonverbal, agression,	- If he/she does not participate, why? - Which activities appear to relax/calm the resident? Excite him/her? - How does staff manage maladaptive behavior (e.g., abusive, disruptive, combative)? - Is direct care staff involved in resident activities? How? When (weekends, evenings)? - Does resident have one-to-one assistance in activities? - How many residents have few activities a day of interest to them as individuals? - Why do these residents have so little interest? - What is your plan to find more activities of interest to them that will meet their needs? - What types of residents seem not to be interested in activities? - How many (who) residents have only passive activities?			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F 246 (cont'd.)	loudness). Specific observation for comatose or teminally ill resident: - Appropriate items for sensory enrichment in room (e.g., TV, radio, adequate lighting) - Resident placed in supportive living environment (e.g., around people, in hall, activities room, sunshine, fresh air), when appropriate to the resident needs and consistent with the resident's choice. Specific observation of environment for conducting activity program: - Adequate lighting. - Functional area is appropriate for activities of interest (e.g., religious services, arts and crafts, cooking, reading, TV watching, card playing, parties, discussion groups, gardening).	- How do you adapt activities for needs of residents who are: - confused/disoriented - emotionally disturbed - mentally retarded - physically impaired but alert - terminally ill? - Are community volunteers utilized in the activities program? In what way? - Are the residents encouraged to offer suggestions for new activities? If so, what activities have been instituted as a result? - How they manage maladaptive behavior (e.g., abusive, disruptive, combative)? - How do they help depressed residents (e.g., tearful, emotionally labile)?		Resident may refuse to participate in activity. However if the activities are part of a diagnostic or therapeutic program, the resident is responsible for assisting in the selection of mutually acceptable alternative activities.	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE

F246 (cont'd)	- Multi-purpose room use and timing of activities does not conflict.
	- Outdoor activity area.
	- Functional furniture, indoors and outdoors.
	- Evidence of free choice activities:
	  - newspapers
	  - magazines
	  - record player
	  - radios
	  - games
	  - TV's
	  - reading
	  - sewing
	  - personal visits
	  - church services
	- Activities, equipment and supplies are appropriate and sufficient to meet interest of residents.
	- Activities equipment and supplies sufficient for conducting activities.
	- Activities equipment clean, safe, and in working order.
	- Residents rooms contain independent project materials, as appropriate.
	- Residents have access to the total activity environment (e.g., lobby, sunroom, dayroom, porch, dining room).				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
MEDICAL RECORDS F247 SNF 405.1132				All information required is present in the record. Does the record document all observable resident needs/problems?	
Content F248 SNF 405.1132(c)					
F249 ICF 442.318(a)(c)					
F250 1. The medical record contains sufficient information to identify the resident clearly to justify diagnoses and treatment and to document results accurately. F251 2. The medical record contains the following information.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F251 (cont'd) a. Identification information.					
F252 b. Admission data including past medical social history.					
F253 c. Transfer form, discharge summary from any transferring facility.					
F254 d. Report of resident's attending physician.					
F255 e. Report of physical examinations.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F256 f. Reports of physicians' periodic evaluations and progress notes.					
F257 g. Diagnostic reports and therapeutic orders.					
F258 h. Reports of treatments.					
F259 i. Medications administered.					
F260 j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F261 k. Assessments and goals of each service's plan of care.					
F262 l. Treatments and services rendered.					
F263 m. Progress notes.					
F264 n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F264 (cont'd) INTENT Brings together all resident information. Reflects the care being given to the residents and helps all care givers to make decisions on care needed.					
TRANSFER AGREEMENT F265 SNF 405.1133		Ask Staff: - What is the routine information you provide to a new facility when you transfer a resident? - Who provides this?	Review information on medical record of resident who was temporarily transferred and is again back in the facility.	All pertinent resident information must be documented on the medical record at the time of transfer.	Patient Rights 404.1121(k) 442.311
F266 SNF 405.1133(a)			Look at physician and nursing progress notes of above residents to determine if the timeliness of transfer was consistent with accepted standards of care.	The resident was not injured in any way by a delay in the transfer process.	
