Instructions – Please Read Before You Begin

This assignment is designed to help build your survey process knowledge for the LTCSP, critically think about more difficult or complex survey scenarios, and provide you an opportunity to practice the technical steps. The assignment walks you through a hypothetical survey. You will enter the information provided in the software and answer questions about the hypothetical survey. You will need to **refer to the LTCSP Procedure Guide** to complete the assignment. Be sure you are using the most recent version of the LTCSP Procedure Guide (PG). The instructions indicate which Procedure Guide (PG) step you need to follow to complete a particular part of the assignment. If the assignment does not show specific information to enter in particular software fields, just add any notes to the fields. To ensure you are on the right path in responding to the questions, the answers are provided at the end of this document.

This exercise is intended to be completed after surveyors have attended training on the LTCSP. **We recommend at least two surveyors complete the assignment together to be able to participate in the data sharing steps as a team.** However, a single surveyor can still complete the assignment excluding the data sharing steps.

**Offsite Preparation**

* Skip **Procedure Guide (PG) Step 1** (Create Survey shell in ACO)
* Skip **PG** **Step 2** (Export shell from ACO)
* Begin with **PG** **Step 3** (Import shell into ASE-Q)
* All team members should import the survey shell labeled, “Practice Shell for *12.4.4* Release”
* Event ID = K6M311
* Facility Name = Practice Shell For L.T.C.S.P. Release
* Facility bed size = 92
* Number of assessments on popup import window = 90

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| **QUESTIONS** |
|  | *At what point in the survey and for what purpose will you use the pop-up number of residents included in the shell?* *ANSWER:*  |

* **PG Step 4** (Add team members in ASE-Q)
* All team members should create the team in ASE-Q. Ensure each team member adds the names in the same order.
* Team = TC + other surveyors (decide who will be the TC).
* **PG Step 5** (Access the survey)
* Refer to the Procedure Guide for the two options.
* **PG Step** **6** (TC completes offsite prep screen)

Enter the information noted below in the Offsite Prep Screen (under Survey Preparation/Offsite Prep in the navigator menu)

* The Administrator’s name and prior survey date will be blank since this is a practice shell. Enter any name and date.
* Casper 3: F686 cited last 2 years; F550 and F561 cited last year; F684 and F697 cited for last 2 years.
* Results from last survey: F686 at a G, F697 at a G, F550 at a D, and F561 at a D.
* *Use the Casper PBJ Staffing Data report (Q3, 2023) to answer the question” Does the facility have staffing concerns based on the CASPER PBJ Staffing Data report?” and mark all that apply and the applicable quarter:*

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| ***Metric***  | ***Result*** |
| *Failed to Submit Data for the quarter* | *Triggered* |
| *One Star Staffing Rating* | *Not Triggered* |
| *Excessively Low Weekend Staffing*  | *Triggered, Infraction Dates: 5/20 (Sat), 5/21 (Sun), 5/27 (Sat), 6/3 (Sat), 6/4 (Sun)*  |
| *No RN Hours*  | *Not Triggered* |
| *Failed to have Licensed Nursing Coverage 24 Hours/Day* | *Not Triggered* |

* Complaint/FRIs history since last survey:
	+ Complaints since last standard survey = 2 complaints: 1) receiving showers instead of requested baths and a resident who was admitted with a pressure ulcer/injury that worsened and got infected; and 2) resident sleeps a lot since Seroquel was started. The facility was non-compliant and F 686 and F 758 were cited. .
	+ FRIs since last standard survey = 1 FRI with allegations of abuse (Om L Brown). Investigated by SA and abuse was not cited.
* Active Complaints/FRIs that will be investigated with the survey:
	+ Review the intake and allegation details for each of the seven complaint/FRI intakes. Follow the PG directions to include the complaint/FRI residents and areas in the survey.
	+ Assign the active complaint/FRI residents based on unit assignments (see Step 7 below). Do not assign Charles Arnold and RH Durrette to a surveyor since you do not know which area of the building they reside in. Since you added Charles Arnold and RH Durrette to the system, they will automatically be assigned to the TC. When you remove the TC’s name you will receive a pop up saying “The resident has concerns. Are you sure you want to remove the resident and concerns from the initial pool? Select Yes, the TC’s name will be removed, but the initial pool areas to be investigated will remain associated with that resident.
	+ Assign Fletcher and McCLoud to a team member other than the TC.
* Use the information provided above to determine whether there’s a history of abuse allegations.
* Note any active enforcement cases = none
* Federal Waivers/variances = none
* Ombudsman = No concerns noted.
* **PG Step 7** (TC makes facility unit assignments)
* Team unit assignments = TC assigned to hall A. One team member assigned to hall E. Other assignments (units B, C, D or F) do not matter.
* Your offsite prep entries are automatically saved by the system. To exit the Offsite Preparation screen, click on the Navigation Menu (the icon is **≡**, and is always located in the upper left corner of the screen).

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| **QUESTIONS** |
|  | What is the maximum number of complaints/FRIs you can include in the initial pool and sample? *ANSWER* |
|  | For the first active FRI allegation, why is the “Facility, Facility” placeholder listed for the LTCSP resident? ANSWER:  |
|  | What action did you take for each active complaint/FRI (i.e., which residents were included in the initial pool and what investigative areas were selected)? ANSWER:  |
|  | Was abuse cited on the prior standard survey or have there been any abuse allegations or citations for complaints? ANSWER:  |
|  | *What warning message did you receive when you completed the PBJ section?* *ANSWER:*  |

* **PG Step 8** (TC makes mandatory facility task assignments)
* Assign facility tasks across team members following the Procedure Guide instructions.
* **PG Step 9** (TC prints documents)
* TC should ensure he/she can access these documents (you do not have to actually print them).
* **PG Step 10** (Share offsite prep data)
* TC sends completed offsite prep data to team members. If using the wireless option, ensure each surveyor’s computer has been set-up.

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| **IMPORTANT:** If you encounter any issues with data sharing, ensure your IT staff resolves the issue. The TC and team members should not change the file name when you share data.  |

* **PG Step 11** (Team reviews offsite information)
* Refer to the Procedure Guide.

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| **IMPORTANT:** There is a Survey Resources folder with all necessary resources and forms that should be saved to your desktop. The folder can be found at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>  |

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| **QUESTIONS:** |
|  | Based on the MDS Indicator Facility Rates report, how many residents have a diagnosis of Alzheimer’s or dementia (and are receiving an antipsychotic) and how many residents have weight loss? ANSWER:  |
|  | Based on the offsite selected residents report, how many offsite selected residents are there? ANSWER:  |

**Facility Entrance**

* **PG Step 12** (Go to your assigned area)
* Entrance Conference: Facility Census is 91
* Bugs Bunny is the only resident who smokes. They have had *three* resident cases of confirmed COVID-19 *for transmission-based Precaution (TBP)(Fred Flintstone, Bugs Bunny, Atom Ant)*. on CMS 802.
* Unit nurse on A hall said there were three newly admitted residents: Fred Flintstone, LL Kelly, and Elsa Arendelle. *Elsa Arendelle is on transmission-based precautions for c-diff.*
* Resident Roster A hall – RH Durrette (COMP) in room A4W.
* Unit nurse on E hall said there were two newly admitted residents: Jack Frost and Charles Arnold (FRI) add room # for Arnold.

**Initial Pool Process**

* **PG Step 13** (Screen all residents in your assigned area and observe, interview, and complete a limited record review for initial pool residents)
* Navigate to the Resident Manager screen.
* Click on Charles Arnold, RH Durrette, Jessica Fletcher and James McCloud, you will see that they have a complaint link on the top right corner under the MDS indicators. If you click on the link it will give you access to all the complaint information for that resident.

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| **QUESTION FOR TEAM:** |
|  | Which offsite selected residents are on hall A and hall E? ANSWER: |

* The table below includes every resident in the **TC’s assigned area (A hall)** and a brief description of what you found following your screening of each resident. Note: All other team member’s instructions are listed under the Team Members heading on page 12.
* Assign yourself in the system to every resident listed in your assigned area (Organizational Option 2 from PG).
	+ You will notice that the initial pool indicator for all residents, excluding offsite selected and complaint/FRI residents, will have a default IP Indicator set to Unknown (gray U) which means the resident has not yet been screened. Offsite selected and complaint/FRI resident (who were included in the initial pool during offsite prep) will have a default of Yes (green Y).
* Do not unassign yourself to any resident until you’ve decided on your entire initial pool which is one organizational approach (Option C from PG).
* Once you unassign yourself from a resident the IP indicator will change to No (red N). If you opt to use the IP indicator instead of unassigning yourself, changing the IP indicator to No will automatically unassign yourself.
* If a resident is unavailable (e.g., not in the room, sleeping) OR you identify a concern but aren’t sure whether you want to include the resident in the initial pool, you may change the IP Indicator to Maybe (yellow M). Any resident who has an IP Indicator of Maybe is not part of the initial pool.
* Review the matrix for A hall that the facility provided while you were conducting your screening.
* Update the room number and assign the two complaint/FRI residents (RH Durrette is on the A hall and should be assigned to the TC and Charles Arnold is on E hall) now that you have a room number.
* Notice that the complaint/FRI residents that were included in the initial pool have the complaint/FRI subgroup and assigned surveyor from the offsite prep screen automatically listed and the IP indicator is set to Y (green). RH Durette is assigned to the TC and Charles Arnold is assigned to the surveyor on E hall.

