

# Know the CMS Survey Process

Carmen Bowman, *Regulator turned Educator*

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Catering Education for  
Compliance and Culture Change  
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## New Long Term Care Survey Process



## New Survey Process (continued)

Three parts to new Survey Process:

1. Initial pool process
2. Sample Selection
3. Investigation

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## Overview

- Initial Pool Process
  - Sample size based on census:
    - 70% offsite selected
    - 30% selected onsite by team:
      - Vulnerable
      - New Admission
      - Complaint
      - FRI (Facility Reported Incidents- federal only)
      - Identified concern

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## Overview, continued

- Select Sample
  - Survey team selects sample
- Investigations
  - All concerns for sample residents requiring further investigation
    - Closed records
    - Facility tasks

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## *Section I. Offsite Prep*

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## Offsite Preparation

- Team Coordinator (TC) completes offsite preparation
  - Repeat deficiencies
  - Results of last Standard survey
  - Complaints
  - FRIs (Facility Reported Incidences- federal only)
  - Variances/waivers
- Necessary documents are printed

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## Offsite Preparation, continued

- Unit and mandatory facility task assignments
  - Dining
  - Infection Control
  - Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
  - Resident Council Meeting



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## Offsite Preparation, continued

- Unit and facility task assignments, continued
  - Kitchen
  - Medication administration and storage
  - Sufficient and competent nurse staffing
  - QAA/QAPI
- No offsite preparation meeting

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## *Section II. Facility Entrance*

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# Facility Entrance

- Team Coordinator (TC) conducts an Entrance Conference
  - Updated Entrance Conference Worksheet
  - Updated facility matrix
- Brief visit to the kitchen
- Surveyors go to assigned areas



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# Updated Facility Matrix

Residence Room Number	
Date of Admission & Admitted within the Past 20 Days	1
Admission - Demerits	2
1, 100, 101 or No PASARS level III services	3
Medications: Insulin (I), Anticoagulant (A), Antibiotic (ARX), Diuretic (D), Opioid (O), Hypnotic (H), Anticholinergic (AA), Antipsychotic (AP), Antidepressant (AD), (RESC) Respiratory	4
Facility Assigned Primary Care (see page)	5
Vertical Primary Care (see page)	6
Emergency, Wound Care and Prehospital/Trauma/Life Support	7
Trauma Triage	8
Delirium	9
Peri-Operative	10
Falls (FA), Fall with Injury (FI), or Fall w/Upper Injury (FUI)	11
Bedding Cabinet	12
Dialysis: Peritoneal (P), Hemodialysis (H), or In-line (I) or outside (O)	13
Respite	14
End of Life Care - Comfort Care/Palliative Care	15
Transferrable	16
Ventilator	17
Transferrable Bed/Prone/tilt	18
Critical-care non-intensive therapy	19
Intubation (NA, WI, PL, P, TB, VTR, UTT)	20
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## *Section III. Initial Pool Process*

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## Initial Pool Process

- Surveyor request names of new admissions
- Identify initial pool—about eight residents
  - Offsite selected
  - Vulnerable
  - New admissions
  - Complaints or FRIs (Facility Reported Incidences- federal only)
  - Identified concern



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## Resident Interviews

- Screen every resident
- Suggested questions—but not a specific surveyor script
- Must cover all care areas
- Includes Rights, QOL, QOC
- Investigate further or no issue

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## Surveyor Observations

- Cover all care areas and probes
- Conduct rounds
- Complete formal observations
- Investigate further or no issue



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## Resident Representative/Family Interviews

- Non-interviewable residents
- Familiar with the resident's care
- Complete at least three during initial pool process or early enough to follow up on concerns
- Sampled residents if possible
- Investigate further or no issue

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## Limited Record Review

- Conduct limited record review after interviews and observations are completed prior to sample selection.
- All initial pool residents: advance directives and confirm specific information
- If interview not conducted: review certain care areas in record
- Confirm insulin, anticoagulant, and antipsychotic with a diagnosis of Alzheimer's or dementia, and PASARR (Pre-Admission Screening and Resident Review)

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## Limited Record Review, continued

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

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## Dining – First Full Meal

- Dining – observe first full meal
  - Cover all dining rooms and room trays
  - Observe enough to adequately identify concerns
  - If feasible, observe initial pool residents with weight loss
  - If concerns identified, observe another meal

