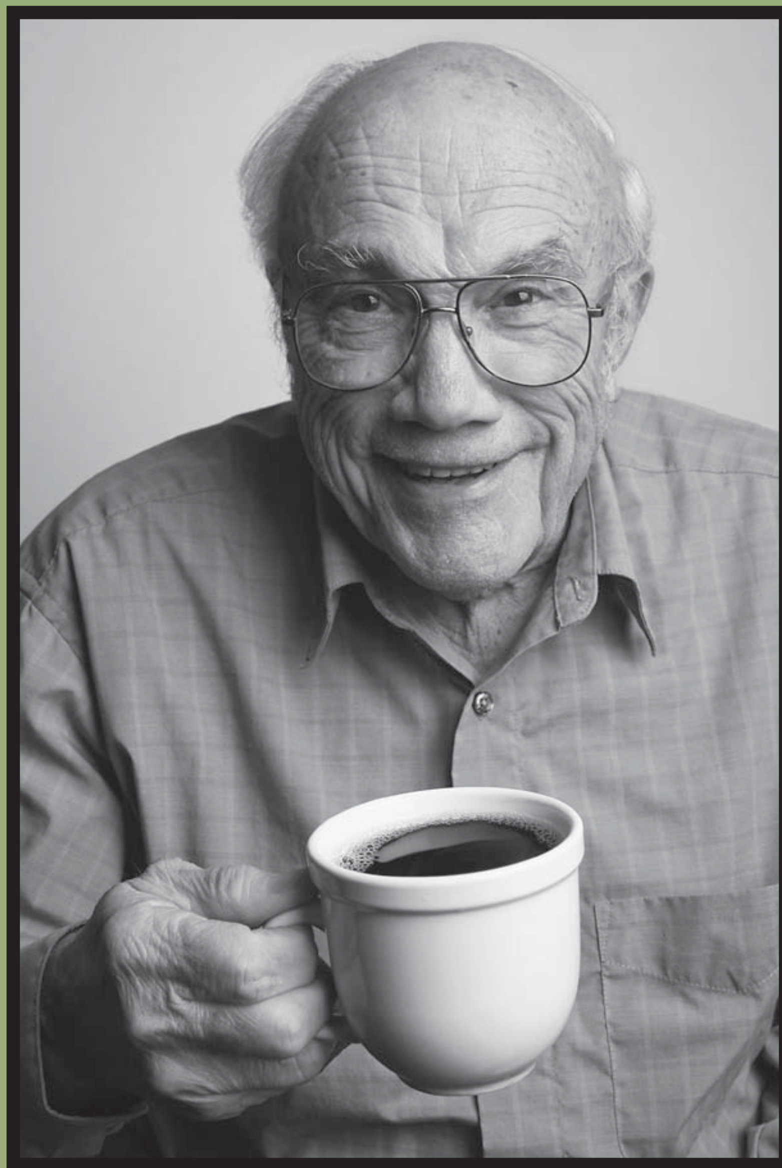
DHS: SENIORS AND PEOPLE WITH DISABILITIES

OFFICE OF LICENSING AND QUALITY OF CARE

# COMMUNITY-BASED CARE SURVEY PROCESS GUIDE



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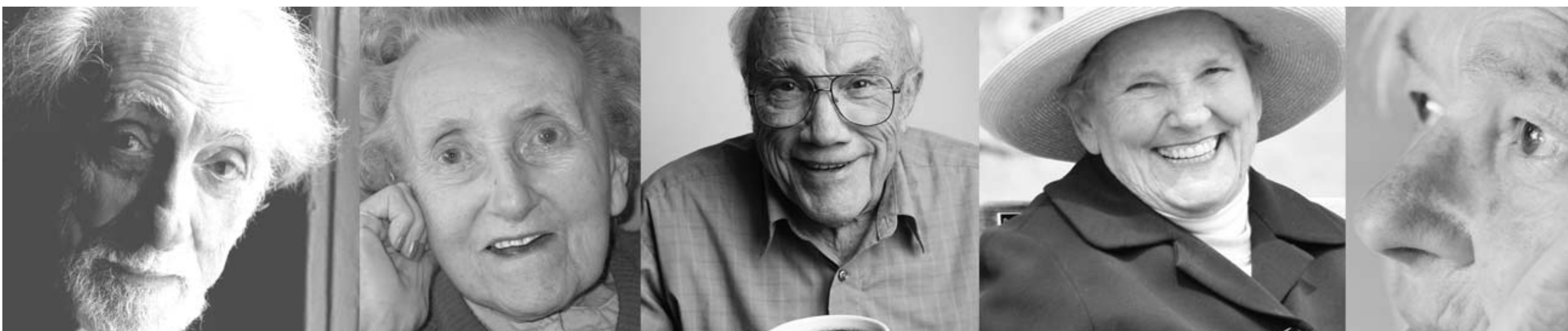
# Community-Based Care
# Survey Process Guide
## 2008

***Purpose:***

To establish and promote consistency by providing a practical and structured guide to the Community Based Care survey process



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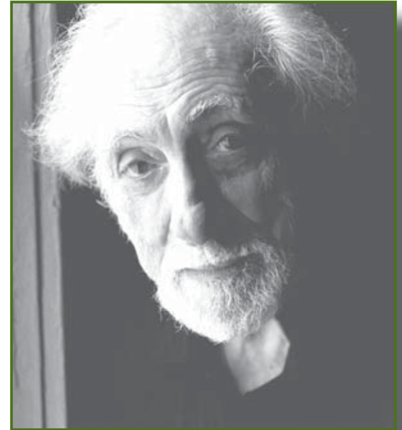
# Resident Centered Survey Process



The purpose of this document is to guide the Department of Human Services surveyor through the process of conducting a resident-centered survey of a residential care or assisted living facility.

DHS rules establish standards for assisted living and residential care facilities. The official policy of the state of Oregon is to promote the availability of a wide range of individualized services for seniors and persons with disabilities in a homelike environment. The standards seek to ensure a safe and secure environment that:

- ❖ Enhances the resident's dignity, independence, individuality and decision-making ability; and
- ❖ Allows the resident to function at the highest level possible.

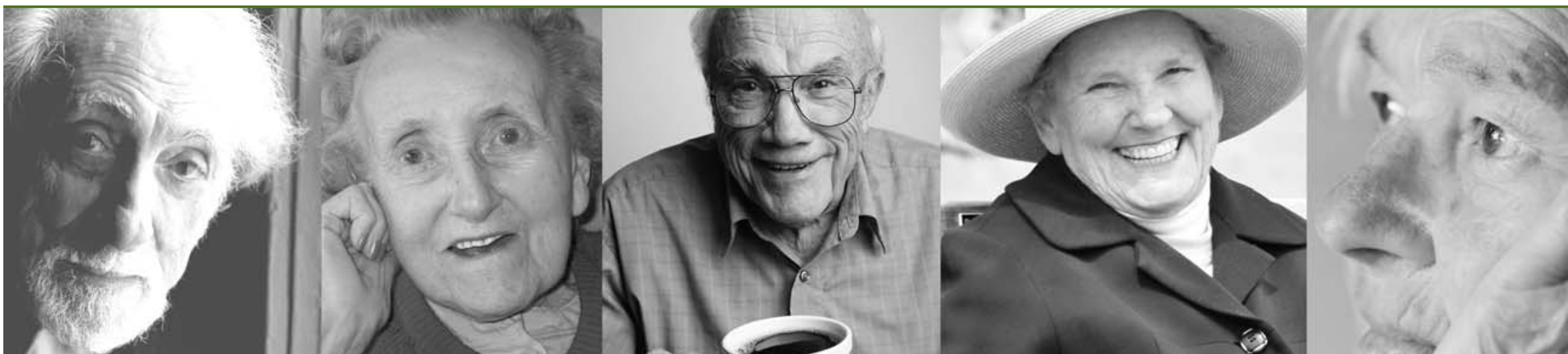
If a facility does not comply with the rules, DHS will attempt to determine if residents have been affected or put at risk. This is done by observations and interviews.

**Observations** include:

- The provision of care and services,
- Resident interactions with staff and other residents, and
- The facility's environment.

**Interviews** with residents, families and staff can elicit evidence of what is happening and residents' responses.

Sometimes, residents may be unable or unwilling to articulate how they have been affected. This may be due many reasons, including: cognitive impairment, fear of retaliation, not wanting to get staff in trouble or a history of no changes being made in response to resident complaints or requests. In these cases it is appropriate to apply the **reasonable person standard**.



## Reasonable Person Standard

The reasonable person standard considers what a reasonable person would think or feel in the given situation. The reasonable person has the same physical disabilities as the resident in the situation. However, the reasonable person is mentally and emotionally competent, is fully informed of the situation and has no fear of retaliation. The reasonable person is not the resident in question or the surveyor, but rather is assumed to be an average person in the existing society or culture.

## Rule violations without resident impacts

If a rule has been violated that has little direct impact on residents' safety, security or ability to function, there is less need to document any effect on residents. Examiners can cite facilities for non-compliance with this type of rule without determining actual impact or showing evidence of risk to a particular resident.

The following section gives definitions and other information about **surveys**, the **investigation process** and **information gathering.**

## Surveys

❖ All surveys are unannounced.

❖ Standard surveys are to be conducted at least every 24 months.

❖ The first revisit survey is conducted 60 to 75 days after the standard survey to confirm that deficiencies have been corrected. If required, subsequent revisits are conducted 30 to 45 days after the previous revisit. Revisits continue until the facility is in compliance or closed. A facility that has not achieved compliance at the second revisit will be referred to the Program Coordinator and the Corrective Action Unit.

## Investigation process

The ***interview*** is the primary information gathering method for surveying CBC facilities. Residents, family members and staff are interviewed to develop an understanding of the care and services provided in the facility.

Interviews assist in determining the effect of facility practices on residents and the level of satisfaction of the residents and families. Interviews may be conducted in resident rooms and, for the protection of residents and surveyors, it is acceptable to keep the room door open during the interview. Interviews may also take place in settings other than the resident's room.

❖ Residents are interviewed to determine their satisfaction or concerns with the care and services they receive at the facility. A group interview is also conducted with residents to provide an additional opportunity for them to share any concerns they may have. Concerns are investigated through further interviews, observation and record review.

❖ Family (or friend) interviews are conducted to learn their perspectives on the care and services their loved one receives. Interviews are also conducted with family member(s) of residents who are cognitively impaired or otherwise unable to communicate.

❖ Facility staff are extensively interviewed during reviews of facility systems and in regard to the care and service sampled survey residents receive.

***Observations*** are to be made throughout the survey process. Residents' activities, behavior and interactions are observed as surveyors move through the facility during the initial tour and subsequent system reviews. Information gained through observations and interviews assist surveyors to focus the survey.

❖ Once residents are chosen for the survey sample, observations and interviews are conducted for issues specific to those residents. The investigation focuses on how the facility is accommodating the needs, concerns and preferences of these residents. For example:

- A resident is ambulatory with Alzheimer's disease. Prior to admission her daily life included meeting the school bus at 3 p.m. to pick up her grandchildren. Now she attempts to leave the facility around that time. How is the facility responding to this behavior?
- Another resident enjoyed being outdoors, and a family member stated she believes this resident would still like the opportunity to go outdoors. Is the facility responding to this preference?
- Another resident preferred tea to coffee. Is this preference honored?

❖ Locations for observation include areas in which the surveyor can observe what is happening as staff interact with the resident in his/her room and other locations frequented by the resident, including the dining room, activity rooms and other common areas.

***Record review*** is initially performed to provide the surveyor with information on issues a particular resident may experience, thus helping to direct observations and interviews. An in-depth record review is done to follow up on concerns and to complete certain survey requirements, such as medication review. Record review and staff interviews are significant portions of the reviewing of facility systems. Only issues within the scope of the CBC rules will be investigated.

## Information gathering

Gathering and verifying information is ongoing and consists of two steps: information gathering and presentation of findings.

❖ *Information gathering: Includes interviewing those involved in the issues.*

- The surveyor has a question or concern and is asking for the story. No conclusion has been determined.
- For example, "Tell me about Mr. Smith's pressure ulcer," or "I can't seem to find_____. Can you help me find where it may be?" rather than, "I see that Mr. Jones has a pressure ulcer, and it looks like no skin audits have been done for a month, is that correct?"
- No compliance decisions are made until information gathering is complete.