|  | **Resident Name** | **Room Number** | **Outcome of screening** |
| --- | --- | --- | --- |
|  | Albus Dumbledore | A1 | Resident in bingo. Actively participating on own. Well groomed. Dressed appropriately. Positioning good.  |
|  | Spike Buldog | A2W | He says he likes it here, loves the activities and enjoys the food. He appeared clean and well groomed. |
|  | Om L Brown | A2D | Discharged to the hospital.  |
|  | LL Kelly | A3W | Hasn’t been here too long, so far it is pretty good. Food isn’t great – pretty bland. Has actually gained a little weight though. Likes bingo or reading/watching TV in room. |
|  | Jiminy Cricket | A3 | Non-interviewable. Resident wandering up and down hall. Wanderguard on. Repeatedly saying, “I want to go home and help me.”  |
|  | Bugs Bunny | A4 | *Sitting in room in recliner*. *TBP signage on door.* Resident has some limitations in hands. Seems independent.  |
|  | RH Durrette | A4W | Dad called and said resident needs help going to the bathroom. They never have enough staff and they've left him in the bathroom twice now. This last time he fell and had to go to the hospital. Now he has a fracture and is declining.  |
|  | Daffy Duck | A5 | Resident is alert and well groomed. Watching TV, said he enjoyed breakfast. |
|  | Sweet Dreams | A6 | Alert. Looks clean, mobile and well-groomed. Playing solitaire in room in w/c.  |
|  | Darkwing Duck | A6W | Never in room, always in therapy or activities. Looks good. |
|  | Tweety Bird | A7 | Non-interviewable. Needs staff assist to push resident in w/c. Receiving a tube feeding. Looks well-nourished and hydrated. Well groomed. Position okay. No observation concerns.  |
|  | Aya Brea | A8 | Interviewable, has tube feeding. *She says the tube feeding is intermittent and has no complaints about her care.* |
|  | Scooby Doo | A9W | Resident sleeping. Bed in low position and fall mat next to bed. Resident observed later up in the w/c in an activity. No observation concerns.  |
|  | Yogi Bear | A9D | Resident reclined in his recliner non-interviewable and appears dependent. Call light attached to the recliner. No observation concerns.  |
|  | Elmer Fudd | A10D | In bed watching TV. Well groomed, dressed appropriately. Said he has no complaints or concerns.  |
|  | Atom Ant | A11 | Sleeping in bed. Blanket covering resident. Observed later seated in w/c eating lunch on own *in his room*. *Non-interviewable. Looks thin and frail.* Blanket on lap. Well-groomed. *He has TBP signage and is isolated.**Record review revealed the resident had lost weight in the past 2 months. He weighed 160 pounds 6 weeks ago and now weighs 148 pounds.* |
|  | Fred Flintstone | A14 | He says he had surgery and is here for rehab. He hasn’t been here very long. He recently moved to another room—because he developed a cough and fever. He is in isolation now. He is physically dependent on staff because of fatigue. *CNA walked into the room to provide assistance with cares. She was wearing a surgical mask and did not put on a gown.* |
|  | Wilma Flintstone | A12W | Independent, wheeling self in w/c, performing own grooming at sink. Said everything is great here.  |
|  | Cruella De Vil | A13 | Interviewable. Scoop mattress. Bed in highest position. Room is clean but cluttered. |
|  | James Bond | A15D | Resident is in bed, breakfast tray on bedside table not touched. Resident seemed alert but not responding to questions. Has a catheter. |
|  | Huckleberry Hound | A15W | Alert and oriented, well groomed. No complaints.  |
|  | Elsa Arendelle | A13 | Been here for 4 days. Didn’t get pain med for the first 48 hours after admission. Not sure what happened – facility said meds weren’t available. Had back pain – 7/10. Not always good about giving heating pad or prn pain meds when ask. Resident grimacing when moving. The resident had bad diarrhea when admitted and had C-diff. She is on isolation and says the diarrhea is getting better.  |
|  | Don Flack | A16 | The resident moved to hall B.  |
|  | Jessica Fletcher  | A22 | Complaint about blood sugars not being managed. Resident said she had some falls with injuries a month ago but not an issue now. |

| **QUESTIONS FOR TC:** |
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|  | Based exclusively on the screening information in the above table, who would you include in your initial pool and why (i.e., subgroup or reason)? ANSWER:  |
| 1.
 | *How many residents does the team have to include in the initial pool for transmission-based precautions?* *ANSWER:*  |
|  | Would you include any other residents in the initial pool based on the matrix? If so, who and why (i.e., subgroup or reason)? ANSWER:  |
|  | Did you exclude any residents from the initial pool who met the definition of a particular subgroup but weren’t selected for the initial pool based on the screening? Who and why were the residents excluded? ANSWER:  |
|  | How many complaint residents were included in your initial pool? ANSWER:  |
|  | If you had ten complaint residents for the team and all ten complaint residents were in your assigned area and two of the complaint residents was a part of the offsite selected residents, can you add the other eight complaint residents to your initial pool? ANSWER:  |
|  | Is it acceptable that you have nine residents in your initial pool? ANSWER:  |

* Complete the steps in the system to reflect your initial pool residents (e.g., unassign those you aren’t including, add subgroups to those you are keeping in the initial pool, mark offsite selected residents as discharged (if appropriate), make appropriate room/name changes) then filter by My Residents to confirm you have all nine residents listed).

| **QUESTIONS FOR TC:** |
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|  | Is the IP indicator for all your initial pool residents set to Yes (Y green)?ANSWER: |
|  | Is Fred Flintstone listed in the system in your initial pool in room A14? What message did you get when you assigned yourself to Fred Flintstone and why? ANSWER:  |
|  | What did you have to do with Don Flack? Why? What happened to the IP indicator?ANSWER:  |
|  | What did you have to do for Om L Brown? Why? ANSWER:  |
|  | Is Elsa Arendelle displayed in your initial pool? How would you add her?ANSWER:  |
|  | What subgroups in the system did you select for the following residents: Cruella De Vil, Fred Flintstone, Bugs Bunny and Atom Ant?ANSWER:  |
|  | *What care areas and data source (RI, RO, RR) did you mark for further investigation for Atom Ant?* *ANSWER:* |
|  | *How did you calculate the weight loss for Atom Ant? What did you do with the information?**ANSWER:* |

* Complete the RI, RO and RR in the system for the following residents based on the scenarios provided below.
* It is suggested to read all the interview probes and to practice doing an interview out loud (e.g., with a co-worker). This is another chance to familiarize yourself with the interview questions. In addition, you should read the RO and RR probes, so you are comfortable with the content areas prior to conducting a survey of record. The pull-out care area list on the right can be sorted in alphabetical order by clicking on the Alphabetize Pullout icon. Care areas are easy to locate if the list is sorted in alphabetical order.
* It is best practice to document a response for every initial pool area to ensure all areas have been addressed, you are only required to mark “Further Investigation” or FI and check the Complete Box to attest to the fact that you addressed all areas. You do not have to mark “No Issue/NA” with two exceptions: 1) for the required areas (hospice, dialysis, vent, smoking, TBP) you must mark No Issue if the area applied but there were no concerns to help with sample selection, and 2) for the record review medications, you will have to document whether the resident is currently receiving the medication.

**Bugs Bunny (21)**

This resident has been at this facility for the past 2 years. He is interviewable. He smokes. He receives the help he needs with his ADLs. He has limited ROM in both hands. He said he’s had the limitations for a while and isn’t doing any exercises for them. He likes to get baths rather than showers, but he hasn’t told anyone. He likes to sleep in his recliner and smokes often. He buys cigarettes with his personal funds money. Resident was observed smoking without staff present. He had his own cigarettes and lighter in his shirt pocket. He was holding the cigarette between his thumb and pointer finger and seemed to struggle to hold on to the cigarette. He was not wearing a smoking apron and his pants had visible burns. He said he’s always kept his own cigarettes and staff usually don’t go out with him. He likes the food but doesn’t have much of an appetite. He was tearful during the interview when he said the only thing he does now-a-days is smoke or watch TV. *He said staff told him he had COVID-19 and he should stay in his room, but he comes out to smoke. He said he sometimes smokes with other residents – no new smoking times have been given to him. He said he doesn’t like wearing a mask so he leaves it in the room when he goes to smoke.*

Based on the record, he is a DNR which is clearly identified on his EHR. The facility also keeps a hard copy record of their advance directive in a file which matches what is in the EHR.