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## Team Meetings

- Brief meeting at the end of each day
  - Workload
  - Coverage
  - Concern
  - Synchronize/share data (if needed)

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## *Section IV. Sample Selection*

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## Sample Selection

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

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## Sample Selection – Unnecessary Medication Review

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



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## *Section V. Investigation*

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## **Resident Investigation – General Guidelines**

- Conduct investigations for all concerns that warrant further investigation for sampled residents
- Continuous observations, if required
- Interview representative, if appropriate, when concerns are identified

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# Investigations

- Majority of time spent observing and interviewing with relevant review of record to complete investigation
- Use Appendix PP and critical elements (CE) pathways



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## *Section VI. Ongoing and Other Survey Activities*

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## Closed Record Reviews

- Complete timely during the investigation portion of survey
- Unexpected death, hospitalization, and community discharge last 90 days
- System selected or discharged resident
- Use Appendix PP and CE pathways

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## Facility Task Investigations

- Complete any time during investigation
- Use facility task pathways
- CE compliance decision

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## Dining – Subsequent Meal, if Needed

- Second meal observed if concerns noted
- Use Appendix PP and CE Pathway for Dining
- Dining task is completed outside any resident specific investigation into nutrition and/or weight loss

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## Infection Control

- Throughout survey, all surveyors should observe for infection control
- Assigned surveyor coordinates a review of influenza and pneumococcal vaccinations
- Assigned surveyor reviews infection prevention and control, and antibiotic stewardship program

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## SNF Beneficiary Protection Notification Review

- A new pathway has been developed
- List of residents (home and in-facility)
- Randomly select three residents
- Facility completes new worksheet
- Review worksheet and notices

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## Kitchen Observation

- In addition to the brief kitchen observation upon entrance, conduct full kitchen investigation
- Follow Appendix PP and CE Pathway to complete kitchen investigation



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## Medication Administration

### Medication Administration

- Recommend nurse or pharmacist
- Include sample residents, if opportunity presents itself
- Reconcile controlled medications if observed during medication administration
- Observe different routes, units, and shifts
- Observe 25 medication opportunities

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## Medication Storage

### Medication Storage

- Observe half of medication storage rooms and half of medication carts
- If issues, expand medication room/cart

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## Resident Council Meeting

- Group interview with active members of the council
- Complete early to ensure investigation if concerns identified
- Refer to updated Pathway



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## Sufficient and Competent Nurse Staffing Review

- Is a mandatory task, refer to revised Pathway
- Sufficient and competent staff
- Throughout the survey, consider if staffing concerns can be linked to QOL and QOC concerns

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## Environment

- Investigate specific concerns
- Eliminate redundancy with LSC
  - Disaster and Emergency Preparedness
  - O2 storage
  - Generator

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## *Section VII. Potential Citations*

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## Potential Citations

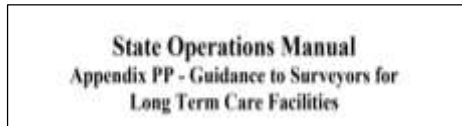
- Team makes compliance determination.
  - Compliance decisions reviewed by team
  - Scope and severity (S/S)
- Conduct exit conference and relay potential areas of deficient practice

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	Isolated	Pattern	Widespread
IJ	J	K	L
Actual harm	G	H	I
Potential harm	D	E	F
Less than potential harm	A	B	C

# Knowing Regulations is Foundational

- You are held accountable to them.
- If a surveyor was not quoting a regulation, would you know?
- Make sure you have your own set of CMS your regs either downloaded or as a link.
- What is the SOM?  
What is Appendix PP?



Which state?

What is date of most recent CMS regs?



<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

## Things to Know

- What is the SOM?
- What is Appendix PP?
- What is a regulation?
- What is interpretive guidance?
- What is an F Tag?
- How surveyors use all the above
- How to have your own copy of all the above
- Get comfortable looking up regulations
- Use the SOM and QAPI to **be your own surveyor**.

### Tag F679 Activities

The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

**Be Your Own Surveyor -  
What is the focus of Tag 679?**

The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

## F679 Activities

The regulations say the focus is to be what ...?

Interests

Interests

Interests

- *Talk the language of my interests and I might be interested.*
  - Not whether I go to groups
  - Not whether I get out of my room

**ASK THE RESIDENT & FAMILY  
INTERVIEW SURVEY QUESTIONS**

## HOW MANY CEPS THERE ARE?

Which most dovetail with your work??