❖ *Presentation of findings: Usually discussed with administrator.*

- At this point preliminary findings are presented, but not yet survey citations.
- This process consists of sharing preliminary findings and the rationale for those findings, and offering the facility opportunity to present clarifying information.

❖ *From findings to surveyor conclusions to citation decision by the team:*

- Findings are the facts and opinions the surveyor collects through the investigative process (i.e. interviews, observation and record review).
- By comparing this information to the CBC rules, the surveyor concludes that there is or is not a deficient practice or rule violation.
- The surveyor shares with the survey team the deficient practices that he/she has discovered.
- The deficient practice does not become a citation until the team determines it is a citation; i.e. to be written in the survey report. Not all deficient practices become citations.
- There are many factors for the team to consider in making this decision. See Survey Task 7 -- Team Decision Making.

# Survey task 1:

## *Preparation*

**Purpose**: To determine potential areas of concern for the survey.

❖ For licensure surveys, prepare a summary of the following information for team members:

- Facility complaint history for the past 12 months from the Corrective Action Database.
- Any conditions on license, pending hearings, waivers, variances, etc.
- Any information obtained from ombudsmen.
- E-mail the local unit and/or protective services workers stating the survey is scheduled (reminding them that the survey is unannounced) and asking for any information that would be helpful.
- For facilities with an Enhanced Care Unit, inform the CBC Coordinators of the upcoming survey.
- If recent, the previous action summaries, standard survey and revisits.

❖ For licensure surveys, prepare the following forms for the facility administrator:

- CBC Entrance conference checklist. *(Appendix A)*
- Data collection forms:
  - ✓ Resident Acuity form *(Appendix A)*
  - ✓ Facility Staffing form *(Appendix A*
  - ✓ Facility Discharge Data *(Appendix A)*
- Signs for the doors.

❖ For *revisit* surveys, the preparation includes review of the plan of correction and any other information deemed pertinent by the survey team.

❖ Team meeting:

- Using the collected information, the team determines areas of concern and any residents who may be appropriate for inclusion in survey sample.

- Determine entrance time, date and tentative length of survey.
- Share any known appointments or plans which may disrupt the survey.
- Develop a plan if the survey takes longer than anticipated.

❖ Documentation:

- Keep written copies of survey preparation materials for the office soft file.

# Survey task 2:

## *Entrance conference*

**Purpose**:

- To announce survey.
- To introduce survey team and team coordinator.
- To meet facility staff.
- To establish rapport and tone for the survey.

❖ Discussion with facility administrator/designee

- Establish daily communication plan:
  - ✓ To briefly update the facility on the survey status.
  - ✓ To share any preliminary findings.
  - ✓ To provide facility with opportunity to share any information that would clarify any issue brought to their attention.

❖ Briefly explain the survey process.

- Inquire about any recent changes in the facility.
- Inform/remind the administrator that there will be interviews with individual residents, groups of residents, family members or friends, and that these interviews are conducted privately, unless the interviewees request the presence of a staff member.
- Inform/remind the administrator that direct care staff and other facility staff will also be interviewed.
- Provide the administrator with a copy of the entrance conference checklist. Review each item, indicating what is needed and when.
- If a licensure survey is being conducted, ask the facility to post, in areas easily observable by residents and visitors, the survey announcement signs.
- Ask for the names of any residents in acute bereavement, who are on hospice, acutely ill or who might be agitated if approached by a surveyor.
- Arrange for a group interview:
  - ✓ Ask for a list of resident council members or for a list of cognitively intact residents with good hearing abilities.

- ✓ Ask for resident meeting minutes, if any.
- ✓ Arrange with the facility for a private and quiet location to hold the meeting.
- ✓ The group interview may be deferred at the surveyor's discretion. Possible reasons to defer include insufficient numbers of cognitively intact residents or no private place to hold a group meeting.

# Survey task 3:

## *Tour — Residents, environment and kitchen/food service*

This task gathers information about three parts of the facility – residents, environment and kitchen/food service. The purpose is to gain an introduction to residents, staff and the facility, to get an initial overview of facility care and services, and to observe staff/resident interactions.

### Task 3A — Residents

The purpose of this task is to gather information regarding residents and their needed care and services, and to determine the level of services provided by the facility to residents.

❖ The majority of the information comes from interview of the staff person(s) who oversees care, often designated as the medication passer or health care coordinator. Identify this individual and interview him/her regarding the residents' health conditions, abilities, concerns, and recent changes, such as:

- Two-person transfers,
- Falls,
- Recent decline,
- Weight changes,
- Skin issues,
- Hospice, home health or dialysis,
- Diabetes,
- Side rails or other supporting devices with restraining qualities,
- Chronic pain,
- Behaviors,
- Coumadin or other anti-coagulant use,

- Catheter, and
- Delegated tasks.

❖ Observations are generally of less value in facilities where residents are in their rooms with the doors closed. It is not necessary to knock on doors and meet all the residents. Observations are generally of more value in facilities serving a population of cognitively impaired residents, such as in Endorsed Alzheimer's Care Units. In these facilities, residents are more likely to be out of their rooms or have their room doors open.

- In all facilities, for those residents who are out and about, observe and document possible quality of care and quality of life concerns, such as:
  - ✓ Resident grooming and dress, including appropriate footwear;
  - ✓ Staff/resident interaction related to residents' dignity, privacy and care needs, including staff availability and responsiveness to residents' requests for assistance;
  - ✓ The way staff talk to residents, the nature and manner of interactions, and whether residents are spoken to when care is given;
  - ✓ Scheduled activities taking place and appropriateness to the residents;
  - ✓ Resident behaviors such as crying out, disrobing, agitation, rocking, pacing; and the manner in which these behaviors are being addressed by staff, including nature and manner of staff interactions, response time, staff availability, and staff means of dealing with residents who are experiencing catastrophic reactions;
  - ✓ Skin conditions; e.g. excessive dryness, wetness, wounds;
  - ✓ Skin tears, bruising, or evidence of fractures that warrant investigation;
  - ✓ Dehydration risk factors including availability of water for most residents, and other indicators or factors; e.g. the amount and color of urine in tubing and collection bags, dependence on staff, the presence of strong urinary odors, and resident complaints of dry mouth and lips;
  - ✓ Functional risk factors such as poor positioning and use of physical restraints;
  - ✓ Side effects of antipsychotic drug use such as tardive dyskinesia; e.g. lip, tongue or other involuntary abnormal movements; and
  - ✓ Availability, use, and maintenance of assistive devices.
- If observed concerns involve specific residents, note each resident's name and room number and the date/time when describing the observed concern. Include the details of the observation in documentation, including any effects on the residents involved.

❖ Decision-making

- The information gathered is used to select the sample of residents for resident review.

## Task 3B — Environment

The purpose of this task is to determine how the physical features of the facility (such as resident rooms, dining, activity, and shower/bathing rooms) affect the resident's quality of life, health and safety.

Each surveyor should note and document any concerns in resident rooms and the general environment. Concerns should be investigated and followed up on, either through the resident review process for sampled residents or during the Environment task. All surveyors should share any concerns regarding the environment with the surveyor assigned to complete the environment task, as applicable.

❖ Begin observations as soon as possible after entering the facility, normally after the entrance conference.

❖ Review the condition of the environment, focusing on items listed on the CBC Environment Tour form *(Appendix A)* including:

- Cleanliness,
- Sanitation,
- Presence or absence of pests,
- Accident hazards,
- Functional and clean equipment,
- Infection control practices; e.g. hand washing and glove use,
- Homelike and clean environment,
- Proper and safe storage of housekeeping compounds and equipment, and
- Water temperatures:
  - ✓ In resident rooms, hot water temperatures are to be spot checked by hand. If too hot or not hot enough in a reasonable time, ask facility to assist in measuring temperatures with their thermometer. Surveyors may also use their thermometer to verify facility temperatures.
  - ✓ Ask about the facility system for ensuring correct temperatures and how that is documented.

❖ Interview two staff to evaluate emergency preparedness.

- ❖ Plan to observe the facility's environment at different times during the survey; e.g. first and second shift and common areas when in use by residents.
- ❖ Document environmental concerns:
  - If observed concerns involve specific residents, note each resident's name, room number, date/time and describe the observed concern.
  - Include in your documentation the details of your observation including any obvious effects on the resident(s) involved.
- ❖ Interview appropriate staff regarding tour observations.
- ❖ Decision-making
  - Facilities serve a variety of residents with a variety of preferences, particularly in the area of environment. Although ambiance may vary, the standard for health and safety must remain the same for all facilities, regardless of the population served.

## Task 3C — Kitchen/food service

The purpose of this task is to determine if the facility is storing, distributing and serving food according to the Oregon Food Sanitation Rules to prevent food-borne illness.

- ❖ Use the CBC Kitchen/Food Service form (Appendix A) to direct observations of food storage, food preparation, and food service/sanitation, including:
  - How long potentially hazardous foods are in the time/temperature danger zone;
  - The manner in which foods are being thawed;
  - Cleanliness and sanitary practices;
  - Quantity of food supplies in relation to the number of residents; and
  - Whether the food being prepared is consistent with the written, planned menu.
- ❖ If surveyors identify concerns, such as the provision of meals that are not consistent in quality (such as color and texture of vegetables or meats, or the preparation and presentation of mechanically altered foods); complaints regarding taste or texture of food and foods with an "off" or bad odor; or residents being at nutritional risk, including high prevalence of residents with unintended weight loss; then the following should be conducted as appropriate.

- Direct observations of the tray line and kitchen to determine:
  - ✓ If recipes are available, consistent with the menu and followed by staff;
  - ✓ If appropriate equipment is available and used to prepare and serve foods;
  - ✓ If food is being held for more than 30 minutes prior to food service; e.g. in the steam table, oven, refrigerator rather than freezer for frozen foods, etc.; and
  - ✓ If cooked leftovers used during food preparation were stored and used within the appropriate time frames, and reheated to at least 165 degrees F.

❖ Document kitchen concerns:

- If observed concerns involve specific residents, note the resident's name, room number, date and time, and describe the observed concern.
- Include in your documentation the details of your observation, including any obvious effects on the residents involved.

❖ Interview appropriate staff regarding kitchen/food service observations.

❖ Decision-making

- Kitchen issues should focus on risk of food borne illness, such as the amount of time a perishable food is kept at a temperature between 41 degrees and 140 degrees F.
- Are staff following principles of infection control/sanitation?

# Survey task 4:

## *Staff interviews regarding systems*

**Procedure**:

- ❖ Interview staff to obtain information regarding how the facility systems work. Some questions may be more appropriate for the RN depending on how duties are assigned. You may need to interview several staff in larger facilities.
- ❖ Document who is interviewed by name and position, date and time.
- ❖ Follow-up on any unclear information.
- ❖ Interview the administrator *(Appendix A)*
    - Systems include but are not limited to:
        - ✓ Evaluation and service planning
        - ✓ RN/LN duties and responsibilities
        - ✓ Staffing plan
        - ✓ Abuse prevention and response
        - ✓ Fire safety
        - ✓ Staff training
        - ✓ Criminal history clearance *(Appendix A)*
        - ✓ Personal incidental funds *(Appendix A)*
        - ✓ Forms

# Survey task 5:

## *Medication and treatment administration*

**Purpose:**

- To determine the safety and accuracy of the medication and treatment administration systems.

**Procedure**:

- Interview staff administering medications
- Observe medication room:
  - Spot check for expired medications.
  - Is medication refrigerator cool enough? Is it locked or in a locked room?
- Testing of glucometers:
  - Is there documented evidence blood glucose meters are tested per manufacturer's instructions? Ask the facility for glucometer manual to determine what testing is needed.
- Consider interviewing involved residents, if there are questionable issues involving specific residents' medications.
- Observation of staff medication administration – plan this for early in the survey.
  - Observe and note names of staff pouring regularly scheduled medications.
  - Record what you observe.
    - ✓ Copy the name of the medication from the bubble pack or medication container so that you know, without a doubt, which medications in what strength and dosage forms, etc., are being set up.
    - ✓ Observe how each resident's medications are identified and kept safe between pour and pass.
  - Observe the staff passing medications to determine:

- ✓ How medications are kept secure between pour and pass.
- ✓ How residents are identified.
- ✓ If medications are passed by the same staff person who poured the medication.
- ✓ If the medication cup holding the medication is labeled with the resident's name.
- ✓ If the staff visually observes the resident take the medication unless service plan states medications can be left with resident to be taken independently.