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| **QUESTIONS FOR TC:** |
|  | What care areas and data source (RI, RO, RR) did you mark for further investigation? ANSWER:  |
|  | Did you mark harm or IJ for this resident? ANSWER:  |
|  | Did you mark any MDS discrepancies?ANSWER:  |

**Cruella De Vil (17)**

The resident was at dialysis on the first day. The morning of the second day, the resident was observed in bed eating breakfast. The bed was in the highest position with a scoop mattress. There was a walker in the room. The resident’s call device was on the floor. Half bed rails were up on both sides. There was a sign above the bed that she was a fall risk and was a 2 person assist. The resident said she was too tired to talk for 20 minutes but was willing to answer a few questions. She has had several falls and had to go to the ER a couple of times because she hit her head. She was trying to go to the bathroom. She fell again a couple of weeks ago and this time broke her hip. She has been back from the hospital for 10 days and since then they gave her the special mattress to keep her from going to the bathroom by herself. She said most of her falls were because she had to go to the bathroom in the middle of the night. She said she was supposed to wait for staff but it took them too long to come so she’d get up and go herself. Lot of bruising on both arms. Said she takes a blood thinner and with any little bump she bruises. After asking all of the probing dialysis questions, she said she had no issues with dialysis.

Based on the record, the resident was receiving Coumadin.

| **QUESTIONS FOR TC:** |
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|  | What interview status did you enter?ANSWER:  |
|  | Do you have a completion check for the resident interview? ANSWER:  |
|  | What care areas and data source (RI, RO, RR) did you mark for further investigation? ANSWER:  |
|  | What did you mark for dialysis? ANSWER:  |
|  | How would you have responded to dialysis if the resident was not receiving dialysis services? ANSWER:  |
|  | Do you know why this resident had an additional record review area listed than Bugs Bunny? ANSWER:  |
|  | Did you mark harm or IJ for this resident? ANSWER:  |
|  | Did you mark any MDS discrepancies?ANSWER:  |

**RH Durrette (242)**

Resident is sleeping in his bed, room is dark. Fall mat next to wall, not on floor next to bed. No personal items in the room. A person is singing in the living area. Denture cup by the sink is empty. Call device isn’t accessible since it is clipped to the wheelchair. There is a strong urine odor in the room. Right hand contracture with splint on. The resident’s family was in the room. Observed resident throughout the day and he was sleeping. Staff knocked on door but resident didn’t wake up.

The family said the resident has dementia. The family also said he always liked to sleep in but they wake him up at 6:00 AM and get him dressed. Breakfast is not served till 8:00 AM on this hall. The family said he sometimes stops by on his way into work and the resident is sleeping in the chair dressed. He has told the staff many times to let the resident sleep in. The resident now needs assistance with his meals so they want to take him to the dining room so he can get fed. The resident will then want to get back into bed after breakfast and sleep till lunch time and doesn’t participate in any activities. He is very sleepy whenever family visits – he is difficult to arouse throughout the day. He loves music but he is always sleeping when they have music programs going on. The family plans to attend the next care plan meeting but they always have it during the day when he is at work so he is unable to attend. The resident lost his dentures a couple of weeks ago. The family needs to get him new ones. He may eat better. He is not able to chew some foods. He gets soft food or soups and he doesn’t eat very well. The family is afraid he will start losing weight. He needs help going to the bathroom and they don’t take him to the toilet and a lot of times he is wet when the family comes to see him. He wasn’t incontinent when he first came here. They never have enough staff and they've left him in the bathroom twice now. This last time he fell and had to go to the hospital. Now he has a fracture and is declining. He is in a lot of pain due to the fall he had 3 weeks ago and does not get his PRN pain medications when requested in a timely manner. He has limited range in his right hand which he had when he got here. He wears a splint and they do exercises for his hand.

The record was reviewed. He is a DNR, and the status is clearly marked on the EHR and the hard copy.

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| **QUESTIONS FOR TC:** |
|  | What care areas and data source (RRI, RO, RR) did you mark for further investigation? ANSWER:  |
|  | Do you know why this resident had additional record review area listed than Bugs Bunny or Cruella De Vil? ANSWER:  |
|  | Did you mark harm or IJ for this resident? ANSWER:  |

* In order to complete the sample selection process for your initial pool residents, you will have to answer just the concerns noted below. You can leave all other areas blank (for this exercise only!).

**Atom Ant (3)**

The resident is non-interviewable. Mark the following areas for further investigation:

* Pressure ulcers (RR) since the resident developed a Stage 2 pressure ulcer on his coccyx in the facility. It is now a Stage 3 PU.
* Restraint (RO) – has self-releasing seat belt in w/c.
* Falls (RO) – not wearing non-skid socks, normal socks
* *Nutrition (RO and RR) - has unexplained weight loss, looks thin and frail.*

*Mark No Issue for TBP since the resident is isolated with appropriate signage and staff were observed donning and doffing appropriate PPE when working with the resident.*

**Fred Flintstone (13)**

The resident is interviewable.

Mark the following areas for further investigation:

* TBP (RI and RO) - developed a cough and fever right after being admitted from the hospital and was isolated immediately. The resident said he tested positive for COVID-19and has had mild symptoms. A CNA (Staff 100) was observed providing morning ADL care, including brushing the resident’s teeth. The CNA wore a surgical mask and did not put on a gown.
* Rehab (RI) – not getting rehab since I can’t put weight on my leg right now.
* ADL Decline (RI) – has needed more help getting dressed since getting weaker.

**James Bond (52)**

The resident is interviewable. Mark the following areas for further investigation:

* Nutrition (RO and RI) – didn’t eat breakfast. Said he’s lost weight. No interventions discussed with him.
* Insulin (RI) – not sure they are checking his BS when they are supposed to. BS fluctuates.
* Catheter (RO) – Tubing dragging on the floor under the w/c.
* Pressure Ulcer (RI) – developed pressure ulcer in the facility after w/c cushion went missing for a couple days. They tell me it’s a Stage 3.
* Hospitalization (RI) – have gone to the hospital because of my wound and breathing issuesthat are non-COVID-19 related.
* Dignity (RO) – staff entered room during interview without knocking. Door was closed.
* Insulin (RR) – The resident is receiving insulin.

**Jiminy Cricket (9)**

The resident is non-interviewable. Mark the following areas for further investigation:

* Mood/Behaviors (RO) and Elopement/Wandering (RO) - Resident wandering up and down hall repeatedly saying, “I want to go home and help me.” Staff not intervening.
* Antipsychotic with Alzheimer’s (RR) – resident is getting Seroquel for behaviors. Has Alzheimer’s diagnosis.
* Privacy (RO) – could see resident from hallway in bed without clothes on. Door was open. Staff walking by room and looking in but not going in to cover resident.
* Other (RR) – during the review of the record you noticed an incident in the nurse’s note regarding an altercation when this resident wandered into another resident’s room.

**Elsa Arendelle (X – unique # assigned by system)**

The resident is interviewable.

Mark TBP as No Issue (RI, RO) since the c-diff is resolving and the resident is on isolation.

Mark the following areas for further investigation:

* Pain (RI and RO) - Been here for 4 days. Didn’t get pain med for the first 48 hours after admission. Not sure what happened – facility said meds weren’t available. Had back pain rated as 7/10. She was not able to participate in activities due to the pain. Staff are not always good about giving a heating pad or prn pain meds when ask. Resident grimaced when moving and still complained of pain.

**Jessica Fletcher (77)**

Resident is interviewable, she said her blood sugars are often low in the morning they don’t check it always, she is on Insulin

She has had falls with injuries but not for the past 4 weeks, no issue with falls but the MDS does not show falls so MDS discrepancy box was marked.

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| **QUESTION FOR TC:** |
|  | Which areas (name of the initial pool area) did you mark an FI for Fred Flintstone? ANSWER: |

**Team Members**: The table below includes the results of your screening for every resident on the **E hall**. Each team member should review (on an individual basis) the screening information, decide who you would include in the initial pool (on an individual basis), and then discuss everyone’s selection to ensure everyone selected the same residents.