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1. Activities
2. Dementia Care
3. Behavioral Care
4. Resident Council

## Proactively Managing Survey

- Certainly watch and observe
- “Can I get you anything?” by *everyone*
- Resident-directed living pays off  
“We run this place.” Resident Council Pres.
- KNOW regs
- KNOW survey process
- KNOW Critical Element Pathways
- KNOW Interview Questions
- Other ideas..?

# Avoid labels, even in CMS regs

CMS Tag F550 Resident Rights, treated with respect and dignity:

- Avoiding the use of labels for residents such as **“feeders” or “walkers.”**
- **\*What labels have you heard?**
- **Not complainer... INFORMANT**



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THE MOST APPROPRIATE LABEL IS USUALLY THE ONE PEOPLE'S PARENTS HAVE GIVEN THEM.

## Artifacts of Culture Change 2.0

[www.pioneernetwork.net](http://www.pioneernetwork.net)



ARTIFACTS OF CULTURE CHANGE 2.0			
HOME NAME _____	DATE _____		
CITY _____	EMPLOYER _____	CURRENT NUMBER OF RESIDENTS _____	
<b>RESIDENT DIRECTED LIFE</b> For each item, check the column that represents your home.	<b>FULLY IMPLEMENTED</b> Resident or family member is consistently involved in decisions.	<b>PARTIALLY IMPLEMENTED</b> Resident or family member is occasionally involved in decisions.	<b>NOT A CURRENT PRACTICE</b>
1. Home residents and their families are recruited by home newsletters/magazines, introduced to the home, and educated about the home's culture change philosophy of enhancing residents' control over their lives, rights, amenities available, and choice of activities.	Fully Implemented	Partially Implemented	Not a current practice
2. The home offers at least one of the following styles of dining that provide for resident choice: Restaurant style where residents' orders are taken; Buffet style where residents help themselves or set high-top/buffet what they want; Family style where food is served at family or dining tables where residents help themselves or receive assistance.	Fully Implemented	Partially Implemented	Not a current practice
3. Each meal is available for at least 2 hours, and residents can come and go when they choose. (Refer to CMS F505 Frequency of meals, Alternate dining times)	Fully Implemented	Partially Implemented	Not a current practice
4. Residents are supported to prepare and serve food per their preferences and abilities in addition to cooking groups.	Fully Implemented	Partially Implemented	Not a current practice
5. Snacks/drinks are easily available for residents at all times without having to ask, i.e., in a stocked party refrigerator or snack bar. (Refer to CMS F505 - Frequency of meals / snacks at facilities)	Fully Implemented	Partially Implemented	Not a current practice
6. In addition to snacks described in #5, residents can order food from the kitchen 24 hours a day, and team members are empowered to provide food upon	Fully Implemented	Partially Implemented	Not a current practice

**First-ever  
Artifacts of  
Culture  
Change  
for  
Assisted  
Living**

pioneernetwork.net

**ARTIFACTS OF CULTURE CHANGE – ASSISTED LIVING (ACC – AL)**

HOME NAME \_\_\_\_\_ DATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_ CURRENT NUMBER OF RESIDENTS \_\_\_\_\_

<b>RESIDENT-DIRECTED LIFE</b> For each item, check the column that represents your community.	<b>FULLY IMPLEMENTED</b> Presence of a resident-led or resident-influenced activity or service.	<b>INITIALLY IMPLEMENTED</b> Presence of activity or service that is established by the center but not by residents.	<b>NOT A CURRENT PRACTICE</b>
1. New residents and their families are welcomed by team members/managers, introduced to the community, and educated about the community's culture change philosophy of enhancing residents' control over their lives, rights, amenities available, and choice of schedules.	Fully implemented	Partially implemented	Not a current practice
2. The community offers at least one of the following styles of dining that provide for resident choice: Restaurant style where residents' orders are taken; Buffet style where residents help themselves or help team members what they want; Family style where food is served in bowls on dining tables where residents help themselves or receive assistance.	Fully implemented	Partially implemented	Not a current practice
3. Each meal is available for at least 2 hours, and residents can come and go when they choose.	Fully implemented	Partially implemented	Not a current practice
4. Residents are supported to prepare and/or serve food per their preferences and abilities in addition to cooking (grilling).	Fully implemented	Partially implemented	Not a current practice
5. Snacks/drinks are easily available for residents at all times without having to ask, i.e., in a stocked party refrigerator or snack bar.	Fully implemented	Partially implemented	Not a current practice
6. In addition to snacks described in #5, residents can order food from the kitchen 24 hours a day, and team members are empowered to provide food upon resident request.	Fully implemented	Partially implemented	Not a current practice