❖ Attempt to observe insulin, inhalers or other administration routes in addition to oral medications.

❖ Reconcile the medication administration with the medical record:

- Compare your observations with the current signed prescriber orders for medications. This comparison involves two distinct activities.
- For each medication on your list: Was it administered according to the prescriber's orders? For example, in the correct strength and by the correct route? Was there a valid order for the medication? Was the medication the correct one?
- For medications not on your list: Examine the record for medication orders that were not administered but should have been. You are looking for omitted doses.
- You now have a complete record of what should have occurred according to the prescriber's orders and what actually occurred according to your observations.
- Before concluding that an error has occurred, discuss the apparent error with the staff who administered the medications. There may be a logical explanation for an apparent error. For example, a surveyor observes that a resident received Lasix 20 mg, but the prescriber order was for 40mg. This was an apparent error in dosage. But the staff showed the surveyor another more recent order that discontinued the 40 mg dose and replaced it with the 20 mg dose.
- Do not rely solely on a paper review to determine medication errors. Blank spaces on a medication administration record do not constitute actual medication errors. Paper review only identifies possible errors.

# Survey task 6:

## *Resident services review*

❖ **Purpose/objectives:**

- To determine how resident outcomes, satisfaction and quality of life are related to the provision of services by the facility.
- To determine if the facility has properly evaluated care and service needs, developed and implemented appropriate service plan interventions and evaluated the effectiveness of the interventions.
- To determine that evaluations and service plans are reviewed and updated as needed as resident needs change.
- To determine if the facility has written policies and procedures in place to respond to residents' 24-hour care needs.
- To determine if registered nurse (RN) assessments and involvement in service planning and monitoring are in place when needed.
- To determine if the care and services provided support and enable residents to maximize abilities to function at the highest level possible.

## Task 6A — Resident sample selection

❖ Identify residents appropriate for sample selection using these information sources.

- Facility completed Resident Acuity Matrix *(Appendix A).*
- Off-site pre-survey preparation.
- Observations and interviews conducted during the tour.

❖ Pick a sample equal to approximately 10 percent of facility census with a minimum of three residents.

- Include one or two residents admitted within the past year to review the initial evaluation and service plan.

❖ Select the sample to include residents with the following characteristics:

- Heavy care needs, high acuity and light care needs.
- Behavioral symptoms.
- Home health or hospice services.
- Cognitively impaired and cognitively intact.
- With few or no family or friends.

## Task 6B – Initial Evaluation and Service Plan Review

❖ The purpose of this review is to ensure that facilities are adequately preparing and caring for all residents at the time of move-in to the facility and to ensure the process is on-going.

❖ Move-in evaluation and service plan for residents admitted in the past year.

- Review the initial evaluation and service plan and the 30-day update to the service plan to determine if care and services reasonably met the resident's needs during first 30 days of residence.
- For residents admitted after Oct. 1, 2007, review required components of initial screening, evaluation and service plan requirements.

❖ If problems are identified, determine if facility is following its policies.

❖ If deficiencies are found related to the initial evaluation and/or service plan, expand the sample until it can be determined whether a system deficiency exists.

## Task 6C — Resident review and investigation

Resident Review is completed to determine if:

❖ Evaluations and/or assessments and service plans reflect the resident's needs as identified by the facility; the resident's preferences; and support dignity, privacy, choice, individuality and independence;

❖ Services determined to be needed were reasonably provided by the facility;

❖ For residents who experienced a short-term change of condition, the facility responded with actions, interventions, monitoring and documentation as appropriate to meet the resident's needs;

❖ For residents who experienced a significant change of condition, the facility responded with evaluation, appropriate medical care, referral to the facility nurse, assessment, appropriate follow-up care, interventions, monitoring and documentation as appropriate to meet the resident's needs;

- ❖ Medications and treatments ordered by a legal prescriber were provided by the facility and documented on the medication and/or treatment administration records;
- ❖ For those residents requiring nursing tasks which the RN determined required delegation and/or teaching in order for non-licensed staff to perform, delegation and teaching was provided according to Oregon State Board of Nursing standards;
- ❖ For those residents requiring intermittent or temporary nursing services for which delegation was not appropriate or not available, or which were not available through home health, hospice or other agencies, nursing services were provided by appropriately licensed staff; and
- ❖ Coordination with on-site and off-site health providers was sufficient to develop appropriate service plans and provide for the resident's needs.

For most investigations, record review and observation are not sufficient to determine compliance with the rules. Surveyors must make efforts to determine the resident's opinions and choices and how those choices were addressed in the provision of care and services.

- ❖ Observe the resident and interactions with staff and others.
- ❖ Interview residents, staff, family and/or significant others.
- ❖ Review the resident's record including: the most recent quarterly evaluations, assessments (if present) and service plans; prescriber's orders; medication and treatment administration records; and progress notes.

**Resident review interviews**

- ❖ Why interview?
    - May reveal if resident choice affected facility actions.
    - May reveal resident was not capable of making informed choices.
    - May present information to strengthen or weaken the possible citation.
- ❖ Documentation of interviews:
    - Interview forms are intended to be guidelines only. It is expected questions will vary depending on the situation and follow-up questions will be asked as needed.
    - Document the participants, their position and/or their relationship to the resident, and content of interview questions and answers.

- Document participant's willingness to have his or her information shared with the facility.
- Document date, time and location of interview.

❖ Individual resident interviews

- What the resident believes are his/her needed services.
- What services the resident believes have been delivered and their effects.
- What is of concern to the resident.
- Interview all residents in the sample who are alert and oriented. If resident is cognitively impaired, interview to the extent possible and attempt to obtain family interview.
- Use CBC Resident Interview form as guideline. *(Appendix A)*
- Guide interview toward issues raised during record review and observation, such as:
  - ✓ Activities, social opportunities
  - ✓ Activities of daily living (ADLs)
  - ✓ Nutrition
  - ✓ Skin condition
  - ✓ Behavioral accommodations
  - ✓ Medication administration
  - ✓ Pain management
  - ✓ Wound treatment and healing
- Techniques for resident interviews:
  - ✓ Inform the resident of the reason for the interview and how the information may be used.
  - ✓ Ask the resident for permission before his or her comments or concerns are shared with the facility staff and honor the resident's decision.
  - ✓ If permission is granted, it is important to return later to this resident with information on what you did and how the issue will or will not be resolved.
  - ✓ If permission to share is not granted, it may be necessary to find a method to investigate the matter without revealing the resident as the source of the concern.
  - ✓ Use the resident interview protocol to guide your conversation with the resident; bring up topics in an order that is sensible to the conversation.

- ✓ Gently inquire for additional information if the answer the resident is giving is incomplete or unclear. It may be more productive to return later for a follow-up conversation.
- ✓ Interviews may be conducted in any area of the facility.
- ✓ Family members, staff or the ombudsman may be present at the resident's request.
- ✓ When interviewing in a resident room, the door may be left open during the interview for the safety and comfort of the resident and/or surveyor.

❖ Resident Group Interview

- Conducted if there is a census of 30 residents or more and when there are a sufficient number of alert and oriented residents in smaller facilities.
- Optional for facilities with a census of 30 residents or less.
- Not expected for Alzheimer's endorsed facility.
- The purpose of the group interview is to determine:
  - ✓ If the facility protects and promotes the rights, health and independence of residents.
  - ✓ The impact of the facility's environment, schedules and policies, and staff interactions with residents on the quality of residents' lives.
- Techniques for group interview:
  - ✓ Ask facility staff to assist in setting a time and location and in notifying residents of the group meeting.
  - ✓ Limit the group to residents who are alert, oriented and able to communicate in a group setting.
  - ✓ Staff members and residents' family members are not to be present at this interview except at the request of residents.
  - ✓ It is helpful to have one surveyor conduct the interview and another to take notes.
  - ✓ Introduce yourselves and describe the purpose of the interview.
  - ✓ Spend a few minutes establishing rapport with the group by letting them direct the conversation. If residents have nothing to say initially, you may want to use a general question such as, "Tell me what life is like in this facility," or "What makes a good day for you here?" Follow up on their responses.

- ✓ Continue with the protocol questions.
- ✓ Ask for more information where necessary and present questions in an order that is sensible to the conversation.
- ✓ Encourage residents to talk in terms of actual situations or examples, using open-ended questions, such as: "Can you tell me more about that? Can you give me an example?" or "How does that work here?"
- ✓ After the meeting, follow up on any concerns the residents have raised that can be addressed within the scope of the rules. Share these concerns with the team to focus their investigations.
- ✓ Use CBC Group Interview Guideline form. *(Appendix A).*

❖ Family interviews

- Interview a minimum of families/friends of one or two residents with cognitive impairment.
- Additional interviews are highly recommended if there is high percentage of residents with cognitive impairment in the facility.
- Use the CBC Family Interview Guideline form. (Appendix A)
- May be with family members or friends of the residents. (Appendix A)
- May not always be possible.
- May be with family members of residents not on the sample.
- Attempt to call family members of sampled residents if there are specific issues the family can clarify.

❖ Caregiver and other staff Interviews:

❖ Interviews with direct caregivers for all residents on the sample are encouraged to learn about resident care and services from the perspective of the caregiver.

- Ascertain what the residents can do for themselves and what services are supplied to the residents and their effects.
- Ascertain any recent changes or events, if any, in the resident's life, care or abilities.
- Caregiver interviews are of greater importance if the resident is cognitively impaired or otherwise unable to communicate.

❖ Interviews of other relevant parties, such as:

- Home health, dialysis, hospice and/or other outside agencies, to obtain information as needed for your investigation.
  - ✓ If outside agencies are not cooperatively working with the facility, talk with the CCMU supervisor.
- Residents' legal representatives who visit frequently and could reasonably be expected to have relevant information or opinions.
- Prescriber, ancillary service providers, hospital personnel, facility nurse.
- Case managers, adult protective services workers, and/or ombudsmen.

**Resident review observations**

❖ Make resident observations and conduct interviews on factors or care areas as determined by the Roster/Sample Matrix. For example, if the resident was chosen because he or she is receiving tube feedings, observe the care and the outcomes of the interventions, facility monitoring and assessment, and nutritional needs/adequacy related to tube feeding.

❖ Observe the resident and caregivers during care and treatments, at meals, and various times of the day, including early morning and evening as appropriate, over the entire survey period. Observe residents in both informal and structured settings; e.g. receiving specialized rehabilitation services, participating in formal and informal activities. Also, observe staff-resident interactions.

❖ Gather resident-specific information, including the resident's functional ability, potential for increasing ability, and any complications concerning special care needs.

❖ Evaluate service plan implementation. Determine if the service plan is consistently implemented by all staff at all times of the day, and if the service plan is working for the resident. If the service plan is not working, look for evidence that the facility has identified this and acted on it even if the service plan has not formally been revised.

❖ Determine if there is a significant difference between the facility's evaluation and/or assessment of the resident and resident's own observations.

❖ Evaluate the adequacy of care provided to the resident.

❖ If there are indicators to suggest the presence of a quality of care problem that is not readily observable; e.g. a leg ulcer covered with a dressing, or a sacral pressure sore, ask facility staff to assist in making observations by removing, for example, a dressing or bedclothes. When observing residents, respect their right to privacy, including the privacy of their bodies.

- ❖ When there are concerns with skin issues which would require viewing of private areas by surveyors, the CCMU 02:29 Skin Audit in Community Based Care (CBC) Facilities policy and procedure will be followed. The policy is attached in Appendix B.
- ❖ Surveyors will at all times respect all residents' dignity and right to privacy.

**Resident record review**

- ❖ Conduct a record review to determine the resident's current status as evaluated and/or assessed by the facility; compile information on changes in the resident's status and information on planned care, resident goals, interventions and expected outcomes. Use:
  - The record review to help determine whether the evaluations accurately reflect the resident's status.
  - The service plan to identify whether the facility used the evaluation to make sound service planning decisions. Determine whether the facility identified resident strengths, needs, and problems which needed to be addressed to assist the resident to maintain or improve his or her current functional status.
- ❖ Determine whether the facility identified specific resident-centered interventions to achieve those goals
- ❖ It is not necessary to review the entire resident record. Review only those sections that are necessary to verify and clarify the information necessary to make compliance decisions.
- ❖ In any care area where it is determined that there has been a decline, determine if the facility did an evaluation, created a service plan, implemented the planned interventions, re-evaluated when interventions were ineffective, referred to the RN as needed; and determine if the actions or inactions of the facility contributed to the resident's decline or continuation of the decline.
- ❖ The survey protocols in Appendix C should be used if indicated:
  - Unplanned weight change
  - Sufficient staffing, and/or
  - Pressure ulcer development and treatment.