|  | **Resident Name** | **Room Number** | **Outcome of screening** |
| --- | --- | --- | --- |
|  | Jack Frost | E10 | Admitted a couple weeks ago for therapy following a fall at home. Been here 5 days and no one from therapy has seen him or talked to him about going home.  |
|  | Popeye Sailorman | E11W | Using wheelchair to independently move about in room. Right hand contracture (hand in a fist) and wrist flexed, no splint on. When asked if he had any concerns, he said he recently told a nurse he wanted to now be a full code, but no one has talked to him about it (confirmed record still says DNR).  |
|  | Hello Kittie | E12 | Ambulating down hall. No observational concerns. Resident said she is happy here.  |
|  | Michigan Frog | E13 | Pleasantly confused. Unable to answer questions reliably. No observation concerns.  |
|  | Charles Arnold | E13W | The family said the resident was just admitted to the facility and an aide on the day shift is rough with the resident during care. |
|  | Scrooge McDuck | E10W | Developed 2 pressure ulcers since admission. He said about four months ago he developed a deep pressure ulcer on his right buttocks and now he has another one on his left side. Said the aides don’t turn him very often. Observed the resident in the same position for an extended period of time. He said he’s lost weight while at the facility and isn’t on any special diet or getting extra protein that he’s aware of. He said the food tends to be bland. He left more than 50% of his lunch. |
|  | Charlie Brown | E23 | Resident in motorized scooter. Has MS. Said been here 5 years. No concerns. He said he gets the help he needs.  |
|  | Sherlock Holmes | E41 | Has multiple large bruises on both arms and legs. Said he bruises easily. He said staff put the wheelchair pedals on so he has a hard time moving his chair since he can’t use his feet to propel and ends up bumping into things.  |
|  | Jane Marple | E43 | Self-propelling into dining room for lunch. Well groomed. Dressed appropriately. Properly positioned. Eating independently.  |
|  | Magilla Gorilla | E71 | Ambulating down hall with walker. Sat in TV area to play bingo. Resident well groomed. Appears independent.  |
|  | Just In Time | E81 | Resident in bed sleeping. On hospice. Dependent on staff. Resident exposed – visible from hallway while receiving care.  |

| **QUESTIONS FOR TEAM MEMBER:** |
| --- |
|  | Based exclusively on the screening information in the above table, who would you include in your initial pool and why (i.e., subgroup or reason)? ANSWER:  |
|  | Would you include any other residents in the initial pool based on the matrix? If so, who and why (i.e., subgroup or reason)? ANSWER:  |
|  | Did you exclude any residents from the initial pool who met the definition of a particular subgroup but weren’t selected for the initial pool based on the screening? Who and why were the residents excluded? ANSWER:  |
|  | How many complaint residents were included in your initial pool? ANSWER:  |
|  | What do you do if there are fewer than eight residents who have concerns in your assigned area? ANSWER: |
|  | Why do you have more residents listed in your resident listing than residents residing on the E hall? ANSWER: |

* Now each team member should complete the initial pool based on their assigned area during offsite prep. The team member assigned E hall should include the residents and areas based on the screening information above. All other team members can decide which residents to select and which areas of concern to note.

|  |
| --- |
| **QUESTIONS FOR TEAM MEMBER:** |
|  | What care areas and data source (RRI, RO, RR) did you mark for further investigation for each of your initial pool residents? ANSWER:  |
| 1.
 | Did you mark MDS discrepancy for any of your initial pool residents? If so, which resident(s) and initial pool area(s) did you mark? ANSWER:  |

* **Dining** – Don’t forget to complete an observation of the first full meal to cover all dining areas and room trays.
	+ Click on the Dining facility task
	+ Include resident-specific documentation.
	+ The CNAs were observed standing and feeding residents while talking amongst themselves about what they did last night.

| **QUESTIONS:** |
| --- |
|  | Why are there resident names listed on the dining screen? ANSWER:  |
|  | Where do you document a concern with nutrition during dining?ANSWER:  |
|  | Did you identify a deficient practice while observing this task? What was it?ANSWER: |
|  | Which residents did you select for your final selection for closed record review? ANSWER: |

* **PG Steps 14 and 16** (Share data at the end of each day OR share completed initial pool data)
* Once the team has completed the initial pool process, each team member should send their data to the TC.
* **PG Step 15** (End of Day 1 team meeting)
* Cover all the areas listed on the team meeting screen (make sure you receive the team’s data before the team meeting)**.**
* Ensure the TC is able to see the populated information that is outlined in the PG.
* Note: Om L Brown who was a discharged offsite selected resident will be listed under offsite selected residents discharged

**Sample Selection**

* **PG Step 17** (Select the Sample)
* The facility census is = 91 residents.

Please note that this sampling example is unusual, as it is based on data from at least two surveyors and we only provided specific scenarios for hall A and E. If you had more than two surveyors complete this assignment, your sample information will be different than what is described below. The sampling questions are restricted to halls A and E since we have control over those scenarios. If you have fewer residents in the sample than what is required that is acceptable and you can still finalize the sample for this assignment since this assignment was designed to show the sampling process.

When you finalize the sample, you will get warnings regarding the complaint residents and care areas. Since these residents were on another unit it is OK to go ahead and finalize the sample. Please read the warnings carefully as it will give you an idea of all the warnings you will get if the sampling is not complete for all the active complaints attached to this survey..

|  |
| --- |
| **IMPORTANT:** After you share data, if team members do not see the updated sample size, close the LTCSP tool to refresh the screen.  |

| **QUESTIONS:** |
| --- |
|  | What is your sample size? ANSWER:  |
|  | Why isn’t Daffy Duck (hall A) listed on the screen? ANSWER:  |
|  | How many initial pool residents were system selected for hall A and E? Why were they selected? ANSWER:  |
|  | Will you keep all of your system selected residents? ANSWER:  |
|  | Will you investigate James Bond’s concern regarding his insulin even though the resident wasn’t selected for a full unnecessary medication review? ANSWER:  |
|  | Update James Bond’s areas by adding Skin Conditions and Pain which you forgot to mark for further investigation and removing Dignity which was marked in error. Which care areas are now listed for further investigation for James Bond? ANSWER:  |
|  | Now consider your other initial pool residents from hall A and E. Which residents from hall A and E, if any, would you definitely want to include in the sample? Why? ANSWER:  |
|  | Now use the “by Care Area” screen (click on icon in upper right corner of screen) to ensure all areas are appropriately covered. Did you need to add any residents to cover an area? If so, which area and resident were added?ANSWER:  |
|  | Do you have residents listed under “No Care Area”? If so, why?ANSWER: |
|  | Do you need to add additional residents to adequately sample the complaint allegation areas? (Do not add any other residents to the sample.)ANSWER:  |
|  | Do you have any residents who had a concern with dialysis? ANSWER:  |
|  | Do you still have to include a resident in the sample for dialysis if no one had concerns with dialysis during the initial pool?ANSWER:  |
|  | Who did you pick for Dialysis?ANSWER: |
|  | What did you do to the NI for Hospice care area for Just In Time?ANSWER: |
| 1.
 | *Which residents were selected for a transmission-based precaution review and why were they selected?* *ANSWER:*  |
|  | Once you’ve covered all areas and you still have sample slots remaining, is it a good idea to try and include any non-sampled unnecessary medication residents into the sample? Why? ANSWER:  |
|  | What do you do with the residents who had concerns but you didn’t include in the sample? ANSWER:  |
|  | Are there any concerns with Abuse from hall A or E? What would you do with the information documented in Jiminy Cricket’s record about the resident to resident altercation?ANSWER:  |

|  |
| --- |
| **IMPORTANT:** For any resident selected for an Unnecessary Medication review, you can now click on the “Yes” in the Unnecessary Medication column to see the reason the resident was selected. You can now remove an Unnecessary Medication resident if the resident is discharged by selecting the X in the Unnecessary Medication column. The system will automatically select another resident who had similar medication concerns.  |

* Make assignments following the Procedure Guide instructions.
* Now you can finalize your sample (even if you have fewer residents than the required number) and complete the remaining steps in the Procedure Guide.

|  |
| --- |
| **QUESTIONS:** |
|  | Did you assign the five sampled/non-sampled Unnecessary Medication residents? ANSWER: |
|  | Which residents did you select for your final selection for closed record review? ANSWER:  |
|  | Which triggered tasks, if any, need to be investigated and why? Why is there only one resident in the resident assessment task?ANSWER: |

**Investigations**

* **PG Step 18** (Conduct investigations for sampled residents)
	+ Use the information below to complete investigations for Cruella DeVil (hall A) and Scrooge McDuck (hall E).
	+ If there are additional surveyors on the team, they should select one resident who had the most concerns and complete the investigation for that resident (they should mark some CEs as No).
	+ The goal is to afford the team an opportunity to practice using the investigation screens (e.g., toggle using the pathway and typing, drawing pictures, using the body map, using the resident and investigation notes, etc.).
	+ If at least three **RRI/family interviews** were not completed during the initial pool, you may complete a RRI/family interview during the **investigative process.** This should be done on the Resident Manager screen.
	+ If the resident was already included in the initial pool, go to the RI screen to complete the RRI/family interview.
	+ If the resident was not a part of the initial pool, go to the RI screen and select the “Add to Initial Pool for Representative Interview” button in the header to complete the RRI interview.
	+ You may want to practice this step after you have finalized your sample.
	+ You may use the Investigation Notes field to document any information specific to the care area being investigated (e.g., observations, interviews, specific record review such as relevant MDS information, care plan, or physician orders). Any notes entered during the initial pool process will be displayed in the investigation notes.
	+ You may use the Resident Notes field to document any general information about the resident that you would like to have access to for all care areas (e.g., diagnoses, BIMS, general MDS information regarding cognition and ADL status, and general care plan information.
	+ Either documentation option is acceptable. Resident Notes may be a more efficient option to document your information during your investigation since your documentation is one continuous notes field; however, you may spend more time editing your documentation for the CMS-2567. Using Investigation Notes will have the reverse pros and cons as Resident Notes.
	+ Once you have completed the investigation for your residents, complete the facility task assignments listed below.
	+ If you need to view another surveyor’s documentation, at the bottom left of the screen, select **All Surveyors** from the **Show Answers** for drop-down menu. All notes and CEs marked by other surveyors display in read-only format. A No for In Compliance overwrites any Yes marked for the same CE. To view another surveyor’s **drawing** or **body map** information, in the bottom left of the screen select the surveyor from the **Staff ID** drop-down menu.