## F675 Quality of life

- **Quality of life is a fundamental principle that applies to all care and services provided to facility residents.** Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

# INTENT

- The intent of this requirement is to specify the facility's responsibility to create and sustain an environment that **humanizes and individualizes each resident's quality of life** by:
    - Ensuring **all staff, across all shifts and departments, understand** the principles of quality of life, and **honor and support** these principles for each resident; and
    - Ensuring that the **care and services provided are person-centered**, and **honor and support each resident's preferences, choices, values and beliefs.**
- \*Do you ask/observe/watch?

## Quality of Life means ...

- an individual's **sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem.** For nursing home residents, this includes a **basic sense of satisfaction with oneself, the environment, the care received, the accomplishments of desired goals, and control over one's life.**
- \*Do you ask?

Who is in charge of quality of  
life?  
What if there was a Quality of  
Life coordinator?  
What if CMS required Quality of  
Life coordination?



New BE ENCOURAGED blog

New eResource series  
[www.edu-catering.com](http://www.edu-catering.com)



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- Every month
- Culture change training directly into your home and to your team
- **It is the team that makes change**
- All shows are archived [actionpact.com](http://actionpact.com)



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 15 years of monthly archived  
 Conversations  Changing Communities. Changing Lives.

## WY Nursing Homes that Changed Culture

- Star Valley - culture change 1 yr project
- Life Care Center of Casper – 1.5 years
- Westward Heights – 1 yr cc project
- Mission at Castle Rock, an Eden Home since 2014
- Morningstar at Ft. Washakie, an Eden Home since 2015
- YouTube: WY Culture Change Nursing Home Videos 2023 at Edu-Catering YouTube channel
- AMAZING OUTCOMES!



# Questions/Ideas and Take Aways

- Know the regs you are held accountable to
- PROACTIVE QAPI – all team members given permission
- QAPI/PIPs are a gift from the government – use them
- People who live there asked often and decide
- Families treated as partners, asked often
- QUALITY OF LIFE top priority by all
- Focus on LIFE and LIVING more than just clinical care.

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- Community or home (instead of facility)
- Individual/person, people (instead of patient, even resident, elder?)
- Home, real home (instead of homelike)
- Meaningful engagement (instead of activities)
- Approaches (instead of interventions)
- Communications (instead of behaviors)
- Choice (instead of non-compliant)
- Decline (instead of refused)
- Worked (instead of worked the floor)
- Direct care workers/CNAs (instead of frontline staff)
- Education (instead of inservices, inservice the staff, inservicing)
- Neighborhood (instead of unit)
- Person who falls a lot (instead of frequent faller or repeat offender)

## The Power of Language to Create Culture

# Language Creates Culture

- People/bedrooms (instead of beds)
- Person First language and describe (instead of “the diabetic”)
- Moved in/out (instead of admitted, placed or put or discharged)
- Is here for a stay, is a guest, went home (instead of admitted, discharged)
- Left the building (instead of elope or escape)
- Died (instead of expired)
- Field, profession (instead of industry)
- Team (instead of department)
- Dining/culinary services (instead of dietary)
- Use the bathroom (instead of toileting)

**Because nursing homes have little traffic from the outside world, we’re exposed to disproportionate support for our own ideas of what is normal and acceptable.**  
The Power of Language to Create Culture. C Bowman, J Ronch, G Madjaroff

## Living Life to the Fullest

Worksheet to determine Highest Practicable

Getting to Know You

Psychosocial Needs

Ethnic culture

Highest practicable level of well-being

**Interests, not problems**



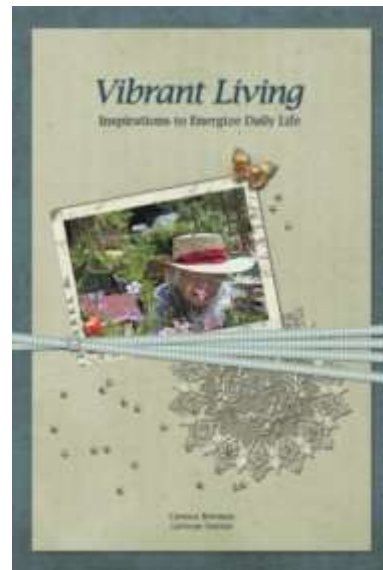
MEANINGFUL ACTIVITY ASSESSMENT incorporates:

- Activities Interpretive Guidance
- MDS 3.0
- culture change practices.  
[www.actionpact.com](http://www.actionpact.com)



## Vibrant Living

- Written to the people who live there
- Scrapbook style
- Learning Circle questions
- **Audits for residents and families**
- Also an all day workshop



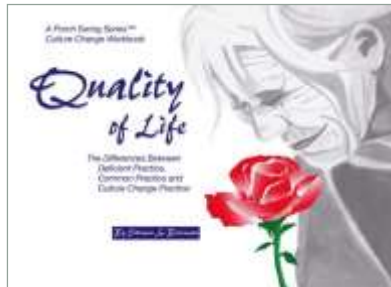
[www.actionpact.com](http://www.actionpact.com)

## Regulatory Support for Culture Change



[www.actionpact.com](http://www.actionpact.com)

## Quality of Life: The Differences between Deficient, Common and Culture Change Practice



Section at Dignity on Using Dignified Language  
[www.actionpact.com](http://www.actionpact.com).

### ***Changing the Culture of Care Planning: a person-directed approach***



- Regulatory Support
- Individual Care Planning
- I Care Plans
- Narrative Care Plans

Includes:

- Sample IN2L “Visual Care Plan”

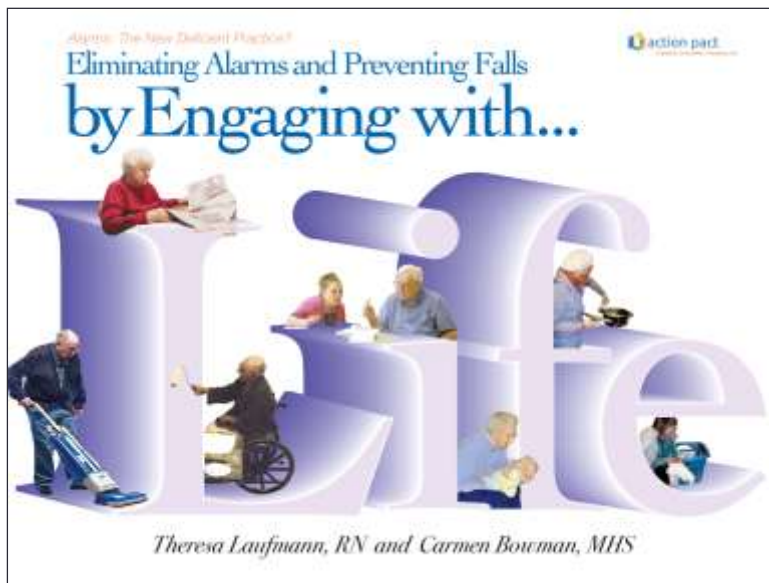
[www.actionpact.com](http://www.actionpact.com)



## SOFTEN the Move-In

- Workbook and training DVD
- [www.actionpact.com](http://www.actionpact.com)

- S – Support Simple Pleasures
- O – Offer Options
- F – Foster Friendships
- T – Tie-in to Tasks
- E – Equalize Everyone
- N – Normalize Now
- o Also an all day workshop



Free at:

[www.edu-catering.com](http://www.edu-catering.com)  
[www.pioneernetwork.net](http://www.pioneernetwork.net)

Also free language handouts if you're interested:

[carmen@edu-catering.com](mailto:carmen@edu-catering.com)

Archived shows:

***People First Language***  
***The Power of Language to Change Culture***



#### Contact Info

If I can be helpful, please feel free to contact me  
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- All-day workshops, conference sessions, webinars, consulting
- TEAM coaching: **very affordable web/phone-based coaching with your whole team as *it is the team that makes change***
- Professional mentoring
- Get up to speed,: **become a Culture Change Advocate**
- **Activities consulting for new/ new to the field activity directors (NH and AL)**

## Culture Change Resources

- [www.pioneernetwork.net](http://www.pioneernetwork.net)
- [www.edenalt.org](http://www.edenalt.org)
- [www.actionpact.com](http://www.actionpact.com)
- [www.planetree.org](http://www.planetree.org)
- <http://ndltca.org/resources/nd-culture-coalition/>