### Task 6D – Systems in place to respond to residents' 24-hour care needs

❖ Request the written policies, procedures and protocols that are required in rule, including:

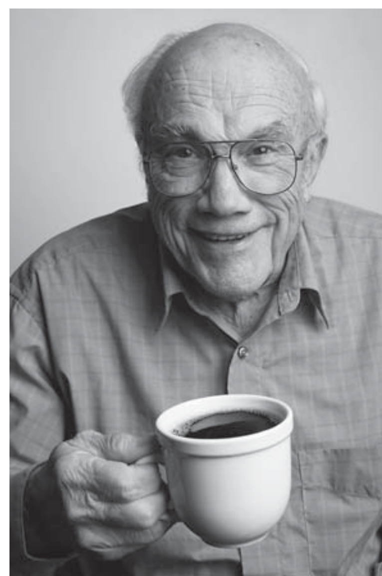
- To ensure a resident monitoring and reporting system is implemented 24 hours per day, stating staff responsibilities and identifying criteria for notifying the administrator, RN, or health care provider;
- To respond to resident medical emergencies on all shifts;
- To define duties, responsibilities and limitations of the facility nurse in policies and procedures, admission and disclosure information and to include role in monitoring and reporting system;
- To ensure service providers leave written information in the facility that addresses the on-site services being provided to the resident and any clinical information necessary for facility staff to provide supplemental care; and
- To facilitate the receipt of information from the off-site provider.

❖ Determine whether the facility has the required policies.

❖ For those policies with required components, determine whether those components are addressed.

# Survey task 7:

## *Team decision making*



**Purpose:**

❖ To review findings with survey team members and to make preliminary team decisions regarding citations.

**Preparation:**

❖ All surveyors should come to the meeting prepared with all their information, and should have determined for each of their findings what the facility failed to do. The team coordinator should have notes of any issues from the previous daily team meetings. However, it is still each team member's responsibility to bring up his or her own issues for discussion.

❖ Remember to consider issues in terms of "resident-centered" and the impact or potential impact on residents. Not all findings become citations; however, do not disregard structure and process tags or general system findings that may indirectly impact residents.

- Structure, process and general system rules include those that address the facility operation as opposed to those that address what happens to or for the resident directly. Examples could include policies and procedures, a window in each resident room, the evaluation and service plan tags, or physical environment tags. These items certainly can and do affect residents but generally that effect is indirect.
- Outcome tags or resident-centered tags are those that address direct services to the resident, such as providing ADL care to residents and using physical restraints.

**Procedure:**

❖ All tags, including Alzheimer's care unit rules, are reviewed tag by tag.

❖ When discussing a specific tag, consider the rule's intent.

❖ Some issues may be viewed globally. Generally speaking, a citation requires several examples of an issue when compliance is viewed on a facility-wide basis. However, one egregious example of a certain issue might be sufficient for a citation.

- These are rules that have many opportunities for compliance or noncompliance, such as hand washing.
- We are looking at the compliance of the facility as a whole rather than for one incident, such as Environment, Resident Rights and staff training requirements.

❖ Some issues may be viewed on a single incident basis. One incident is sufficient for a citation when the rule addresses what happens to or for the resident directly, such as:

- **C270 (c)** If a resident experiences a significant change of condition that is a major deviation in the resident's health or functional abilities, the facility must evaluate the resident, refer to the facility nurse, document the change, and update the service plan as needed; or
- **C330 (a)** Facility administered psychoactive medication(s) will be used only when required to treat a resident's medical symptoms or to maximize a resident's functioning.

**Factors to consider in decision-making:**

❖ What did facility fail to do? Did the facility fail to recognize risk factors and/or changes in the resident's condition and to take reasonable measures to assist the resident in obtaining needed services?

❖ What did the facility do correctly?

❖ What was the impact or potential impact on residents?

❖ Risk/benefit analysis.

- Use the "reasonable person" standard for residents unable or unwilling to communicate.

❖ Frequency of issue.

❖ Number of residents and/or staff involved.

❖ System (global) problem or isolated incident or a mistake, such as hand washing missed one time.

❖ Resident history – diagnoses, medications, behavior, responses to issues, resident choice, etc.

❖ Areas of facility involved.

- ❖ Primary information source – observation, interview, facility documentation.
- ❖ Facility compliance history.
- ❖ Is the deficiency about services not being provided or about paperwork not being completed or both?

**Deficiency categorization:**

- ❖ Each tag cited is to be categorized as to severity of outcome to the resident(s).
- ❖ Consider the severity of impact to resident – must be clearly defined and verbalized by the team. Use "reasonable person" standard for those residents unable to communicate the impact.
- ❖ Severity Definitions:
  - **Level 1:** No harm, with potential for minimal harm. Facility is considered to be in substantial compliance.
  - **Level 2:** No harm, with potential for more than minimal harm; or minimal harm which does not significantly impact the resident's quality of life or physical function; or
  - **Level 3:** Harm which significantly impacts the resident's quality of life or physical function, but does not require immediate correction to protect resident health or safety. By using the reasonable person standard, this can include harm even to non responsive residents whose physical function or quality of life may not be visibly affected.
  - **Level 4:** Imminent Danger to resident health or safety.

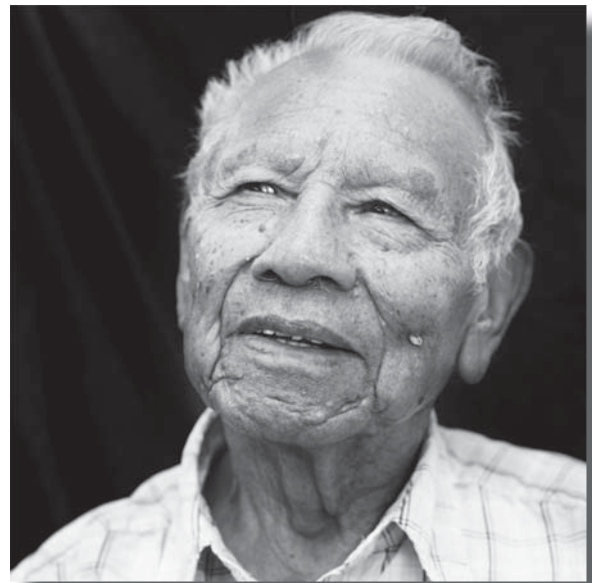
**Reaching consensus:**

- ❖ **Definition**: Consensus is an agreement that all survey team members can support, even though it may not be each surveyor's first choice.
  - If the team is unable to reach consensus on an issue:
    - ✓ The issue needs to be identified clearly at the consensus meeting as needing to be discussed with the supervisor after returning to the office.
    - ✓ The issue can be noted at the exit, explaining that it needs further evaluation before a citation decision is reached.
  - With team's agreement, ground rules can be established for the consensus meeting. Some examples might be:
    - ✓ Set a time limit for discussions.

- ✓ What to do if unable to reach consensus (as stated above).

- The consensus meeting should not start until all investigations are complete. It is the responsibility of each team member to inform the team coordinator if he or she needs more time for investigation.
- If a significant new issue arises on the last day and information is incomplete, the consensus meeting should be delayed. The team will assist in completing the investigation if they determine it is warranted.

❖ Record decision-making process on Tag Meeting/Consensus Form.



# Survey task 8:

## *Exit conference*

❖ The following, at a minimum, are expected to be included in the exit conference:

- Discuss findings as preliminary, to be further reviewed. Review areas of concern, what findings were found and how they relate to the specific rule, and the number of residents impacted. Explain that details of the findings and specific residents have been discussed with administrative staff, and will be available in the written report.
- Explain what the findings mean; i.e. in compliance, corrections required, harm, or imminent danger.
- Explain the report time frame, plan of correction, informal dispute resolution and revisit.
- Questions about remedies can be referred to the CCMU office.
- When the exit conference is finished, leave the building promptly. If surveyors wish to thank specific staff or tell their residents good-bye, they should do so before the exit conference.

## After survey paperwork

**Writing the report**

- ❖ Use the ASPEN report-writing program.
- ❖ Follow the federal Principles of Documentation.
- ❖ Roundtable with team.
- ❖ Roundtable with CBC supervisor.
- ❖ Use in survey report:
  - If citation is written regarding a resident-specific issue, documentation of relevant parties' comments is expected.
    - ✓ Resident who is cognitively intact
      - » Interview on the issues is expected.
      - » If interview cannot be conducted, a description of factors leading to surveyor decision to not interview is to be documented in the report.
    - ✓ Resident who is cognitively impaired
      - » Answers to questions are valued depending on the complexity of the questions and awareness of the resident.
      - » If not interviewed, a description of factors leading the surveyor to that decision will be documented, such as, a description of observations, diagnosis, facility evaluation of cognitive impairment, etc.
      - » If there are involved family or friends, an interview is expected.
    - ✓ If citation is at a severity level 3, these interviews become much more important because the basic philosophy of CBC facilities is resident choice.

**Action summary**

- ❖ Why and for whom?
  - To communicate with the next team to visit the facility.
  - For Central Office Corrective Action review. May be used for development of various remedies, such as, civil money penalties and conditions on license.
  - Support staff who enter data into the database.
- ❖ When? Upon completion of each CCMU survey activity. Save it to the CBC folder and e-mail to support staff.

## Packet Pieces form

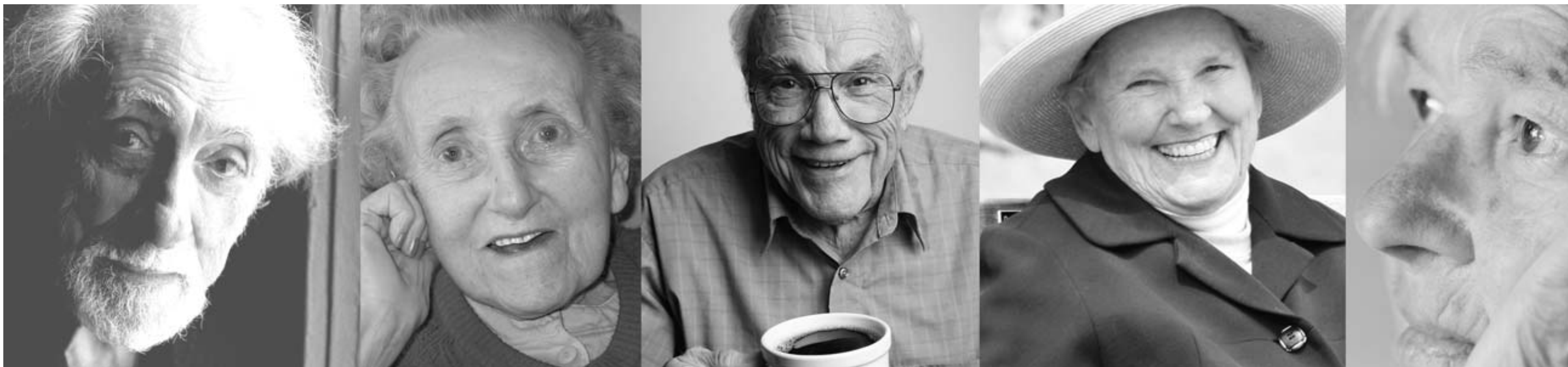
- ❖ **Purpose**: to ensure all needed forms are collected from the team, processed and filed.
  - Support staff — fill packets.
  - Team coordinator — account for all completed forms.
- ❖ **Procedure for team coordinator** — For each form listed, verify all have been turned in by team members, count completed forms, and write number or check mark as indicated on the Packet Pieces form.