**Cruella DeVil (#17) – Hall A**

Ms. DeVil has been in the facility for the past 9 months. She came in after a fall from home and was also receiving dialysis services.

The resident said she goes to a dialysis center three times a week (Monday, Wednesday, and Friday). The resident said on the days she comes back from dialysis, she is very tired and does not want to do anything, so she sleeps most of the day. She is better on the other days but likes to watch TV or read.

The resident said she has had several falls and has been in the hospital after the falls because she hit her head during two of the five falls. Most of her falls are at night trying to get to the bathroom. The last fall resulted in a hip fracture when she tried to get out of bed to go to the bathroom. When she returned from the hospital 10 days ago, the facility started using a scoop mattress and half bed rails on both sides to keep her from going to the bathroom by herself. She said most of her falls were because she had to go to the bathroom in the middle of the night. She said she was supposed to wait for staff but it took them too long to come so she’d get up and go herself. She said she had her gown caught in the rail once when she was got up to go the bathroom since she had waited more than a half hour and couldn’t wait any longer.

During the interview with the resident said she has bruising on both arms since she takes a blood thinner and with any little bump she bruises. She said they cover her arms to help protect them.

The bed was observed in the highest position with a scoop mattress. Half bed rails were up on both sides. There was a sign above the bed that indicated the resident was a fall risk and was a two person assist.

Review of the MDS revealed this resident has a BIMS of 13. She needs a two person assist for transfers and toilet use and a one person assist for dressing and bathing. She uses a wheelchair. She has half bed rails on her bed. The fall with hip fracture was not included on the MDS.

The dialysis care plan addresses the days she will be going to the center, ongoing communication with the center, and what staff must do when she comes back from the center after dialysis. Her port is on her right arm so staff should take her blood pressure on her left arm only.

The care plan for falls indicates the resident has bed rails up so she doesn’t try to go to the bathroom without calling for assistance. They keep the call light in reach at all times so she can call for assistance. There was no care plan for monitoring for medication side effects.

The resident was appropriately monitoring her anticoagulant.

|  |
| --- |
| **QUESTIONS:** |
|  | Why is Nutrition listed on the Investigation screen for Cruella DeVil?ANSWER:  |
|  | What deficient practice did you identify for this resident?ANSWER: |

**Scrooge McDuck (#10) – Hall E**

Mr. McDuck has been at the facility almost a year. He is interviewable and needs assistance with his ADLs. He says the food is bland which was confirmed with a test tray. The vegetables were mushy, the potatoes had no flavor, and the meat was tough and bland. He said he is weighed every week and when they weighed him a few days ago he had lost five pounds.

He said about four months ago he developed a pressure ulcer on his right buttocks and now he has another one on his left side. He says he did not have a pressure relieving device in his chair before these pressure ulcers developed. He said the aides don’t turn him often. He was observed in the same position on the first day for 4 hours. Staff do treatments every 3 days and remind him to lay down after meals to relieve pressure which he tries to do. If there is an activity going on he likes to go to that rather than lay down. Observations revealed the sore on the right buttock was a stage 3 and the one on the left buttock was a stage 2. There were no concerns with the wound treatment.

Review of the MDS showed the resident was at risk for pressure ulcer development and pressure relieving devices should have been put in place. The care plan revealed the resident was at risk for pressure ulcers. The only care plan intervention listed was to ensure the call light was in reach and to encourage the resident to call for assistance. The most recent MDS, completed after the resident’s pressure ulcers developed, did not identify the resident’s pressure ulcers.Record review and interview with the nurse confirmed that the pressure relieving device was placed in his wheelchair after he developed the pressure ulcers. He has had the same treatment for his pressure ulcers for the past 4 weeks, the ulcers are not healing and there is no evidence that the physician has been notified of the status. Interview with the wound care nurse stated that they have not changed the treatment and have not contacted the physician. Interview with the MDS Coordinator indicated that the MDS should have reflected both pressure ulcers and she wasn’t sure why they were missed.

Review of the record did not have any weights documented in the last two weeks. The aides since the resident was weighed every week and the weights were given to the nurse. The nurse confirmed the process but said she couldn’t find any weights for this resident in the last couple of weeks even though she knew he was weighed. Staff weighed the resident again and his weight confirmed a five-pound weight loss in the last month although the resident’s weight fluctuates. Use the weight calculator to determine the percentage of weight loss. Then paste it into your notes using the weight icon. The labs show his albumin is 2.9 and there is no evidence that protein has been added to his diet.

|  |
| --- |
| **QUESTIONS:** |
|  | Did you initiate anything for this Scrooge McDuck (R10)? If so, what and why? ANSWER: |
|  | Did you identify a deficient practice for this resident? If so, what? ANSWER: |

You now have the ability, if you have time, to edit your investigative documentation for any CE marked as No prior to the potential citation meeting. Follow the instructions at the end of Step 18 in the LTCSP PG to practice editing your notes.

|  |
| --- |
| **Note:** If during the investigation you identify a potential IJ situation, you must use the IJ template that is available in the report list to help make the final decision. Follow the guidance provided in Appendix Q. |

**Ongoing and Other Survey Activities**

* **PG Step 19** (Complete closed record reviews)

|  |
| --- |
| **QUESTIONS:** |
|  | How do you assign yourself to a closed record? (Do not complete any closed records)ANSWER: |

* **PG Step 20** (Complete facility task assignments)

On the navigator menu go to Facility Tasks and complete the facility tasks you are assigned based on the information below. If a triggered task is not listed on this screen, it does not have to be investigated.

**Kitchen:**

In tablet mode, use your stylus to document any kitchen observations just as if you were writing on a piece of paper.

**Dining:**

Make sure at least one surveyor answered CE #3 as No. Notice the tab at the bottom left side of the screen you can switch between displaying the current surveyor’s findings to displaying the results for all surveyors. Switch to All Surveyors on the Dining screen to see what other team member’s documented or cited. A list of tags cited will also be listed on the Facility Task screen.

**Medication Administration:**

On the Med Administration screen, click on the mortar and pestle icon in the top right-hand corner and you will see two screens. Use the screen on the left to type resident names and meds. Use the screen on the right to write with a stylus, mouse, or finger. Practice on both screens to see which one will work better for you.

If you are sharing the task with another surveyor now you can see their documentation after data sharing. If you click on the mortar and pestle icon you will see your documentation. If you click on the ‘Show Answers for’ drop down menu and select the other surveyor’s name you will be able to view their documentation also. Practice inserting the combined team error rate. Once data is shared, one surveyor should insert the combined med error rate in the investigation notes by clicking the Paste Med Admin Rate icon next to the font size

**Medication Storage:**

The team should review half of the med storage rooms, covering different units and review half of the med carts on units where the storage room was not observed. Enter the number of medication rooms and medication carts and the software will calculate how many of each you need to review.

**Infection Control:**

All surveyors observe for breaks in infection control throughout the survey, as specified on the pathways and investigative protocols. *The three residents selected for the TBP review are displayed with the initial pool response since both FIs and No Issue responses may be selected.*

|  |
| --- |
| **QUESTIONS** |
|  | *What was the initial pool response for the three residents populated on the Infection control Task screen for TBP?*ANSWER: |

**Sufficient and Competent Nurse Staffing:**

Every surveyor assesses the facility for compliance with the requirements for sufficient and competent nursing staffing throughout the survey You will notice that there is (COMP) next to this task and this is because we assigned this during offsite prep due to a complaint allegation. If you click on the task, you will see RH Durrette named in the complaint is listed with (complaint) next to the name. When you click on the (complaint) link all the complaint information is available to you including the Complainant’s name and their phone number.

|  |
| --- |
| **QUESTIONS** |
|  | *What was the status of CE1 when you first accessed the Sufficient Staffing screen?*ANSWER: |

**Resident Council:**

Complete this task based on the following information: The residents stated that they do not get mail on Saturdays. The administrator told them the Social Worker does not work on Saturdays so they get their mail on the following Monday. Some residents stated they did not know where the information to contact the ombudsman was posted. A few residents stated they think it is posted with all the other information. On further investigation the number was posted with all the other numbers next to where the survey results were kept.

|  |
| --- |
| **QUESTIONS** |
|  | How did you answer the Resident Council CE19? Did you identify deficient practice?ANSWER:  |
|  | How did you answer the Resident Council CE21? Did you identify deficient practice?ANSWER: |

**Personal Funds:**

You will notice that there is a (COMP) next to this task since we assigned this during offsite prep due to a complaint allegation. If you click on the task, you will see James McCloud named in the complaint listed with (complaint) next to the name. When you click on the complaint link all the complaint information is available including the Complainant’s name and their phone number. You will also see there are 2 intakes listed, as you recall we had 2 complaint allegations regarding personal funds. One was general with no resident listed and the other on was for James McCloud.

