

iQIES Nursing Homes - Surveys

Workbook

Purpose

The goal of this workbook is to provide minimal guidance to simulate a State Agency Nursing Home recertification survey in the iQIES training environment. The focus of this exercise is to **provide an opportunity to practice the survey functions in iQIES**, not to replicate a realistic survey. Therefore, some information may be missing, incomplete (e.g. the Provider History Report, 2567 form from previous surveys, etc.), or unrealistic. Fill in these gaps with fictitious data based on real-life scenarios you often encounter while completing Nursing Home surveys. For more details on how to use iQIES, refer to the [LTCSP User Manual](#). Relevant sections of this User Manual have been referenced throughout this workbook.

LTCSP

Selecting a survey:

1. **Log into the training environment:** <https://training-iqies.cms.gov/iqies>
 - a. If this is your first time accessing the iQIES training environment, follow the instructions in the iQIES Training Environment Access Job Aid to request a user role. Request a user role that reflects your actual user role.
2. **Select a nursing home provider.**
 - a. You must find a nursing home provider that does not have any surveys.
3. **Add a survey.**
 - a. For survey type, select recertification and complaint.
 - b. Attach all 5 complaints that appear.
 - c. Add a start date of today.
 - d. **Please refer to the LTCSP User Manual for instructions on how to add a recertification survey.**

IMPORTANT NOTES:

- MDS data for new Initial Certification and Recertification Nursing Home surveys is pulled daily at 5:00AM ET.
- Be aware that once you add a survey, you must wait for MDS data to be loaded in order to see the residents in the survey. That is to say, you usually must wait until the next morning after 5:00AM ET.
- Stand-alone complaint surveys are available immediately after creation.

Associated Documents

To complete this activity, you will need the following documents in addition to this workbook:

- Matrix Hall A
- Matrix Hall E
- Facility Floor Plan

Instructions

This workbook is designed to guide you through a simulated State Agency nursing home recertification survey. Please enter the information provided into iQIES and answer questions about the hypothetical survey, referring to the LTCSP User Manual as needed. If this workbook does not provide specific text to enter into a given field, please use your imagination to create text to enter to complete the task at hand.

We recommend that this simulation survey be completed in teams of at least two individuals, with one fulfilling the role of Team Coordinator (TC). It is assumed that you have appropriate access, roles, and a practice survey provisioned to you and your teammate(s) before beginning this exercise. We will begin this simulation having logged into iQIES and located your survey.

Offsite Preparation

[Refer to Section 12 of the LTCSP User Manual](#)

Begin the survey in Offsite Prep. Use the following information to complete the offsite prep process for this recertification survey.

1. Review repeat deficiencies, last standard survey results, and complaints and FRIs since previous recertification survey. Take notes as needed.
2. Review PBJ staffing information, taking notes as needed.

PBJ Staffing Data (Q3, 2024)

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

3. Review Active Intakes.
 - a. Ensure each intake has at least one resident assigned.
 - b. Assign Care Areas, Investigations, and Facility Tasks as appropriate.
 - c. Add an Intake Closed Record for a resident and intake.
4. Complete the remainder of the fields on the screen, including fictitious Ombudsman details and coordinating with your teammates to create Team Unit Assignments.
 - a. Assign Fletcher and McCloud to a team member other than the TC.
5. Review Offsite Prep with team members.
6. Add two new residents:
 - a. Bob Smith
 - i. This resident is in Hall E, and they have schizophrenia and are not taking antipsychotics.
 - b. Roberta Smith
 - i. This resident is in Hall E, and they have schizophrenia and are also taking antipsychotics.
7. Finalize Offsite Prep.

Entrance Conference and Team Meeting

Refer to Sections 13 and 14 of the LTCSP User Manual

1. Using the following information, in addition to Matrix Hall A, Matrix Hall E, and the Facility Floor Plan to work through the Entrance Conference screen.
 - Facility Census: 91
 - See Matrices for Halls A and E.
 - You receive an alphabetical list of all residents.
 - You receive a list of residents who smoke, designated smoking times, and locations.
 - The Administrator agrees to make the Medical Director aware that your team is conducting a survey.
 - The information about DON coverage and the facility's emergency water source are verbally confirmed.
 - Signs announcing the survey are posted in high-visibility areas.
 - You have a copy of the floor plan.
 - The Resident Council President is Bugs Bunny.
 - You receive a CASPER 3.
 - The facility offers arbitration agreements and has asked residents to enter a binding arbitration.
 - Staff responsible for binding arbitration agreements: Sally Campi
 - You receive a schedule of meal times and related information.
 - You receive a schedule of medication administrations.
 - You receive the working schedule for all staff.
 - You receive a list of key personnel.
 - The facility's infection preventionist is Anthony Fauci.
 - You receive:
 - Admission packet

- Dialysis contracts
- List of qualified staff providing hemodialysis
- Hospice agreements
- Infection Prevention and Control Program Standards
- QAA committee information
- QAPI plan
- Abuse prohibition policy
- Description of experimental research
- Facility assessment
- Nurse staff waivers
- List of rooms less than required square footage or more than 4 residents
- Access to EHRs
- List of all residents
- List of residents who resolved disputes through arbitration
- 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 Durette (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 Screening Process

Refer to Section 16 of the LTCSP User Manual

1. The table below includes every resident in the **A hall** and a brief description of what you found following your screening of each resident. Note: Instructions for the **E Hall** are listed in a separate table.
2. Assign yourself to every resident listed in your assigned area.
 - 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).
3. Do not unassign yourself to any resident until you've decided on your entire initial pool which is one organizational approach.
4. 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.
5. Review the matrix for A hall that the facility provided while you were conducting your screening.