## Plan of Correction (POC)

- ❖ A POC is required for each citation at level 2 through 4.
- ❖ The facility has 10 calendar days from the receipt of survey report (2567) to submit POC to the CCMU office.
- ❖ Required POC components:
  - What actions will be taken to correct the rule violation for each example/resident?
  - How will the system be corrected so this violation will not happen again?
  - Who on your staff will be responsible to see that the corrections are completed?
  - How often will the area needing correction be evaluated?
  - When corrective action will be completed?
- ❖ A member of the team will receive the POC and a blank CBC Plan of Correction Checklist form for review and completion.
  - If the POC is not acceptable, telephone the facility to discuss required changes.
    - ✓ Minor changes can be agreed to by phone, then document the changes, date and time and name of facility staff person who agreed to the changes.
    - ✓ Major changes may require an addendum. Review changes when they arrive, telephone the facility again if the POC is still not acceptable.
    - ✓ If you anticipate being on another assignment before the addendum arrives; turn work-in-progress over to the CBC supervisor before you leave the office.
  - When the POC is acceptable, complete the CBC Plan of Correction Checklist and turn all materials in to CBC supervisor or support staff per your office policy.

# Appendix A:

- ❖ Entrance Conference checklist
- ❖ Resident Acuity Matrix form
- ❖ Facility Staffing form
- ❖ Facility Discharge Data
- ❖ CBC Environment Tour form
- ❖ CBC Kitchen/Food Service form
- ❖ Administrator Interview form
- ❖ Criminal History Clearance
- ❖ Personal Incidental funds
- ❖ CBC Resident Interview form
- ❖ CBC Group Interview from
- ❖ CBC Family Interview Guideline form



# CBC Entrance Conference Checklist

**Please provide the following information as soon as possible**.

Facility Name: ________________________________ Facility #:________________

Date & time ____________________ Facility Type _____ RCF _____ ALF

____ 1. Capacity: Beds _________ Current census: _________

Medicaid: _____________ Private pay: ____________

____ 2. Facility email address – please by exit

____ 3. List of residents by room number

____ 4. List of residents admitted in past year

____ 5. List of residents receiving Medicaid whose PIF monies are managed by the facility

____ 6. Completed Resident Acuity form (DHS 0823)

____ 7. Completed Facility Staffing form (DHS 0820)

____ 8. Facility discharge data for the past year

____ 9. Admission package, including a copy of Uniform Disclosure and Residents Rights

____ 10. Activity calendar (for current month, if available)

____ 11. Menus (for current week)

____ 12. Management-team list giving names and titles

____ 13. Administrator's continuing education hours for the past year

____ 14. Name of facility Authorized Designee and/or contact person for criminal history clearance

____ 15. List of all facility employees, giving first and last name and position

____ 16. List of current employees hired in past six months, including the date they started working with residents, their position and shift.

____ 17. List of staff members with training in abdominal thrust and first aid.

____ 18. List of staff whose duties include preparing food and evidence of their Food Handlers Certificate.

____ 19. List of direct caregivers under the age of 18 years

____ 20. Fire drill and life safety instruction records

____ 21. Copies of the following Policies

___ a. Possession of firearms and ammunition within the facility - C154

___ b. Prohibition of sexual relations between any facility employee and residents - C154

___ c. Response to injury, loss of property and suspected abuse – C158

___ d. Resident monitoring and reporting system 24-hours per day – C270

___ e. Response to resident emergency on each shift – C280

___ f. RN duties, responsibilities, and limitations – C280

___ g. Information exchange with outside service providers providing on-site care to residents – C280

___ h. Information exchange with off-site providers providing care to residents – C290

___ i. System to determine appropriate numbers of caregivers and general staffing based on resident acuity and service needs – C360

___ j. Training program with method of determining capability through a demonstration and evaluation process – C365, 370

___ k. Residents' personal incidental funds – C410

___ l. Transportation and housing for residents and notifying SPD, local AAA or designee in case of a catastrophic event – C435

Alzheimer's Endorsed Facilities Only:

____ 1. Alzheimer's unit disclosure statement

____ 2. Weekly staffing schedule for the month

____ 3. Alzheimer's unit activity calendar

____ 4. Staff in-service training records

____ 5. Name of staff, social workers assigned to provide social services

CBC Entrance Conference Checklist Page 2 of 2 Revised 10/2007

Seniors and People with Disabilities

# Resident Acuity Report

Facility: ______________________ Facility #: ______________ Date: ______________

*See Page 2 for instructions and definitions.*

| Resident Name → | | | | | | | | | Totals |
|---|---|---|---|---|---|---|---|---|---|
| Dementia | | | | | | | | | R50 |
| Psychoactive medications | | | | | | | | | R51 |
| Behaviors | | | | | | | | | R52 |
| Transfer assistance | | | | | | | | | R53 |
| Recent falls / high risk | | | | | | | | | R54 |
| Siderails, restraints | | | | | | | | | R55 |
| Recent decline, ER, hosp., urgent care visits | | | | | | | | | R56 |
| Skin issues | | | | | | | | | R57 |
| Hospice / HH / Dialysis | | | | | | | | | R58 |
| Diabetics: Indicate if SS / IDDM / CBGs | | | | | | | | | R59 |
| Meal assistance | | | | | | | | | R60 |
| Weight gain, loss | | | | | | | | | R61 |
| Pain issues | | | | | | | | | R62 |
| Incontinence | | | | | | | | | R63 |
| Urinary catheters | | | | | | | | | R64 |
| Anticoagulant therapy / blood thinners | | | | | | | | | R65 |

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# Instructions for completing the Resident Acuity Report

Enter the facility name, provider or CCMU number and the date of completion across the top of the form. List resident names across the top of the chart. Below each name, place a check mark in each row if the condition applies to the resident. Total the number of checkmarks per condition in the far right column. (The “R” codes in this column are for DHS use only.)

**Definitions of conditions listed on the form:**

Dementia: A cognitive deficit which impacts a resident’s ability to independently direct their daily life; can be from any cause.

Psychoactive medications: Includes either scheduled or PRN anti-psychotic, anti-anxiety or sleep-inducing medications.

Behaviors: Those which can adversely affect the resident or others, such as wandering, intrusions, elopement, combativeness.

Transfer assistance: Unable to transfer without the physical help of at least one other person.

Recent falls / high risk: Residents who have either fallen within the past month or who are very prone to falls.

Side rails, restraints: Any device used to keep a resident in place; can include such devices as half or full length bed rails, tray tables, lap buddies, seat belts and pommel cushions.

Recent decline, ER/hosp./urgent care visits: Residents whose needs have increased, requiring changes in their service plans, or who have visited the emergency room, hospital or urgent care center for care in past month.

Skin issues: Residents with current or recent pressure ulcers, bedsores, rashes, stasis ulcers, skin tears, abrasions, bruises, etc.

Hospice/Home Health / Dialysis: Residents currently receiving such services or having received them within the past two weeks.

Diabetics: Residents with a diagnosis of diabetes, either type 1 or type 2. In addition to checking this box, indicate those with SS (Sliding scale insulin orders), IDDM (insulin dependent diabetes mellitus) or CBGs (Capillary blood glucose).

Meal assistance: Residents who need frequent cueing, physical assistance or both to eat their meals.

Weight gain, loss: Residents who have shown either a rapid or ongoing gradual weight change.

Pain issues: Frequent or daily pain which impacts a resident’s function.

Incontinence: Residents with incontinence which is being managed by the facility.

Urinary Catheters: Residents with urinary catheters managed by the facility.

Anticoagulant therapy / blood thinners: Residents taking blood thinning medications such as Coumadin, Warfarin and daily full-strength aspirin.

Page 2 of 2 12/2007

DHS Oregon Department of Human Services Seniors and People with Disabilities

# Facility Staffing

Facility Name: ______________________ Facility #: ______________
Staff person completing this form: ______________ Date: ______________

This form asks for information about the number of hours worked in providing certain types of services in your facility. First, fill in the information above. Then complete the two charts below, showing actual hours worked by RNs and Caregivers. *(Note: "R" codes in both charts are for SPD use only.)*

**RN HOURS**

In the space below, show the *actual* number of hours worked by RNs in your facility each day for the past seven-day period. Round hours to the quarter hour.

| **Date:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **RN hours in facility:** | R40 | R41 | R42 | R43 | R44 | R45 | R46 |

**CAREGIVER HOURS**

In the space below, show the actual (not *scheduled*) number of hours worked on each of the past seven days by staff whose primary responsibility is caregiving. Do not show hours for RN, administrative, maintenance, housekeeping or food-service employees.

| **Date:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Day Shift:** | R47 | R48 | R49 | R50 | R51 | R52 | R53 |
| **Evening Shift:** | R54 | R55 | R56 | R57 | R58 | R59 | R60 |
| **Night Shift:** | R61 | R62 | R63 | R64 | R65 | R66 | R67 |

**Comments:**

Facility Staffing 12/2007

# Facility Discharge Data

*for the past 12 months*

Name of Facility: ______________________________ ☐ RCF ☐ ALF

Date of Review: ______________________________

Number of discharges between: ______________ and ______________
(date) (date)

Destinations:

_____ Nursing Home

_____ Adult Foster Home

_____ Assisted Living Facility

_____ Hospital

_____ Death

_____ Residential Care Facility

_____ Alzheimer's Care Unit

_____ Independent living arrangement

## CBC Environment Tour

Facility Name ________________ Building________ Facility #____________________

Surveyor_______________ Dates and Times________________________________

| |
|---|
| **Cleanliness:** floors, walls, roofs, ceilings, windows, and furniture) and all equipment clean and in good repair. |
| **Pests:** Measures shall be taken to prevent the entry of rodents, flies, mosquitoes, and other insects. |
| **Facility Grounds:** The facility grounds shall be kept orderly and free of litter and refuse. |
| **Accident Hazards:** toxic materials properly labeled and stored; minimal resistance for passage of wc and ambulation aids. |
| **Hot Water Temperatures:** 110 to 120 degrees F |
| **Waste:** Garbage stored in covered refuse containers. |
| **Handrails:** Handrails shall be installed at one or both sides of resident use corridors. |
| **Odors:** The interior of the facility shall be free from unpleasant odors. |
| **Resident Room Heating/Cooling:** comfortable for the resident? |
| **Staff Laundry:** soiled linen handling |
| **Resident Laundry Facilities:** Shall be clean and accessible to residents. |
| **Survey Posted** |
| **Staffing Plan and Administrator** or designee posted by shift |
| **Emergency:**<br>What are you supposed to do if the fire alarm sounds?<br><br>What would you do if there was an altercation between residents? |
| **Repairs:** How is broken equipment reported to maintenance staff?<br><br>What is the system for ensuring the facility common areas are maintained in good repair and clean? |

CBC Environment Tour Pg 1 of 1 Revised 11/2007

## CBC Kitchen / Food Service Observation

Facility Name:________________ Building__________ Facility Number: _____________

Surveyor Name:________________ Observation Dates/Times: ____________________

**Instructions:** All questions relate to the requirement to prevent the contamination of food and the spread of food-borne illness. Food shall be prepared and served in accordance with the Oregon Health Services Food Sanitation Rules. C240

**Food Storage:**

____ Are the refrigerator, freezer shelves and floors clean and free of spillage?
____ Foods free of slime & mold?
____ Are refrigerated foods covered, labeled, dated, and shelved to allow air circulation?
____ Are foods stored correctly (e.g. cooked foods over raw meat in refrigerator, egg and egg rich foods refrigerated)?
____ Is dry storage maintained in a manner to prevent rodent and pest infestation?
____ Is the food in the freezer frozen and the refrigerator 41 degrees F or below? (allow 2-3 degrees variance) Do not check during meal preparation.

**Food Preparation:**

____ Are cracked eggs being used only in foods that are thoroughly cooked, such as baked goods or casseroles?
____ Are frozen raw meats and poultry thawed in the refrigerator on the lowest shelves, or in cold, running water?
____ How is food cooled?

**Food Service**

____ Are hot foods maintained at 140 degrees F or above and cold foods maintained at 41 degrees F or below when served from tray line?
____ Are the food trays covered until served? Is food protected from contamination during transportation and distribution?
____ Are food in critical temperature zone, 41 to 140 degrees F, for no longer than 2-4 hours?

**Sanitation and Equipment**

____ Are employees washing hands before and after handling food, using clean utensils when necessary and following infection control practices?
____ Are dishes, utensils and equipment sanitized before going to the clean storage area?
____ Garbage storage is enclosed and separate from food storage.