**Resident Assessment:**

Residents in the initial pool that were marked for MDS discrepancies and the care area was marked as No Issue will be displayed. If the resident had a MDS discrepancy and that care area was being investigated, then the MDS discrepancy will be investigated with the care area. For example, Cruella De Vil had a fall with major injury but the MDS did not have that marked for her, this will be investigated with the accident pathway.

**Environment:**

Review the grid at the top to determine which CEs you would be required to investigate. You are only required to investigate the CEs of concern. For the assigned surveyor, a box will pop up and only the CEs you need to investigate needs to be checked, all others will be marked as NA by the software.

|  |
| --- |
| **QUESTIONS** |
|  | Which CEs would you investigate for Environment for Cruella DeVil and RH Durrette? ANSWER:  |

* **PG Step 21** (End of the day meeting)
	+ Review the team meeting screen (day 2) to become familiar with the team meeting discussion points.
* **PG Step 22** (Complete QAA/QAPI)
	+ Review the screen and determine whether you would cite QAA/QAPI based on the citation history and current findings by the team.

**Potential Citations**

* **PG Step 23** (Deficiency determination as a team)
	+ Each team member should send their data to the TC.
	+ Then the TC should send the consolidated list of potential citations to each team member.

|  |
| --- |
| Any tag that does not have a citation decision will be marked as undeclared. When you move a tag you will now see the new tag on the potential citation screen. You will receive warning messages on the right pane directing you on what needs to be completed.  |

The team should review each tag and each resident and make compliance and scope and severity determinations for every tag listed on the screen.

* Cite F689 at an H for the recertification Notice the SQC warning you now receive if you cite an applicable tag at SQC. If SQC is identified, you will have to initiate the Extended survey on the Facility Task screen. Practice initiating the Extended survey and completing the task.
* Cite F804 but do not put a checkmark next to Scrooge McDuck (cite the tag at a D for the recertification).
* Practice citing and not citing the remaining tags. If tags are cited due to a complaint resident the citation category for the complaint will be automatically checked and you will need to check the Recertification box so the system knows the tag is associated with a complaint when the completed shell is imported back to ACO. If you do not check either box, you will get a warning when you try to load cites.

Notice the Opening Statement notes field. Use this to document your practice statement (e.g., Based on observation, interview…..three of five residents….). Also, note that your investigative documentation pulls forward to the Potential Citation Documentation screen.

|  |
| --- |
| **QUESTIONS** |
| 1.
 | *Why was F851 listed on the Potential Citation screen?* ANSWER:  |

* Skip **PG Step 24**
* **PG Step 25** (Load Cites)

Follow the steps and select the load cites button on the citation manager screen. You will get a warning that says no resident has been selected for F804. Now go back into the tool to the potential citation screen and select the box next to the resident’s name under F804If you exit the tool and select the load cites button you should be able to load all the citations and the list will populate in the citations window.

|  |
| --- |
| **QUESTIONS** |
|  | Why did you get a “LTCSP Load Validation Failed” message when you tried to load cites? What else did the message say? ANSWER:  |

If your state edits potential citations in ASE-Q, feel free to practice editing your tags in ASE-Q. Refer to the document titled “Editing and Finalizing Statements of Deficient Practice” in the Survey Resources folder saved to your desktop.