6. Update the room number and assign the two complaint/FRI residents (RH Durette 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.
7. 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 #	Outcome of screening
1.	Albus Dumbledore	A1	Resident in bingo. Actively participating on own. Well groomed. Dressed appropriately. Positioning good.
2.	Spike Bulldog	A2W	He says he likes it here, loves the activities and enjoys the food. He appeared clean and well groomed.
3.	Om L Brown	A2D	Discharged to the hospital.
4.	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.
5.	Jiminy Cricket	A3	Non-interviewable. Resident wandering up and down hall. Wanderguard on. Repeatedly saying, "I want to go home and help me."
6.	Bugs Bunny	A4	Sitting in room in recliner. TBP signage on door. Resident has some limitations in hands. Seems independent.
7.	RH Durette	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.
8.	Daffy Duck	A5	Resident is alert and well groomed. Watching TV, said he enjoyed breakfast.
9.	Sweet Dreams	A6	Alert. Looks clean, mobile and well-groomed. Playing solitaire in room in w/c.
10.	Darkwing Duck	A6W	Never in room, always in therapy or activities. Looks good.
11.	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.
12.	Aya Brea	A8	Interviewable, has tube feeding. She says the tube feeding is intermittent and has no complaints about her care.
13.	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.
14.	Yogi Bear	A9D	Resident reclined in his recliner non-interviewable and appears dependent. Call light attached to the recliner. No observation concerns.
15.	Elmer Fudd	A10D	In bed watching TV. Well groomed, dressed appropriately. Said he has no complaints or concerns.
16.	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.

	Resident Name	Room #	Outcome of screening
			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.
17.	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.
18.	Wilma Flintstone	A12W	Independent, wheeling self in w/c, performing own grooming at sink. Said everything is great here.
19.	Cruella De Vil	A13	Interviewable. Scoop mattress. Bed in highest position. Room is clean but cluttered.
20.	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.
21.	Huckleberry Hound	A15W	Alert and oriented, well groomed. No complaints.
22.	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.
23.	Don Flack	A16	The resident moved to hall B.
24.	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.

- Complete the steps 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).
- Complete the RI, RO and RR for the following residents based on the scenarios provided below.

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.

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.

RH Durette (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.

- 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-19 and 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 issues that 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.

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
1.	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.
2.	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).
3.	Hello Kittie	E12	Ambulating down hall. No observational concerns. Resident said she is happy here.
4.	Michigan Frog	E13	Pleasantly confused. Unable to answer questions reliably. No observation concerns.
5.	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.
6.	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.
7.	Charlie Brown	E23	Resident in motorized scooter. Has MS. Said been here 5 years. No concerns. He said he gets the help he needs.
8.	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.
9.	Jane Marple	E43	Self-propelling into dining room for lunch. Well groomed. Dressed appropriately. Properly positioned. Eating independently.

	Resident Name	Room Number	Outcome of screening
10.	Magilla Gorilla	E71	Ambulating down hall with walker. Sat in TV area to play bingo. Resident well groomed. Appears independent.
11.	Just In Time	E81	Resident in bed sleeping. On hospice. Dependent on staff. Resident exposed – visible from hallway while receiving care. Resident has been diagnosed with schizophrenia (taking AP).

- 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.
- **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.

Closed Record Review

Refer to [Section 17 of the LTCSP User Manual](#)

The TC is the only one able to edit Closed Records, but the other team members can view it.

1. Add Closed Record Candidates.
2. Finalize the Closed Record Sample.

Finalize Sample

Refer to [Section 18 of the LTCSP User Manual](#)

The TC is the only one able to edit Finalize Sample, but the other team members can view it.

1. When all observations, interviews, and record reviews have been completed, start sample finalization.
2. Click "OK" on the Unnecessary Meds pop-up.
3. View Care Areas.
 - 3.1. As needed, copy Care Area notes to other Care Areas.
4. Finalize the sample.

Investigations Assignments

Refer to [Section 19 of the LTCSP User Manual](#)

Only Team Coordinators can update Investigation Assignments.

- Assign surveyors to investigations.

Investigations

Refer to [Section 21 of the LTCSP User Manual](#)

- 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).
 - Explore 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**.
 - 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 RRI” link in the header to complete the RRI interview. This will have to be done manually if the sample has been finalized.
 - 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 for Care Areas linked to the investigative area 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 investigative areas (e.g., diagnoses, BIMS, general MDS information regarding cognition and ADL status, and general care plan information).
 - Once you have completed the investigation for your residents, complete the facility task assignments listed below.
 - View another surveyor’s notes.

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 to 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.

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.

Facility Tasks

[Refer to Section 20 of the LTCSP User Manual](#)

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:

Document any kitchen observations.

Dining:

Make sure at least one surveyor answered CE #3 as No. View all surveyors notes to see what other team members' documented or cited. A list of tags cited will also be listed on the Facility Task screen.

Medication Administration:

Add medications for at least one resident.

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.

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 Durette 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.

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.

Potential Citations

[Refer to Section 22 of the LTCSP User Manual](#)

The team should review each tag and each resident and make compliance and scope and severity determinations for every tag listed on the screen. Add the Resident/Facility for each cite. NOTE: Only the Team Coordinator can edit potential citations.

- 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).
- Cite one of the tags as an IJ.
- 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.