**Adequate staple food supply?**

____ Dry, staple foods - 1 week supply.
____ Perishable foods - 2 day supply

**Special diets**

____What special diets do you provide?

**Food Committee**

____Do you have a Resident Food Committee? When and how often do they meet? Does Dietary Manager attend?

CBC Kitchen/Food Service Observation Pg 1 of 1 Revised 12/13/2007

# CBC Administrator Interview – Review of Systems

Facility Name: ______________________ Provider # ____________________________________

Surveyor Name: ____________________ Date and time: _________________________________

Who was interviewed? _________________________________

| | |
|---|---|
| Evaluation C252, 255<br>What is the evaluation process, including reviewing and updating the evaluation?<br>When does this occur?<br>Is there a specific format used?<br>Who does it?<br>How do you determine the evaluator is trained and experienced?<br>Where are the evaluations located? | |
| Service Plan C260, 262<br>Who does the service plan?<br>How is the resident involved?<br>How is the family involved?<br>Where is the service plan kept?<br>How often is the plan reviewed and updated?<br>Who makes changes to the plan? | |
| Staffing Plan C360 | |
| Abuse Prevention and Response C230, 232, 235<br>Please describe how the facility abuse prevention policy and procedure work? | |
| Training C365, 370<br>Who is responsible for the staff training program? | |

## CBC Staff Training Program Interview (C365, 370)

| | |
|---|---|
| Pre-service Orientation – all employees<br>What is the orientation process for all employees?<br>Training materials include:<br>- Resident rights & values of community based care<br>- Abuse and reporting requirements<br>- Standard precautions for infection control<br>- Fire safety and emergency procedures<br>- If duties include preparing food, Food Handlers Certificate or equivalent | |
| Determining capability<br>What method is used to determine capability (return demonstration & evaluation)?<br>Who is the evaluator of knowledge & performance? | |
| First 30 days<br>Knowledge & performance demonstrated in first 30 days in at least the following areas:<br>- Service plans in individualized care<br>- Providing assistance with ADLs<br>- Changes associated with aging<br>- Conditions that require assessment, treatment, observation and reporting<br>- Understanding resident actions and behavior as a form of communication<br>- Understanding and providing support for a person with dementia or related condition<br>- General food safety, serving and sanitation<br>- If staff duties include, administration of meds and treatments | |
| Direct supervision<br>How are staff directly supervised by a qualified person until they have successfully demonstrated satisfactory performance in any task assigned and the provision of individualized resident services?<br>How do you determine a person is qualified to directly supervise a new employee?<br>What does direct supervision mean? | |
| Abdominal thrust and First Aid<br>How are staff trained in abdominal thrust and first aid? | |
| Communication and Language Skills<br>How do you determine staff have sufficient communication and language skills? | |
| In-service training<br>How do you ensure all direct caregivers complete a minimum of 12 hours annually?<br>What topics were covered in the past 12 months? | |
| Documentation<br>How is training and demonstrated ability documented? | |

CBC Administrator Interview – Review of Systems Page 2 of 2 Revised 10/2007

# CBC Criminal History Clearance Interview

Facility Name: ______________________ Provider # ______________________

Who was interviewed? ______________________ AD or CP (Circle one)

Surveyor Name: ______________________ Date and time: ______________________

**Review of sample of recently hired staff, volunteers, any person residing in facility (not residents)**

| Staff, Volunteer, Person residing in building Name position shift | Confidential # | Hire date/ resident contact date | Prelim fitness date / Actively supervised? | 301 Date sent / date returned | Potentially disqualifying history? If yes, weighing test documented? | Final fitness date | Comments |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

OAR 407 - Criminal History Checks Rules - Effective 7/2007
407-007-310 & 320 Prior to working with residents, subject individuals (SI) must have **criminal history request** form (Form 301) completed and preliminary fitness determination completed. If **fingerprints** are required, they must be submitted within 21 days of request. SI must be **actively supervised** until final fitness determination is completed. Active supervision is defined as being in the same building or within line of sight, knowing what the SI is doing and where, and periodically observing the actions of the SI.
**Final fitness** must be completed with 21 days of receiving the history (411-007-270). The AD is required to perform a **weighing test** for final fitness unless the history shows no potentially disqualifying history. Weighing test is defined as a process in which known negative and positive information is considered to determine if a SI is approved or denied.

# CBC Personal Incidental Fund (PIF) Management C410

Sample 4 Residents receiving Medicaid whose PIF are managed by the facility – Expand as needed to verify compliance

1 - Resident authorized facility to manage funds
2 - Resident Account (SDS 713) or comparable form used
  A. Detail with supporting documentation, all monies received,
  B. Disposition of funds with description, price of items purchased & receipts
  C. Copy of individual financial record provided to resident quarterly
3 - Funds over $150 maintained in interest-bearing account with appropriate interest credited to each resident's account; not co-mingled with facility funds
4 – Resident access to funds, at a minimum within 1 day of request excluding weekends and holidays

Legend: Yes = meets rule    No = doesn't meet rule, explain in comment section

| Resident Name | 1 Facility Authorized | 2A&B Acct Details – Received/ disbursed | 2C Resident provided quarterly record | 3A Interest bearing acct; not co-mingled | 4 Resident access | Comments |
|---|---|---|---|---|---|---|
| | Yes No | Yes No | Yes No | Yes No | Yes No | |
| | Yes No | Yes No | Yes No | Yes No | Yes No | |
| | Yes No | Yes No | Yes No | Yes No | Yes No | |
| | Yes No | Yes No | Yes No | Yes No | Yes No | |

(If resident dies, monies are to be forwarded within 10 days to estate or to DHS, Estates Division.)

CBC Personal Incidental Fund (PIF) Management    Revised 11/2007

## CBC Resident Interview Guideline

Facility Name:_________________________ Provider #:__________Surveyor:_________________

Resident Name:_______________________ Confidential #:_______Dates & Times:_____________

Physical Environment
- What do you like about your apartment/room?
- What would you do in case of fire?
- What do you do if the housekeeping is not done the way you like?
- What happens when something breaks or quits working?
- What is the rest of the building like?
- Is it generally quiet or noisy here?

How things work here:
- How do you get privacy when you want it?
- How is the food?
- Would you like to change anything about the meals?
- What choices do you have if you don't like what is served?
- What time are meals served?

- How do you find out what is happening?
- What do you do on the weekends?
- What activities do you participate in?
- Something you would like to do that is not available here?

- Who usually helps you with things?
- How do they treat you?
- If there was something wrong who would you tell about it?
- Can you get up in the morning and go to bed in the evening when you want?
- How do you get your medicines?
- How do you get help when you need it?
- How do you get to the doctor's office, dentist, bank, shopping?
- Do you receive your mail unopened?

Money management
- Does the facility manage your money?
- Do you get statements?
- When can get money from your account when you want it?

General Satisfaction
- Would you recommend living here to a friend?
- Is there anything else you would like to talk about?

CBC Resident Interview Guide Revised 11/2007

## CBC Group Interview Guideline

Facility Name:______________________________ Provider #:____________________________

Surveyor Name:_____________________________ Interview Date/Time:____________________

**Resident(s) Interviewed:**

1. ______________________________ 6. ______________________________
2. ______________________________ 7. ______________________________
3. ______________________________ 8. ______________________________
4. ______________________________ 9. ______________________________
5. ______________________________ 10. ______________________________

| |
|---|
| 1. Cleanliness in the facility. |
| 2. Activities: |
| 3. When you ring the bell for staff assistance, how long does it take to get answered? |
| 4. Can you go outside? |
| 5. Are you involved in the service plan process? |
| 6. Are your choices honored? |
| 7. Do any residents come in your rooms and bother your things? |
| 8. How is the food here? |
| 9. Are your funds managed by the facility? Do you get regular reports? |
| 10. Is there anything else you would like to tell me about living here? |

CBC Group Interview Revised 11/2007

## CBC Family Interview Guideline

Resident: ________________________ Facility: ________________________ Fac. #: ___________

Person Interviewed: ______________________ Relationship to resident: ______________________

In person/ by phone: _____________ Date/Time: ______________ Surveyor: __________________

| Topics | |
|---|---|
| Care at the facility / Access to medical care | |
| Communication with the facility / directing of care | |
| Involvement in SP / decision making | |
| Food, nutrition, hydration | |
| Activities / quality of life | |
| General environment (common areas) | |
| Room/apt. environment | |
| Routines: getting up, hs, getting to/from meals, activities | |
| Safety issues | |
| Management of money | |
| How often do you visit?<br><br>POA/conservator/guardian | |
| Is there anything else you would like to tell about this facility and how your relative is treated? | |

CBC Family Interview Guide Revised 11/2007

# Appendix B — Policies

## *NUMBER: 02.29*

**CATEGORY: SURVEY PROCESS**

**SUBJECT: SKIN AUDIT IN COMMUNITY BASED CARE FACILITIES**

**DATE: 07/21/2004**

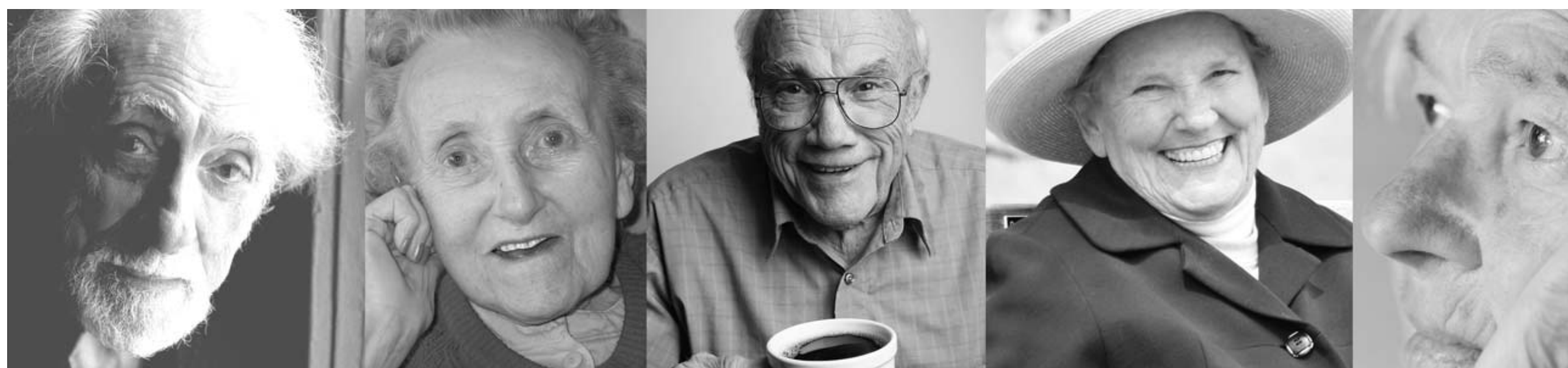
**OBJECTIVE**: To direct CCMU staff in the steps to be taken prior to and during viewing of a resident's skin in areas which are normally covered by clothing.

**Definition: Skin Audit**

- ❖ Skin audit includes the direct observation of private areas, such as the rectal and genital areas and for females, the breast area.
- ❖ Skin audit also includes the deliberate viewing of various areas of a resident's skin to determine the presence or absence of skin wounds, bruises, dressing changes, etc.
- ❖ Skin audits are not to be confused with observing ADL care. During observation of ADL care, bare skin normally covered by clothing is often viewed by the surveyor. This would not be considered a skin audit unless private areas were viewed.

General considerations:

- ❖ Surveyors will at all times respect the resident's dignity and right to privacy, even if that resident is cognitively impaired.
- ❖ Skin Audits may be conducted only when the team has determined that viewing of the skin is necessary. CCMU teams shall only conduct skin audits on those residents where inadequate or questionable care is suspected.



- ❖ Skin audits are to be conducted by a facility RN and a CCMU RN surveyor. If an RN surveyor is not on the team, call the supervisor to obtain the assistance of an RN surveyor from another team.
- ❖ A second surveyor accompanies the RN surveyor to witness and take notes as indicated. In most situations, the second surveyor stands within sight of RN surveyor and out-of-sight of the resident's private areas.
- ❖ If skin areas are not intact, a second RN surveyor may be asked to view the area for confirmation of the assessment. If skin area is not in a private area of the body, and an RN surveyor is not available, a second surveyor who is not an RN may be asked to confirm what is seen.
- ❖ In extreme conditions where resident safety is imminently in danger, the CCMU supervisor is to be called for direction.