| **ANSWERS** |
| --- |
|  | At what point in the survey and for what purpose will you use the pop-up number of residents included in the shell? ANSWER: This number will be used to identify the **maximum number of complaints/FRIs that may be included in the initial pool** (Step 6 below) since the number is **indicative** of the facility census size. |
|  | What is the maximum number of complaints/FRIs you can include in the initial pool and sample? ANSWER: When the survey shell was imported the pop-up number indicated there were 90 residents in the facility. As noted in Attachment A of the LTCSP PG, for a census of 90 residents, the team is allowed to include up to eight complaint/FRI residents in the initial pool and sample |
|  | For the first active FRI allegation, why is the “Facility, Facility” placeholder listed for the LTCSP resident? ANSWER: Since no resident is named for this complaint the window defaults to Facility, Facility. |
|  | What action did you take for each active complaint/FRI (i.e., which residents were included in the initial pool and what investigative areas were selected)? ANSWER: 1st FRI allegation – Facility, Facility for the Facility Task of Personal Funds.2nd COMP allegation – Facility, Facility for IP Privacy.3rd FRI allegation – Charles Arnold for IP Abuse (included in initial pool).4th COMP allegation – RH Durrette for IP Falls (not Accidents), IP Hospitalization, and Facility Task Sufficient Staffing (included in initial pool). 5th COMP allegation – Jessica Fletcher for IP Insulin (included in IP). 6th COMP allegation – James McCloud for Facility Task for Personal Funds (included in IP).7th COMP allegation – Bruce Moore for Closed Record for Hospitalization. Did not include in the initial pool.  |
|  | Was abuse cited on the prior standard survey or have there been any abuse allegations or citations for complaints? ANSWER: Yes, the facility had a FRI regarding abuse. |
|  | *What warning message did you receive when you completed the PBJ section?* *ANSWER: When ‘failed to submit PBJ data’ was checked, the following warning appeared: Cite F851 (CE1) at Severity/Scope of F.”*  |
|  | Based on the MDS Indicator Facility Rates report, how many residents have a diagnosis of Alzheimer’s or dementia (and are receiving an antipsychotic) and how many residents have weight loss? ANSWER: Nine residents have a diagnosis of **Alzheimer’s or dementia w/Antipsychotic**. There are four residents with **unplanned** weight loss. (Go to Reports (paper without a pen icon) on the far right side of the screen, select the report, select Run Report) |
|  | Based on the offsite selected residents report, how many offsite selected residents are there? ANSWER: 11 (Go to Reports on the far right side of the screen, select the report, select Run Report) |
|  |
|  | Which offsite selected residents are on hall A and hall E? ANSWER: Hall A: Cruella DeVil, Don Flack, James Bond and Om L Brown. Hall E: Just In Time. (On the Resident Manager screen, filter by Offsite Selected and Room) |
|  |
|  | Based exclusively on the screening information in the above table, who would you include in your initial pool and why (i.e., subgroup or reason)? ANSWER: 1. Cruella DeVil (Offsite selected, Vulnerable)
2. RH Durrette (Complaint, Vulnerable)
3. Fred Flintstone (New Admit, Vulnerable, *TBP*)
4. James Bond (Offsite selected, Vulnerable)
5. Elsa Arendelle (New Admit, Vulnerable, *TBP*)
6. Atom Ant (Vulnerable, Identified Concern and TBP)
7. Jiminy Crickett (Vulnerable)
8. Bugs Bunny (Identified Concern – only resident who smokes in the facility *and TBP*)
 |
|  | *How many residents does the team have to include in the initial pool for transmission-based precautions?* *ANSWER: At least three residents on TBP should be included in the initial pool, if available.*  |
|  | Would you include any other residents in the initial pool based on the matrix? If so, who and why (i.e., subgroup or reason)? ANSWER: Yes. Include Atom Ant (Identified Concern – (6) Worsened Pressure Ulcers(s) (any stage) and (10) Physical Restraint).  |
|  | Did you exclude any residents from the initial pool who met the definition of a particular subgroup but weren’t selected for the initial pool based on the screening? Who and why were the residents excluded? ANSWER: Yes. Excluded one new admission (Kelly as they only had a concern with food). Excluded three vulnerable residents (Bear and Bird as there weren’t any concerns with the residents and Scooby Doo since there weren’t any concerns, fall prevention measures were in place and the matrix and MDS Indicators didn’t reveal any recent falls).  |
|  | How many complaint residents did you include in your initial pool? ANSWER: There was one (RH Durrette) complaint resident included in the TC’s initial pool. All the other complaint residents were on a different unit so will be covered by a different surveyor.  |
|  | If you had ten complaint residents for the team and all *ten* complaint residents were in your assigned area and *two* of the complaint residents were a part of the offsite selected residents, can you add the other *eight* complaint residents to your initial pool? ANSWER: No, you can only add *six* more complaint residents since the *two* complaint/offsite selected residents count towards the team’s *eight* complaint residents. The exception to this is if there are more than *eight* offsite-selected residents who also have a complaint/FRI to be investigated with the survey. In that case, you do not have to remove the additional complaint/FRI residents from the offsite-selected residents.  |
|  | Is it acceptable that you have all your residents in your initial pool? ANSWER: Yes. While the recommendation is about eight residents, you can exceed that number if you identify that more residents have valid concerns and should be included in the initial pool.  |
|  |
|  | Is the IP indicator for your nine initial pool residents set to Yes (Y green)? ANSWER: Yes.  |
|  | Is Fred Flintstone listed in the system in your initial pool in room A14? ANSWER: He is now. Fred Flintstone was in room A12D but now is in room A14. You may have had to use the search feature to find Fred Flintstone and update his room OR filter to All Residents and name, find Fred Flintstone, and then update his room number.  |
|  | What did you have to do with Don Flack? Why? What happened to the IP indicator?ANSWER: I had to unassign him because he was no longer on my unit. When I unassigned Don Flack I had to provide a reason as the resident was an offsite selected resident who moved to the B unit (so another surveyor will include the resident in the initial pool). I chose the reason assigned to another surveyor, the IP indicator remained Yes (Y green) because he is offsite selected and should remain in the pool unless discharged. |
|  | What did you have to do for Om L Brown? Why? ANSWER: I had to discharge him as he had been discharged from the facility. When I discharged Om L Brown by putting a check in the D/C column (or unassigning my name or changing the IP indicator to No), I had to provide a reason because the resident was an offsite selected resident who was discharged to the hospital.  |
|  | Is Elsa Arendelle displayed in your initial pool? How would you add her?ANSWER: She is now. She’s a new admission and I had to add her to the resident listing. On the Resident Manager screen, I clicked on the Add New Resident icon to add her. Then I marked New Admission as the subgroup.  |
| 1.
 | What subgroups in the system did you select for the following residents: Cruella DeVil, Fred Flintstone, Bugs Bunny and Atom Ant?ANSWER: Cruella DeVil = Offsite. Fred Flintstone = New Admission. Bugs Bunny = Identified Concern for smoking. Atom Ant = Identified Concern for matrix concerns of facility acquired pressure ulcer and restraint.  |
| **Atom Ant** |
| 1.
 | *What care areas and data source (RI, RO, RR) did you mark for further investigation for Atom Ant?* *ANSWER: Pressure ulcer (RO, RR,) Nutrition (RO RR). and Falls (RO)* |
|  | *How did you calculate the weight loss for Atom Ant? What did you do with the information?**ANSWER: Used the weight calculator to calculate the weight loss and use the weight icon to insert the percentage into the initial pool notes.* |
| **Bugs Bunny** |
|  | What care areas and data source (RI, RO, RR) did you mark for further investigation? ANSWER: Limited ROM (RI and RO), Rehab (RI), Smoking (RI and RO), Nutrition (RI), Activities (RI), *TBP (RI),* and Mood/Behavior (RO). |
|  | Did you mark harm or IJ for this resident? ANSWER: Yes, the smoking concern should be handled as a potential IJ where the team would stop and follow Appendix Q.  |
|  | Did you mark any MDS discrepancies?ANSWER: Yes, for limited ROM. The resident said he’s had limited range for a while it would be reasonable to expect that the MDS should have accounted for the limitations.  |
| **Cruella De Vil** |
|  | What interview status did you enter?ANSWER: Interviewable. Even though the resident was not in the facility the entire first day, I was able to screen the resident the second day and determine she was interviewable and obtain a few interview responses.  |
|  | Do you have a completion check for the resident interview? ANSWER: No. The resident did not complete the entire interview so I should have blanks except for the interview care areas she responded to. This is an example when it is okay to have incomplete information. I can either mark the Complete box on the RI/O screen or manually move the resident into the Complete folder as long as I have a green checkmark over the RO and RR icons.  |
|  | What care areas and data source (RI, RO, RR) did you mark for further investigation? ANSWER: Falls (RI and RO), Call device out of reach (RO--environment), Environment (RO-cluttered room from screening), Accident Hazards (RO – for bilateral ½ side rails and fall risk), Dignity (RO), Hospitalization (RI), Sufficient Staffing (RI), ADLs (RI), AC (RI), Skin Conditions (RI and RO), AC (RR).  |
|  | What did you mark for dialysis? ANSWER: No issue as the resident didn’t have any concerns with her dialysis treatment or care.  |
|  | How would you have responded to dialysis if the resident was not receiving dialysis services? ANSWER: N/A.  |
|  | Do you know why this resident had an additional record review area listed compared to Bugs Bunny? ANSWER: Because they were receiving an anticoagulant. Some record review items are listed based on certain MDS indicators (AC, insulin, antipsychotic with Alzheimer’s, and/or PASARR).  |
|  | Did you mark harm or IJ for this resident? ANSWER: Yes, for the falls with major injury (fracture and head injury).  |
|  | Did you mark any MDS discrepancies?ANSWER: Yes. Falls with major injury wasn’t marked on the MDS.  |
| **RH Durrette** |
|  | What care areas and data source (RRI, RO, RR) did you mark for further investigation? ANSWER: Choices (RRI), Care Plan (RRI), Pain (RRI), Falls (RRI, RO Call light out of reach (RO--environment), Nutrition (RRI, RR), Dental (RRI and RO), Activities (RRI and RO), B&B (RRI, RO, Sufficient Staffing (RRI), ADL Decline (RRI), Psych/Opioid Med SE (RO – it is okay to mark any side effect regardless of the resident’s medications), Environment (RO – room not homelike).  |
|  | Do you know why this resident had additional record review area listed compared to Bugs Bunny and Cruella DeVil? ANSWER: Any resident who isn’t interviewed will have more record review areas to review because you cannot obtain the information from the resident.  |
|  | Did you mark harm or IJ for this resident? ANSWER: Yes, for the fall with fracture and decline in ADLs since his fall and decline in continence since admission. |
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|  | Which areas (name of the initial pool area) did you mark an FI for Fred Flintstone? ANSWER: RI for Rehab and RI for ADL decline were marked as an FI. TBP was also marked as an FI (RI, RO).  |
|  | Based exclusively on the screening information in the above table, who would you include in your initial pool and why (i.e., subgroup or reason)? ANSWER: The surveyor included Jack Frost (new admission not receiving therapy), Popeye Sailorman (contracture with no splint), Scrooge McDuck (facility acquired pressure ulcers and weight loss), Charles Arnold (FRI resident who has an allegation of abuse), Sherlock Holmes (bruises, wheelchair positioning and AC med) and Just In time (offsite selected, on hospice and dignity concerns). |
|  | Would you include any other residents in the initial pool based on the matrix? If so, who and why (i.e., subgroup or reason)? ANSWER: No, since no one else on the hall has any significant matrix concerns.  |
|  | Did you exclude any residents from the initial pool who met the definition of a particular subgroup but weren’t selected for the initial pool based on the screening? Who and why were the residents excluded? ANSWER: I excluded two vulnerable residents (Michigan Frog and Charlie Brown) since there weren’t any concerns with either resident.  |
|  | How many complaint residents were included in your initial pool? ANSWER: One FRI resident (Charles Arnold) was included in the E hall surveyor’s initial pool.  |
|  | What do you do if there are fewer than eight residents who have concerns in your assigned area? ANSWER: If the surveyor has screened all residents in their assigned area and fewer than eight residents have concerns, it is okay to only include the residents who have concerns in the initial pool. However, the surveyor should offer to help other team members once they are finished with their lighter initial pool workload.  |