F267 ICF 442.316					
F268 A. Whenever the physician determines that a transfer is medically appropriate between a			Does facility have an agreement with a hospital? Not required if hospital under same ownership, direction and in same campus.		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F 268 (cont'd) hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.			Is transfer form complete with all data, with appropriate signatures? Does the medical record indicate that adequate and pertinent aspects of the discharge planning portion of the patient care plan accompany the patient on transfer?		
F269 B. Information necessary for providing care and treatment to transferred individuals is provided.					
PHYSICAL ENVIRONMENT F270 SNF 405.1134					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F271 A. Nursing Unit SNF 405.1134(d)				Medication preparation and storage areas provide adequate space and light to prepare medication and to store medication and needed supplies.	Nursing Service 405.1124(g) 442.337
F272 1. Unit properly equipped for preparation and storage of drugs and biologicals.	There is adequate light to prepare medications. There is sufficient space to prepare medications for administration in a safe and effective manner.	Ask Nursing Staff: - What do you use the medication room (area) for? - Where is the handwashing sink? - Do you have enough, convenient storage area for I.V. fluids and medications needing refrigeration. - Where are the keys for the medication room and unit dose carts? - Do you feel you have adequate storage space for supplies and equipment? - If no, what problems does that cause? - Does the resident call system function properly?		Light is available when and where the medication cart is in use. A medication refrigerator is available and does not contain patient or employee snacks. Juice, etc., used in administering medication is allowed.	Infection Control 405.1135
F273 2. Utility and storage rooms are adequate size.	There is sufficient space for storage of medications. Unit dose carts are protected from tampering and theft.			Clean and dirty areas must be separated, preferably in separate rooms.	Governing Body 442.325
F274 3. The unit is equipped to register resident calls with a functioning communications system from resident areas including rooms and toilets and bathing facility.	Medications are stored in a locked area. Refrigeration facilities are available for medications. There is sufficient storage space for I.V. fluids. Handwashing facilities are readily accessible either in the medication preparation area or adjacent to it.	Ask Residents: - Do the call bells in your room and in the toilets and bathing areas always work?		Storage space must be available for bulky items and supplies so that they can be stored without blocking corridors and exits. Medications are protected from unauthorized use. Call bells must be in working order and must be present in all resident bedrooms, toilets and	Resident Rooms 405.1134(e) 442.325

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F274 (cont'd)	Audible call system is on and working. Long cords are available for chair bound patients.	- If no: - How often is it that they do not work? - How long does it take to get them fixed?		bathing areas. Audible signals, if in the system, must be in working order and turned on.	
B. Dining and activities area F275 SNF 405.1134(g) F276 ICF 442.329 F277 1. The facility provides one or more clean, orderly, and appropriately furnished rooms of adequate size, designed for resident dining and resident activities.	Area is clean and well maintained. There is sufficient space between tables to allow for safe passage of wheelchairs and residents with walkers, canes and other assistive devices. Table height or design allows residents in wheelchairs to sit a normal distance from the table. Lighting and ventilation in the dining/activity areas is provided according to recommended standards. A multi-purpose room should not be used for storage of items such as beds, mattresses, boxes, etc.	Ask Residents: - Is there enough room between tables to allow you to feel safe in getting to your table? - Can you sit comfortably in your wheelchair at the table? - How is the lighting and ventilation level for you? - Are sitting preferences permitted? - Do you go to the dining room for meals?		Regulations clearly set out conditions for compliance. Refer to the regulations.	Dietetic Services 405.1125 442.331 Patient Activities 405.1131 442.345

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F278 2. Dining and activity rooms are well lighted and ventilated.	Are dining areas utilized at meal service?				
F279 3. Any multi-purpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.					