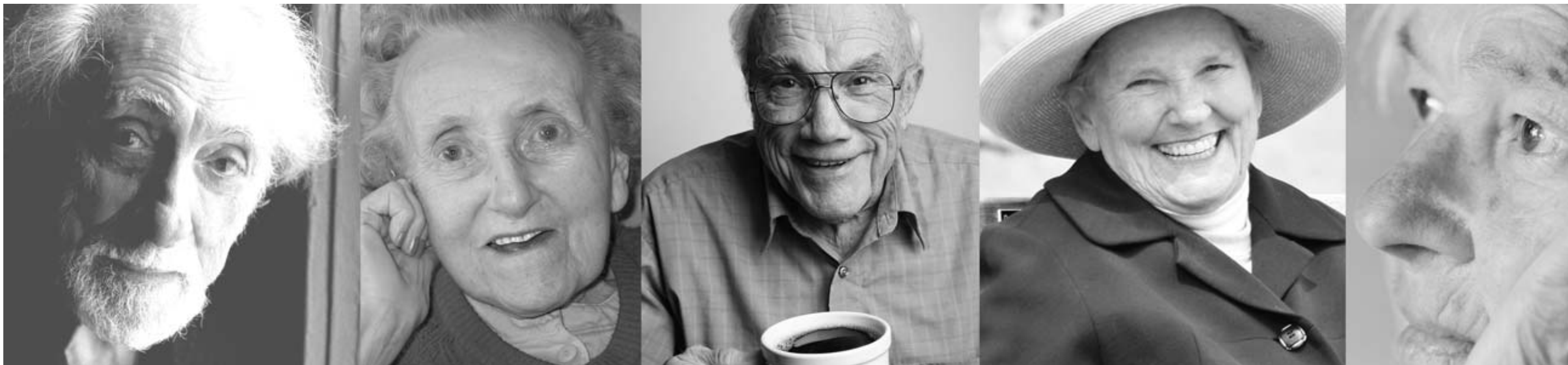
Notifications:

- ❖ The office supervisor/lead worker are to be notified of the need for skin audits.
- ❖ The facility administrator or designee is to be notified of the need for and plan to conduct a skin audit. Efforts should be made to contact the administrator if he or she is not on site.
- ❖ The facility RN must be present during the skin audit. If the facility RN is not readily available, the team will need to wait until the RN is in the facility to conduct the audit. This may mean prolonging the survey and delaying the exit.
- ❖ Obtain resident permission
- ❖ Permission needs to be obtained from cognitively intact residents.
- ❖ If the resident is impaired cognitively and cannot understand the concept of giving permission, permission is to be obtained from the family or other legal representative.
- ❖ If the resident has a Power of Attorney for health care or a guardian for health care, contact that person for permission. Otherwise, contact the person the facility uses for questions regarding care and contact.
- ❖ If permission is denied by either the resident or the family or other legal representative, the skin audit will not be done.

- ❖ There may be times when a cognitively impaired resident clearly refuses permission either verbally or non-verbally. This refusal will be honored even if permission has been obtained from family or legal representative.
- ❖ If reasonable attempts have been made to contact the appropriate person for permission, and the team continues to see a need to view the resident's skin, the supervisor/lead worker is to be called for direction.
- ❖ Prior to entering the resident's room,
- ❖ Explain in general terms the reason for the audit to the facility RN and other staff who will be involved.
- ❖ Explain permissions obtained and notification of the administrator.
- ❖ Explain the procedure for the skin audit.
- ❖ Clothing and/or bedding should be removed only to the extent necessary to view the skin area in question.
- ❖ The facility staff must do all the removing of resident clothing and bed covers, and any positioning or any touching of the residents.
- ❖ If more than one area is to be viewed, each area is to be covered before proceeding to the next.
- ❖ RN surveyor views skin areas, second surveyor views procedure from a distance.
- ❖ The privacy and dignity of the resident is maintained.
- ❖ Document procedure and findings immediately after the audit. Documentation is to include why skin audits were done, how permission was obtained and from whom, who was present at the audit, what procedure was followed and the findings of the audit.
- ❖ Report findings to supervisor/lead worker as needed/directed.

# Appendix C — Protocols

- ❖ Unplanned Weight Change
- ❖ Pressure Ulcer
- ❖ Change of Condition and Monitoring Definitions
- ❖ Staffing



# CBC Survey Protocol — Unplanned weight change

Significant loss of weight is not a response to normal aging; it can arise from many causes. Its presence may signal the worsening of a life-threatening illness, and it should always be seen as a dramatic indicator of the resident's risk of sudden decline. Unplanned weight loss is an indicator of declining nutritional status.

**Objectives:**

- ❖ To determine if the resident's unplanned weight changes are identified and evaluated/assessed;
- ❖ To determine the adequacy of the facility's interventions in response to the weight change;
- ❖ To determine if each resident is provided with nourishing, palatable meals that meet the resident's daily nutritional and special dietary needs; and
- ❖ To determine if the dining experience enhances the resident's quality of life and is supportive of the resident's needs, including food service and staff support during dining.

This protocol is to be used when a sampled resident has an unplanned weight change.

**Procedures:**

- ❖ Determine if the residents were evaluated for conditions that may have put them at risk for unplanned weight change, such as:
  - Cancer, renal disease, diabetes, depression, chronic obstructive pulmonary disease, Parkinson's disease, Alzheimer's disease
  - Malnutrition, infection, dehydration, constipation, diarrhea
  - Chewing and swallowing problems, without teeth, ill fitting dentures, mouth pain, taste/sensory changes
  - Bedfast, totally dependent for eating, pressure ulcer and/or
  - The use of medications such as diuretics, laxatives, or cardiovascular agents.
- ❖ Determine if the facility has evaluated the resident's dining assistance needs, such as assistive devices, food cultural/religious preferences, food allergies and special diets.
- ❖ Determine if the service plan was developed utilizing the clinical conditions and risk factors identified in the evaluation for unplanned weight change.

❖ Determine if the service plan interventions, such as oral supplements, alternative eating schedules, nutrient supplements, adaptive utensils, assistance and/or increased time to eat, were developed to provide a program of consistent intervention by all appropriate staff.

❖ Determine if the service plan was evaluated and revised based on the response, outcomes, and needs of the resident.

❖ Observe the delivery of care as described in the service plan; e.g. staff providing assistance and/or encouragement during dining; serving food as planned with attention to portion sizes, preferences, nutritional supplements, and/or between-meal snacks, to determine if the interventions identified in the service plan have been implemented.

❖ Observe at least two meals during the survey.

❖ For each sampled resident being observed, identify any special needs and the interventions planned to meet their needs.

❖ Observe whether each resident is properly prepared for meals. For example:

- Resident's eyeglasses, dentures, and/or hearing aids are in place;
- Proper positioning in chair, wheelchair, geri-chair, etc., at an appropriate distance from the table (tray table and bed at appropriate height and position); and
- Assistive devices/utensils identified in service plans provided and used as planned.

❖ Observe the food service for:

- Appropriateness of dishes and flatware for each resident, as applicable;
- Delivery to residents in a timely fashion;
- If a substitute was needed or requested, did it arrive timely; and
- Were diet orders, portion sizes, preferences, and condiment requests being honored.
- Determine whether residents were being promptly assisted to eat or provided necessary assistance/cueing in a timely manner after their meal was served. Note whether residents at the same table or in resident rooms, are being served and assisted concurrently.

❖ Determine how much of the meal the sampled resident consumed.

❖ Interview the resident, family and/or significant other regarding food quality, eating habits, preferences, weight change, etc.

- ❖ Interview staff regarding the resident's ability to eat, preferences, assistance needed, usual consumption of food, etc.
- ❖ Determine if the meals served were palatable and nutritious and met the needs of the resident. Note the following:
  - Whether the resident voiced concerns regarding the taste, temperature, quality, quantity and appearance of the meal served;
  - Whether mechanically altered diets, such as pureed, were prepared and served as separate entree items (except for combined foods; e.g. stews, casseroles, etc.);
  - Whether attempts to determine the reason(s) for the refusal and a substitute of equal nutritive value was provided, if the resident refused/rejected food served; and
  - Whether food placement, colors, and textures were in keeping with the resident's needs or deficits; e.g. residents with vision or swallowing deficits.
- ❖ Sample tray procedure
  - If residents complain about the palatability/temperatures of food served, the survey team coordinator may request a test meal to obtain quantitative data to assess the complaints.
  - Send the meal to the dining area that is the greatest distance from the kitchen or to the affected dining area.
- ❖ Check food temperature and palatability of the test meal at about the time the last resident in the dining area is served and begins eating.
- ❖ If concerns are noted with meal service, preparation, quality of meals, etc., interview the person(s) responsible for assuring meals are prepared according to the menu and for delivery to residents in a timely fashion and at proper temperature, both in the dining rooms/areas and in resident rooms.
- ❖ An evaluation or assessment of weight loss or gain should be examined in light of the individual's former life style as well as the current diagnosis. If there is a significant or severe weight change, the RN is expected to assess the weight change.

- Suggested parameters for evaluating significance of unplanned weight loss are:

| Interval | Significant loss | Severe loss |
|---|---|---|
| 1 month | 5% | Greater than 5% |
| 3 months | 7.5% | Greater than 7.5% |
| 6 months | 10% | Greater than 10% |

- The following formula determines percentage of loss:
  Percent of body weight loss = (usual weight – actual weight) / (usual weight) x 100.
- Usual weight is the most recent stable weight in the facility prior to the weight change. It is not necessarily the ideal body weight.

❖ In evaluating/assessing weight loss, consider

- The assessment of risk factors for weight loss; and
- Service plan for weight management.
- Was the resident edematous when initially weighed, and with treatment no longer has edema?
- Has the resident refused food?

❖ Review all related information and documentation to look for evidence of identified causes of the condition or problem. This inquiry should include interviews with appropriate facility staff and health care practitioners, who by level of training and knowledge of the resident should know of, or be able to provide information about the causes of a resident's condition or problem.

❖ Based on the evaluation/assessment, have needed changes been made to the service plan and implemented.

**NOTE**: If a resident is at an end of life stage and has an advance directive according to state law, (or a decision has been made by the resident's surrogate or representative in accordance with State law) or the resident has reached an end of life stage in which minimal amounts of nutrients are being consumed or intake has ceased, and all appropriate efforts have been made to encourage and provide intake, then the weight change may be an expected outcome and may not constitute noncompliance. Conduct observations to verify that palliative interventions, as described in the service plan, are being implemented and revised as necessary, to meet the needs/choices of the resident in order to maintain the resident's comfort and quality of life.

**Determination of compliance:**

❖ The determining factor in compliance for change of condition and monitoring related to unplanned weight change, is the proper evaluation and assessment, development and implementation of the service plan, evaluation/assessment of the resident outcome, and revision of the service plan as needed if it is not effective. If not in compliance, cite at C270.

❖ Through the use of this protocol, other deficient practices may be discovered and may result in citations.

**Deficiency Categorization:**

Once the team has completed its investigation, analyzed the data, reviewed the rule, and identified the deficient practices that demonstrate that the facility failed to provide monitoring, care and services related to an unplanned weight change and that non-compliance exists, the team must determine the harm or potential for harm based upon the following levels of severity.

❖ **Level 1:** No harm, with potential for minimal harm. Facility is considered to be in substantial compliance.

  Level 1 is not appropriate for this rule.

❖ **Level 2:** No harm, with potential for more than minimal harm; or minimal harm which does not significantly impact the resident's quality of life or physical function.

  Level 2 indicates noncompliance that results in a resident outcome of no more than minimal harm and/or has the potential for greater harm if interventions are not provided.

  Examples of level 2 citations may include, but are not limited to:

  - Residents at risk for weight change have not been evaluated and/or assessed and weight change has occurred but is not yet at a significant level.
  - Residents had a significant or greater unplanned weight change, the RN was not involved, and the resident returned to the previous weight or stabilized.
  - The resident had a documented unplanned weight loss over time which was not significant. The facility had not identified, evaluated, developed a service plan and/or implemented interventions.

❖ **Level 3:** Harm which significantly impacts the resident's quality of life or physical function, but does not require immediate correction to protect resident health or safety.

Level 3 indicates noncompliance that results in unplanned weight change at the significant or severe level according to the following chart and which has not stabilized or returned to usual level; or has stabilized but remains at dangerously low level.

| Interval | Significant loss | Severe loss |
| --- | --- | --- |
| 1 month | 5% | Greater than 5% |
| 3 months | 7.5% | Greater than 7.5% |
| 6 months | 10% | Greater than 10% |

The following formula determines percentage of loss:
Percent of body weight loss = (usual weight – actual weight) / (usual weight) x 100.