|  | Why do you have more residents listed in your resident listing than residents residing on the E hall? ANSWER: The residents either moved to a different unit or were discharged. You know this since you received a resident roster from the unit manager.  |
|  | What care areas and data source (RRI, RO, RR) did you mark for further investigation for each of your initial pool residents? ANSWER: Jack Frost: Rehab (RI) and Discharge (RI). Popeye Sailorman: ROM (RO) and Advance Directives (RR). Scrooge McDuck: Staffing (RI), Food (RI), Nutrition (RI and PU (RI and RO). Charles Arnold: Abuse (RRI). Sherlock Holmes:), Skin Conditions (RI and RO), (RO), and Positioning (RO). Insulin (RR)Just In Time: Privacy (RO) and  |
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|  | Did you mark MDS discrepancy for any of your initial pool residents? If so, which resident(s) and initial pool area(s) did you mark? ANSWER: Yes, Scrooge McDuck for pressure ulcers since he developed a Stage 3 pressure ulcer over three months ago, but the MDS indicators did not list the presence of a Stage 3 pressure ulcer.  |
|  | Why are there resident names listed on the dining screen? ANSWER: If an offsite selected resident has a concern with nutrition or hydration, they will be displayed on the screen. Additionally, if you mark further investigate for nutrition, food or hydration for a resident in the initial pool, they will be listed on the dining screen. The names are listed to remind you to observe them during the meal observation.  |
|  | Where do you document a concern with nutrition during dining?ANSWER: On the Resident Manager screen under the specific resident and the applicable area (e.g., nutrition or hydration).  |
|  | Did you identify a deficient practice while observing this task? What was it?ANSWER: Yes, answered No for CE#3. Staff were observed to be standing and feeding the residents and talking to themselves. |
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|  | Which residents did you select for your final selection for closed record review? ANSWER: You will see Bruce Moore that you assigned offsite as a closed record for hospitalization for the complaint. There will be (comp) next Bruce Moore identifying that he was added to the list due to the complaint. You should have selected Bruce Moore for hospitalization (complaint resident), AE Seabrook for discharge. Hospitalization is the only area that crosses the closed records and initial pool so you should consider what occurs during the initial pool when determining your sample size if there is a closed record complaint regarding hospitalizations. For the practice shell, we sampled three residents from the initial pool with hospitalization concerns so we only need to sample the closed record complaint resident.  |
|  | What is your sample size? ANSWER: 19, the sample size increased by one when the facility census number was updated from 90 to 91 residents.  |
|  | Why isn’t Daffy Duck listed on the screen? ANSWER: He didn’t have any area marked by the TC (hall A) for further investigation; therefore, he won’t be displayed on the sample selection screen.  |
|  | How many initial pool residents were system selected for hall A and E? Why were they selected? ANSWER: Six for hall A: James Bond (offsite selected and had at least one area marked for further investigation); Room A15DRH Durrette (complaint and harm); A4WCruella DeVil (offsite selected with at least one area marked for further investigation and harm) A13; and Bugs Bunny (IJ). Room A4Elsa Arendelle (harm)- Room A16Jessica Fletcher – Room A22Two residents from hall E:Just In Time (offsite selected with FI) E81; andCharles Arnold (complaint and abuse). E13W |
|  | Will you keep all of your system selected residents? ANSWER: Yes, they all have substantial issues that should be investigated.  |
|  | Will you investigate James Bond’s concern regarding his insulin even though he wasn’t selected for a full unnecessary medication review? ANSWER: Yes. However, you just need to review the insulin and not conduct a full medication review for Bond since he wasn’t selected for a full medication review.  |
|  | Update James Bond’s areas by adding Skin Conditions and Pain which you forgot to mark for further investigation and removing Dignity which marked in error. Which care areas are now listed for further investigation for James Bond? ANSWER: Nutrition, Pain, Catheter, Hospitalization, Pressure Ulcer, Skin Conditions, , and Insulin. If you expand the drop down next to the resident’s name, it will display the initial pool areas marked for further investigation. It is for those areas that you’ll be completing an in-depth investigation.  |
|  | Now consider your other initial pool residents from hall A and E. Which residents from hall A and E, if any, would you definitely want to include in the sample? Why? ANSWER: Fred Flintstone (hall A) and Scrooge McDuck (Hall E). Atom Ant and Jiminy Cricket (hall A) and Sherlock Holmes (hall E) since they have serious concerns that should be investigated.  |
|  | Now use the “by Care Area” screen (click on icon in upper right corner of screen) to ensure all areas are appropriately covered. Did you need to add any residents to cover an area? If so, which area and resident were added?ANSWER: Yes, I added Popeye Sailorman (hall E) to cover Advance Directives because he was the only resident who had that concern and Jack Frost (hall E) to cover Discharge.  |
|  | Do you have residents listed under “No Care Area”? If so, why?ANSWER: There are five residents listed who were selected for an Unnecessary Medication review. For the practice shell, the residents are not a part of the sample at this point since we only have partial data for the team.  |
|  | Do you need to add additional residents to adequately sample the complaint allegation areas? (Do not add any other residents to the sample.)ANSWER: For Abuse, just the complaint resident had a concern so the surveyor only has to investigate the complaint resident. For the other complaint areas (Falls, Hospitalization and Insulin), residents other than the complaint resident had concerns so you will sample at least three residents, if available, who have the same care area concern.  |
|  | Do you have any residents who had a concern with dialysis? ANSWER: No.  |
|  | Do you still have to include a resident in the sample for dialysis if no one had concerns with dialysis during the initial pool?ANSWER: Yes, it is preferable to include a resident who had further investigate marked for dialysis. However, if the team had residents in the initial pool and none of the residents had concerns with dialysis, the team is still required to sample at least one of the dialysis residents. This also applies to hospice, ventilators and transmission-based precautions.  |
|  | Who did you pick for dialysis?ANSWER: Cruella DeVil, as she is already in the sample. I added dialysis by clicking on the arrow in front of her name. It allowed access to “Modify Care Area’ which I clicked on then a list of all care areas appeared. I added a checkmark next to dialysis (I did not change any of the other checkboxes). |
|  | What did you do to the NI for Hospice care area for Just In Time?Since we need to investigate Hospice even though it was marked as a NI we clicked on the NI and changed it to a Y. |
|  | *Which residents were selected for a transmission-based precaution review and why were they selected?* *ANSWER: Three residents were selected for the TBP review including Bugs Bunny (since the resident wasn’t isolated during smoking), Fred Flintstone (since there was an observed concern with the donning of PPE by staff) and Atom Ant (even though he was marked as No Issue for TBP he had the most other concerns).*  |
|  | Once you’ve covered all areas and you still have sample slots remaining, is it a good idea to try and include any non-sampled unnecessary medication residents into the sample? Why? ANSWER: Yes, so that you are limiting the number of residents above your sample size which increases the workload.  |
|  | What do you do with the residents who had concerns but you didn’t include in the sample? ANSWER: No further follow-up is required. The areas of concern for non-sampled residents are covered by the sampled residents so their general areas of concern will be investigated.  |
|  | Are there any concerns with Abuse from hall A or E? What would you do with the information documented in Jiminy Cricket’s record about the resident to resident altercation?ANSWER: Yes. After reviewing Jiminy Cricket’s record, you would click on additional care areas and select Res to Res interaction from the drop down list. You would mark this as an FI and put the documentation in the notes section. Abuse and Accidents would then be investigated. |
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|  | Did you assign the five sampled/non-sampled Unnecessary Medication residents? ANSWER: Yes. If you forgot to assign a surveyor, the responsible surveyor will have to assign themselves during the investigation by filtering to All Investigation on the Investigation screen.  |
|  | Which triggered tasks, if any, need to be investigated and why? Why is there only one resident displayed in the Resident Assessment Task?ANSWER: Resident Assessment triggered because for Jessica Fletcher had a MDS discrepancy of an area that was marked as No issue. Environment triggered because of a cluttered room, call lights out of reach and no personal belongings. Personal Funds triggered because of the complaint allegation.  |
| **Cruella DeVil** |
|  | Why is Nutrition listed on the Investigation screen for Cruella DeVil?ANSWER: Nutrition was automatically listed since Dialysis is being investigated for the resident. Refer to the mapping document. |
|  | What deficient practice did you identify for this resident?ANSWER: Accidents: F689 at a severity 3 (for not preventing falls), F700 at a severity 2 (not assessing safety of bed rails), F641 severity 2 (not accurately coding fall with major injury on the MDS, F656 severity 2 (not developing a comprehensive care plan);Dignity: F550 at a severity 2 (for personal info being posted);ADL: F677 at severity 3 (not getting help to the bathroom resulting in falls);Hospitalization: F684 severity 3 (failing to prevent falls resulting in hospitalization).  |
| **Scrooge McDuck** |
|  | Did you initiate anything for Scrooge McDuck (R10)? If so, what and why? ANSWER: Yes, Notification of Change since the physician wasn’t notified of the need for a treatment change and F842 (Resident Record) since the last two weights weren’t documented.  |
|  | Did you identify a deficient practice for this resident? If so, what? ANSWER: Yes. Food: F804 severity level 2 (bland food confirmed by test tray); Pressure Ulcers: F686 severity level 3 (for failing to prevent a facility acquired pressure ulcer), F656 severity level 2 (since the care plan failed to reflect the current pressure ulcers and interventions), and F641 severity level 2 (for an inaccurate MDS);Nutrition: F692 at a severity level 2 (weight loss and low albumin without an intervention); andNotification of Change: F580 severity level 2 (failure to notify the physician that the wound treatment wasn’t working).Resident Record: F842 at a severity level 2 (not documenting weights). |
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|  | How do you assign yourself to a closed record? (Do not complete any closed records) ANSWER: On the Investigation home screen, Filter by All Investigations, under the Investigation Reason column look for “Selected for Closed Record Review,” and then assign yourself to the resident.  |
|  | *What was the initial pool response for the three residents populated on the Infection control Task screen for TBP?*ANSWER: *The system selected three residents for review on the Infection Control Task Screen. They included Fred Flintstone who had an FI for TBP, Bugs Bunny who had an FI for TBP, and Atom Ant who had No Issue for TBP* |
|  | *What was the status of CE1 when you first accessed the Sufficient Staffing screen?*ANSWER: *CE1 (F851) was automatically checked as No with severity level 2 checked. F851 should be cited if the facility failed to submit PBJ data as noted on the Offsite Prep screen.*  |
|  | How did you answer the Resident Council CE19? Did you identify deficient practice?ANSWER: The CE was No and so was the compliance question. F576 would be cited |
|  | How did you answer the Resident Council CE21? Did you identify deficient practice?ANSWER: The CE was answered No but further investigations showed it was not deficient practice, so no tags were cited. |
|  | Which CEs would you investigate for Environment for Cruella DeVil and RH Durrette? ANSWER: CE1 (accommodation of needs) for the call lights being out of reach and the cluttered room. CE9 (homelike) for a lack of personal belongings. You will select the boxes for CE1 and CE9 and those would be the only CEs you will have to answer. |
|  | *Why was F851 listed on the Potential Citation screen?* ANSWER: *F851 is automatically cited at an F level if the facility failed to submit PBJ data based on the information entered by the TC on the Offsite Prep screen.*  |
|  | Why did you get a “LTCSP Load Validation Failed” message when you tried to load cites? What else did the message say? ANSWER: For F804 the box next to the resident’s name was not selected, that is why the surveyor gets an error message. If you go back into potential citations and check the box under F804 next to the resident’s name you will not get an error message when you load cites again. Since you cited SQC (F689 at an H) you received a message reminding you that an Extended survey must be completed.  |