F280 SNF 405.1134(e) Indicators C&D apply to SNFs					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Resident Rooms F281 ICF 442.325 F282 1. Single rooms have at least 100 sq. ft. F283 2. Multiple resident rooms have no more that 4 residents and at least 80 sq. feet per resident. F284 3. Each room is equipped with or conveniently located near toilet and bathing facilities.	Observe rooms and furnishings for maintenance, cleanliness and safety. Look for dust/dirt on lights, high surfaces, under heating units, and in corners. Use a flashlight. Are beds, lights, plumbing all in working order? Observe for all regulatory requirements as noted to the left. Are privacy curtains present, and appropriate to maintain resident privacy? Test several call lights. Are call lights within reach, including emergency lights in toilets and bathing areas? Are toilet and bathing facilities appropriate in number, size, and design to meet resident needs? What personal belongings do residents have in their rooms? Is there	Ask Residents: - Is your room kept clean? Who cleans it? When, and how often? - Is your bed, chair, and other furniture and fixtures kept in good repair? - Do you feel you have enough privacy? - What personal belongings are you allowed to have? - Is the lighting in your room sufficient for you? - Is your chair comfortable? - When do you permit staff to clean you room? - When do you ask staff not to clean you room?		Refer to the regulations.	Resident Rights 405.1121(k)(1)(5) (9)(13) 442.311(a)(d)(2) (g)(1)(2) (6)(k) Physical Environment 405.1134(d)(e) 442.326

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F285 4. There is a capability of maintaining privacy in each.	sufficient storage and security for their belongings?				
F286 5. There is adequate storage space for each resident.					
F287 6. There is a comfortable and functioning bed and chair, plus a functional cabinet and light.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F288 7. The resident call system functions in resident rooms.					
F289 8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of residents.					
F290 9. Each room is at or above grade level.					
F291 10. Each room has direct access to a corridor and outside exposure. Exception: Not required for ICF residents.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
D. Toilet and bath facilities F292 ICF 442.326 F293 1. Facilities are clean, sanitary and free of odors. F294 2. Facilities have safe and comfortable hot water temperatures. F295 3. Facilities maintain privacy. F296 4. Facilities have grab bars and other safe guards against slipping.	Are there adequate numbers of toilets, baths, and showers for the residents that are accessible to, and functional for all residents? Are these conveniently located in or near resident rooms? Check for water on floors of bath and shower rooms. Is privacy provided? Are facilities clean, sanitary and free of unpleasant odors? Are bathrooms equipped with soap, toilet tissue, towels, etc.? Hot water is between 110-120 degrees or the acceptable State level. Hot water temperature control must be maintained. Single use, disposable towels should be available for handwashing purposes. Note also condition of grab bars, plumbing and fixtures. Bath areas are not used for storage.	Ask Residents: - When was your last bath? The one before? - What safety precautions are used for getting in and out of the bathtub? - What equipment is needed to get in and out of the tub, and how do you feel about it? - How do you get your wheelchair into the toilet or bathroom? - When, if ever, do you refuse to be bathed?	Bathing schedule for patients in your indepth review.	Privacy is maintained for residents in toilet and bathing areas. Toilet and bathing areas are clean. Water is removed from floors immediately upon completion of bathing. Hot water is within the acceptable temperature range. Soap, toilet paper and towels are available in the bathrooms. Grab bars are present and securely fastened to the wall. Ventilation and lighting systems are correctly functioning. Plumbing and other fixtures are in good condition.	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F297 5. Facilities have fixtures in good condition.					
F298 6. The resident call system functions in toilet and bath facilities.			Facility has appropriate arrangements for providing social services, either using: - outside resources (contract or consultant services) - qualified facility personnel under a clearly defined plan.		
E. Social Service Area F299 SNF 405.1130(b) ICF 442.344	Does the social worker have a locked file available? Where are social service interviews and clerical functions performed?	Ask Resident: - Does the social worker see you in a private room or in your own room? - If in your own room, do you feel that you have enough privacy?		Refer to regulations.	
F300 1. Ensures privacy for social service interviewing.	Are rooms in areas easily accessible to residents?				
F301 2. Adequate space for clerical and interviewing functions is provided.					
F302 3. Facilities are easily accessible to residents and staff.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F. Therapy areas F303 SNF 405.1126(a) F304 ICF 442.328(a) F305 1. Space is adequate for proper use of equipment by all residents receiving treatment	Therapy areas are accessible to all residents needing the facilities. Space allows for safe maneuvering of residents and equipment and staff. All residents are able to be observed and supervised during therapy. Equipment has labels (stickers, etc.) to indicate proper maintenance. All equipment fastened to floor and walls is secure.	Ask Resident: - Do you feel that the equipment you use is safe? - Do you have enough room for your treatment? Ask Therapy Staff: - Is your equipment adequately maintained? - Do you have enough room to safely and adequately provide treatment?	Refer to regulations.		
G. Facilities for Special care F307 SNF 405.1134(f) F308 ICF 442.328(b)	Are therapy areas properly ventilated to effectively reduce heat, moisture and odors? Are private rooms available that meet regulatory criteria. If a resident is infected and in isolation, are precautionary signs posted, and are they legible and understandable?	Ask Supervisory personnel: - What room(s) do you use for isolation? - What is your procedure if the room is already occupied when you need it for isolation? - Will you show me the signs you use to identify the isolation room?		Rooms meeting the regulatory requirements are available in the facility. There is a procedure that is implemented when an isolation is needed, but it is already occupied. Isolation signs are visable and clearly convey their intended message.	Resident Rights 405.1121(k)(4) 442.311(c)(2) Infection Control 405.1135(b)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F309 1. Single rooms with private toilet and handwashing facilities are available for isolating residents.					
F310 2. Precautionary signs are used to identify these rooms when in use.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Common Resident Areas F311 SNF 405.1134(j) F312 ICF 442.324 F313 1. All common resident areas are clean, sanitary and free of odors. F314 2. Provision is made for adequate and comfortable lighting levels in all areas. F315 3. There is limitation of sounds at comfort levels.	Use senses - sight, hearing, olfactory when surveying common areas as lounges, lobby, corridors. Note levels of lighting for both reading and non-reading areas. Is it bright enough but without glare? Are areas clean and without offensive odors? Do background sound levels allow for ease of communication and comfort for residents/visitors? Do residents seem comfortable with the room temperature - note the use of several layers of clothing, many residents fanning themselves, etc. Are handrails on each side of the corridor and are they secure? Are smoking/no smoking areas designated?	Ask Residents: - Do you think that the lounges and corridors are usually clean? - Do they have any unpleasant odors? - Is the lighting level comfortable for you to read? Is it adequate for you to feel safe walking? - Do you have any difficulty with the noise level? - Is the temperature usually comfortable for you? - Do you feel there is adequate ventilation? - Are there handrails in all of the corridors? - Are they securely fastened to the wall? Ask Supervisory Staff: - If there is a water main break or other interruption in the water supply, how do you obtain water for essential areas and duties?		- Floors and furniture should appear clean - free of gross contamination. - Residents should have lighting bright enough to safely negotiate corridors, lounges, etc., and in reading area, be bright enough to read. But the brightness should be free of glare. Remember, the elderly need a higher level of lighting as their sight diminishes. - Except for times when a louder level of sound is necessary for communication, sounds should be unobtrusive and "comfortable". - Room temperature comfort levels vary widely, and in general the elderly will require a higher temperature for comfort than younger people. Use information from resident interviews and your observations to determine if the temperature is "comfortable" for most residents. - All corridors in	Infection Control 405.1135(c)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F316 4. A comfortable room temperature is maintained.				resident-used areas are equipped with handrails on each side. These rails securely fastened provide the residents with a firm support. - Supervisory staff are able to tell you how they will obtain water for drinking, cleaning/bathing of residents, and other essential functions if their normal water supply is interrupted.	
F317 5. There is adequate ventilation thru windows or mechanical measures or a combination of both.					
F318 6. Corridors are equipped with firmly secured handrails on each side.					
F319 7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.					Disaster Preparedness 405.1136 442.313

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
I. Maintenance of Building and Equipment F320 SNF 405.1134(i) F321 1. The interior and exterior of the building are clean and orderly. F322 2. All essential mechanical and electrical equipment is maintained in safe operating condition. F323 3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.	- Ceiling and floor tile in good condition - Paint in good repair - No holes in walls - Look for rat and other rodent trails outside and inside - Preventive maintenance program for all equipment is followed - Wheelchairs not stored in hallways, bathrooms, etc. - Window screens are in good repair - Check overbed tables, wheelchairs, etc., for cleanliness and operation	Ask Staff: - How many housekeeping staff are available? - How late are housekeepers on duty during the week? - How is weekend coverage different? Ask Resident: - What if any problems have you had with special equipment you need to use?			Physical Environment 405.1134(d)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F324 4. Resident care equipment is clean and maintained in safe operating condition.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Indicator J applies to ICFs. J. Dietetic Service Area F326 SNF 405.1134(h) F327 1. Kitchen and dietetic service areas are adequate to insure proper, timely service for all patients. F328 2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.	Observe for - needed space to carry out routine operations - maintenance of working surfaces equipment, utensils, and serving dishes - operable dish washer machine. - 3-sink method of pot/dish washing properly carried out/or written procedure posted - operable and clean exhaust fan - stored dishes and pots are free of baked-on food particles and chipped/cracked surfaces - food stored off floor - protective covers for fluorescent lights - handwashing sink readily accessible	Ask Staff: - What have you been trained to do? - What type of dishwasher machine do you have? How does it operate?	The proper temperature for the Dishwasher wash cycle is 150-160 degrees Fahrenheit. The dishwasher rinse cycle is acceptable at temperature of 180 degrees Fahrenheit or when there is a change in the temperature-sensitive tape (thermolabel). The individual manufacturers' specifications may countermand these instructions, particulary in the case of chemical sanitization.		Dietetic Services 405.1125(g) 442.331(b)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Indicator K applies to ICF K. Dieteary Staff Hygiene F329 SNF 405.1125(f) F330 1. Dietetic service personnel practice hygenic food handling techniques. Indicator L applies to ICF L. Dietary Sanitary Conditions F331 SNF 405.1125(g) F332 1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. F333 2. Waste is disposed of properly.	Observe the following: - cleanliness of hands, fingernails, hair, clothing - use of hair restraint - whether employees wash hands with soap and water after using the toilet, smoking, blowing their nose, touching raw meat, poultry or eggs - employees using hands to mix food when utentils could be used - employees using the same spoon more than once for tasting food while preparing, cooking, or serving. Verify that: - hot foods are 140 degrees or above - cold foods are 45 degrees or lower (*note: food held for more than 2-3 hours between 60 and 125 degrees may not be safe to eat) - cooked meats held longer than 72 hours are used, discarded or put in the freezer	Ask Staff: - What happens when you report to work with a cold, a cut or sore on your hand? - Where is handwashing sink for dietary staff? - Do you use disposable plastic hand covers? If so, when? - Where are your serving utensils located? - What are temperatures for the refrigerators and freezers? Who is responsible for checking temperatures? - Do you have thermometers to check water and food temperatures? (ask them to demonstrate how they take temperatures)			Dietetic Services 405.1125(e)(f)(g)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F333 (cont'd)	- check that the refrigerators are equipped with an accurate thermometer - food does not have an "off" or bad odor - cracked eggs are discarded - foods are dated and then stored as to their preparation date. Observe that waste is in covered containers, bagged and tied for disposal, and that dumpsters are covered.				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
L. Emergency Power F334 SNF 405.1134(b)	Is an emergency generator available? Test generator under full load conditions. Check items of emergency power: - lighting - fire detection - alarms - extinguishing systems - life support systems Transfer time from normal power to emergency power to occur within 10 seconds. Check for gounded extension cords at nurses stations. Where are emergency outlets?			As per regulations and covered by the Life Safety Code surveyor	
F335 1. An emergency source of electrical power necessary to protect the health and safety of residents is available.					
F336 2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life support systems.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F337 3. Emergency power is provided by an emergency generator located on the premises where life support systems are used.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Infection Control F338 SNF 405.1135 A. Infection Control F339 SNF 405.1135(b) F340 Aseptic and isolation techniques are followed by all personnel. B. Sanitation F341 SNF 405.1135(c) F342 The facility maintains a safe, clean, and orderly interior. C. Linen F343 SNF 405.1135(d)	- Observation of dressing technique to identify if infection control principles are being adhered to: - sterile technique - sterile/clean field - disposal of dressing - handwashing - use of gloves - Observation of isolation precautions: - signs - linen, double bagged - soiled linen, double bagged - gowns/masks - gloves - handwashing - disposable dishes - information for visitors - Procedures followed by: - Laundry - Housekeeping How is dirty linen transported to laundry or holding area? Do aides wash hands after cleaning dirty linen? How do aides handle clean/dirty linen while changing beds?	Ask Staff: - What type of dressing changes are you performing? - How often are dressings changed? - Why is resident on isolation/precautions? - Do laundry/housekeeping personnel/aides know procedures? Ask Resident: - Do you know why you have dressings? - Do you know why you are on isolation/precautions? - Do you have clean linen when you need it?	Review records of residents selected for indepth review for infection.	Compliance will be based mainly on your observations. Deficiencies will be cited if you see: - breaks in aseptic or isolation technique - clutter or unclean conditions that would cause unsafe conditions - inadequate supplies of linen to provide proper care and comfort for residents - inadequate techniques for handling clean and dirty linen - evidence of insect or rodent infestation - use flash light to check for roaches in closets, cabinets.	Nursing Services 405.1124 442.338

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F344 ICF 442.327					
F345 1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.					
F346 2. Linens are handled: stored, processed, and transported in such a manner as to prevent the spread of infection.					
D. Pest Control F347 SNF 405.1135(e)	Look for evidence of insect or rodent presence (mouse or rat droppings, roaches, ants, flies around trash) - Screen doors closed - Windows that can be opened have screens that are in good repair	Ask Staff: - Have you seen insects (roaches, ants, flies, etc.)? - Have you seen rodents and/or droppings? - What foods are residents permitted to keep in their rooms?			
F348 ICF 442.315(c)					
F349 The facility is maintained free from insects and rodents.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
DISASTER PREPAREDNESS F350 SNF 405.1136 F351 SNF 405.1136(a) F352 ICF 442.313 Indicators A and B apply to ICFs. A. Disaster Plan F353 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster. F354 2. Facility staff are knowledgeable about evacuation routes.	- Disaster plan is located at each nursing station. - Evacuation plans posted in each smoke compartment.	Ask Residents: - Do you know what to do in case of fire? - How often do you rehearse it? Ask Staff: - What are your responsibilities at a fire drill? - What is the facilities disaster plan? (Specify types, [(e.g., fire, flood, etc.)] - How you undergone disaster training? - Have you participated in a fire disaster drill? When? - How frequently are drills held? - Have you been trained/instructed in the use of fire equipment, fire containment methods? - Have you been trained in transfer or casualties and routes? - How would staff meet emotional needs of residents during/following a "disaster", e.g., fire		A disaster plan is available and facility staff know their roles.	Physical Environment 405.1134(a)(b) 442.321

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F355 3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.					
F356 4. Facility staff are aware of methods of containing fire.					
B. Drills F357 SNF 405.1136(b)					
F358 1. All employees are trained as part of their employment orientation in all aspects of preparedness for any disaster.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F359 2. Facility staff participate in ongoing training and drills in all procedures so that each employee promtly and correctly carries out a specific role in case of a disaster. INTENT To ensure a clean, safe environment for residents.					