Examples of level 3 citations may include, but are not limited to:

- Resident had significant or severe weight loss which was not identified, evaluated, and/or assessed, and no effective interventions were in place.
- Resident had a documented weight gain and a diagnosis of congestive heart failure. The facility did not identify the weight gain or evaluate/assess. The resident's condition worsened as evidenced by increased coughing and difficulty breathing which was not treated until the resident was hospitalized.

❖ **Level 4:** ***Imminent danger*** to resident health or safety.

***Imminent danger*** is a situation in which the facility's noncompliance in providing monitoring related to unplanned weight change has resulted in, or is likely to result in a clear threat to residents.

Examples of level 4 citations may include, but are not limited to:

- One or more residents experiencing significant or severe weight change without effective intervention and without mitigating circumstances.
- Resident(s) unable to feed themselves receive no assistance to eat or drink.

## SIGNIFICANT WEIGHT CHANGES

| Initial Weight | 5% | 7 ½ % | 10% | Initial Weight | 5% | 7 ½ % | 10% | Initial Weight | 5% | 7 ½ % | 10% |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 65 | 62 | 60 | 59 | | | | | | | | |
| 66 | 63 | 61 | 59 | 121 | 115 | 112 | 109 | 176 | 167 | 163 | 158 |
| 67 | 64 | 62 | 60 | 122 | 116 | 113 | 110 | 177 | 168 | 164 | 159 |
| 68 | 65 | 63 | 61 | 123 | 117 | 114 | 111 | 178 | 169 | 165 | 160 |
| 69 | 66 | 64 | 62 | 124 | 118 | 115 | 112 | 179 | 170 | 166 | 161 |
| 70 | 67 | 65 | 63 | 125 | 119 | 116 | 113 | 180 | 171 | 167 | 162 |
| 71 | 67 | 66 | 64 | 126 | 120 | 117 | 113 | 181 | 172 | 167 | 163 |
| 72 | 68 | 67 | 65 | 127 | 121 | 118 | 114 | 182 | 173 | 168 | 164 |
| 73 | 69 | 68 | 66 | 128 | 122 | 118 | 115 | 183 | 174 | 169 | 165 |
| 74 | 70 | 68 | 67 | 129 | 123 | 119 | 116 | 184 | 175 | 170 | 166 |
| 75 | 71 | 69 | 68 | 130 | 124 | 120 | 117 | 185 | 176 | 171 | 167 |
| 76 | 72 | 70 | 68 | 131 | 124 | 121 | 118 | 186 | 177 | 172 | 167 |
| 77 | 73 | 71 | 69 | 132 | 125 | 122 | 119 | 187 | 178 | 173 | 168 |
| 78 | 74 | 72 | 70 | 133 | 126 | 123 | 120 | 188 | 179 | 174 | 169 |
| 79 | 75 | 73 | 71 | 134 | 127 | 124 | 121 | 189 | 180 | 175 | 170 |
| 80 | 76 | 74 | 72 | 135 | 128 | 125 | 122 | 190 | 181 | 176 | 171 |
| 81 | 77 | 75 | 73 | 136 | 129 | 126 | 122 | 191 | 181 | 177 | 172 |
| 82 | 78 | 76 | 74 | 137 | 130 | 127 | 123 | 192 | 182 | 178 | 173 |
| 83 | 79 | 77 | 75 | 138 | 131 | 128 | 124 | 193 | 183 | 179 | 174 |
| 84 | 80 | 78 | 76 | 139 | 132 | 129 | 125 | 194 | 184 | 179 | 175 |
| 85 | 81 | 79 | 77 | 104 | 133 | 130 | 126 | 195 | 185 | 180 | 176 |
| 86 | 82 | 80 | 77 | 141 | 134 | 130 | 127 | 196 | 186 | 181 | 176 |
| 87 | 83 | 81 | 78 | 142 | 135 | 131 | 128 | 197 | 187 | 182 | 177 |
| 88 | 84 | 81 | 79 | 143 | 136 | 132 | 129 | 198 | 188 | 183 | 178 |
| 89 | 85 | 82 | 80 | 144 | 137 | 133 | 130 | 199 | 189 | 184 | 179 |
| 90 | 86 | 83 | 81 | 145 | 138 | 134 | 131 | 200 | 190 | 185 | 180 |
| 91 | 86 | 84 | 82 | 146 | 139 | 135 | 131 | 201 | 191 | 186 | 181 |
| 92 | 87 | 85 | 83 | 147 | 140 | 136 | 132 | 202 | 192 | 187 | 182 |
| 93 | 88 | 86 | 84 | 148 | 141 | 137 | 133 | 203 | 193 | 188 | 183 |
| 94 | 89 | 87 | 85 | 148 | 142 | 138 | 134 | 204 | 194 | 189 | 184 |
| 95 | 90 | 87 | 86 | 150 | 143 | 139 | 135 | 205 | 195 | 190 | 185 |
| 96 | 91 | 89 | 86 | 151 | 143 | 140 | 136 | 206 | 196 | 191 | 185 |
| 97 | 92 | 90 | 87 | 152 | 144 | 141 | 137 | 207 | 197 | 192 | 186 |
| 98 | 93 | 91 | 88 | 153 | 145 | 142 | 138 | 208 | 198 | 192 | 187 |
| 99 | 94 | 92 | 89 | 154 | 146 | 142 | 139 | 209 | 199 | 193 | 188 |
| 100 | 95 | 93 | 90 | 155 | 147 | 143 | 140 | 210 | 200 | 194 | 189 |
| 101 | 96 | 93 | 91 | 156 | 148 | 144 | 140 | 211 | 200 | 195 | 190 |
| 102 | 97 | 94 | 92 | 157 | 149 | 145 | 141 | 212 | 201 | 196 | 191 |
| 103 | 98 | 95 | 93 | 158 | 150 | 146 | 142 | 213 | 202 | 197 | 192 |
| 104 | 99 | 96 | 94 | 159 | 151 | 147 | 143 | 214 | 203 | 198 | 193 |
| 105 | 100 | 97 | 95 | 160 | 152 | 148 | 144 | 215 | 204 | 199 | 194 |
| 106 | 101 | 98 | 95 | 161 | 153 | 149 | 145 | 216 | 205 | 200 | 194 |
| 107 | 102 | 99 | 96 | 162 | 154 | 150 | 146 | 217 | 206 | 201 | 195 |
| 108 | 103 | 100 | 97 | 163 | 155 | 151 | 147 | 218 | 207 | 202 | 196 |
| 109 | 104 | 101 | 98 | 164 | 156 | 152 | 148 | 219 | 208 | 203 | 197 |
| 110 | 105 | 102 | 99 | 165 | 157 | 153 | 149 | 220 | 209 | 204 | 198 |
| 111 | 105 | 103 | 100 | 166 | 158 | 154 | 149 | | | | |
| 112 | 106 | 104 | 101 | 167 | 159 | 155 | 150 | | | | |
| 113 | 107 | 105 | 102 | 168 | 160 | 155 | 151 | | | | |
| 114 | 108 | 105 | 103 | 169 | 161 | 156 | 152 | | | | |
| 115 | 109 | 106 | 104 | 170 | 162 | 157 | 153 | | | | |
| 116 | 110 | 107 | 104 | 171 | 162 | 158 | 154 | | | | |
| 117 | 111 | 108 | 105 | 172 | 163 | 159 | 155 | | | | |
| 118 | 112 | 109 | 106 | 173 | 164 | 160 | 156 | | | | |
| 119 | 113 | 110 | 107 | 174 | 165 | 161 | 157 | | | | |
| 120 | 114 | 111 | 108 | 175 | 166 | 162 | 158 | | | | |

## CBC Survey Protocol — Pressure ulcer

Pressure ulcers can have serious health consequences for the elderly and are costly and time consuming to treat. However, they are one of the most preventable conditions among the elderly who have restricted mobility.

**Objectives**

❖ To determine if the pressure ulcer(s) is identified and evaluated/assessed; and

❖ To determine the adequacy of the facility's interventions and efforts to prevent and treat or obtain appropriate treatment for the pressure ulcer(s).

This protocol is to be used when a sampled resident has or is at risk of developing a pressure ulcer.

A ***pressure ulcer*** (also known as decubitus ulcer, pressure sore and bedsore) is defined as an injury to the skin as a result of constant pressure due to staying in one position without moving. Blood flow is reduced to the pressure area and eventually causes cell death, skin breakdown and the development of an open wound. Pressure ulcers usually occur over bony prominences (such as tail bone and heels) and are graded or staged to classify the degree of tissue damage observed.

A Stage 2 pressure ulcer is any injury to the skin and/or underlying tissue in which some degree of skin has been lost. The skin loss primarily involves the top layer of skin. The ulcer is superficial and looks like an abrasion, blister or shallow crater. The injury is in an area of pressure, usually over a bony prominence. This does not include a skin tear, tape burn, rash or excoriation.

**Procedures**

Briefly review the evaluation/assessment, service plan and physician/treatment orders to identify facility interventions and to guide observations to be made. For a resident either at risk for or with a pressure ulcer, the facility is expected to evaluate/assess and ensure the resident receives appropriate care from the day of move-in. Corroborate observations by interview and record review.

### Observation

❖ Observe whether staff consistently implement the service plan over time and across various shifts. During observations of the interventions, note and/or follow up on deviations from the service plan as well as potential negative outcomes, including but not limited to the following:

- Whether the positioning avoids pressure on an existing pressure ulcer(s);
- Whether pressure-redistributing devices for the bed and/or chair, such as gel-type surfaces or overlays are in place, working, and used according to the manufacturer's recommendations; and
- Presence of previously unidentified open areas.

### Resident/staff interviews

❖ Interview the resident, family and/or responsible party to the degree possible to identify:

- Involvement in care planning, choices, goals, and if interventions reflect preferences;
- Awareness of interventions being used, if any;
- Presence of pain, if any, and how it is managed;
- If treatment(s) was refused, whether counseling on alternatives, consequences, and/or other interventions was offered; and
- Awareness of current ulcer or history of an ulcer(s). For the resident who has or has had a pressure ulcer, identify as possible, whether acute illness, weight loss or other condition changes occurred prior to developing the ulcer.

❖ Interview staff on various shifts to determine:

- Knowledge of prevention and treatment, including facility guidelines/protocols and specific interventions for the resident;
- Awareness of approaches, such as pressure redistribution devices or equipment, and turning/repositioning to prevent or address pressure ulcer(s);
- If caregivers know what, when, and to whom to report changes in skin condition; and
- Who monitors for the implementation of the service plan, changes in the skin, the development of pressure ulcers, and the frequency of review and evaluation of an ulcer.

### Record review

- ❖ Review the evaluation/assessment and other documents such as physician orders, progress notes, treatment records and nurses' notes, regarding the evaluation/assessment of the resident's overall condition, risk factors and presence of a pressure ulcer(s) to determine if the facility identified the resident at risk and evaluated the factors placing the resident at risk:
  - For a resident who moved-in with an ulcer or who developed one soon thereafter, review the initial evaluation, service plan and other documentation regarding the wound site and characteristics at the time of move-in, skin condition, history of poor nutrition history of previous pressure ulcers; and
  - For a resident who has a pressure ulcer, review documentation regarding the treatment, whether by the facility or outside agency for:
    - ✓ Were treatments completed as ordered?
    - ✓ Does the documentation indicate the ulcer is healing?
  - In considering the appropriateness of a facility's response to the development, presence, improvement, or deterioration of a pressure ulcer; take into account the resident's condition, complications, time needed to determine the effectiveness of a treatment, and the facility's efforts, where possible, to address the risk factors and underlying causal factors.

### Service plan

- ❖ For the resident at risk for developing or who has a pressure ulcer, determine if the facility service plan addressed prevention, care and treatment of any existing pressure ulcers, including specific interventions.
- ❖ If the treatment is provided by home health or other agency, is that noted in the service plan?
- ❖ Has the facility coordinated on-site health services with outside service providers and received written information that addresses the on-site services being provided to the resident and any clinical information necessary for facility staff to provide supplemental care?
- ❖ Is the facility aware of the treatment provided by the outside provider to ensure that staff are informed of new interventions, that the service plan as adjusted if necessary, and that reporting protocols are in place?
- ❖ Has the facility nurse reviewed the resident's health related service plan changes made as a result of the provision of on-site health services?

**Revision of the service plan**

- ❖ Has the RN monitored the condition of the resident and coordinated with the agency providing care to ensure the resident is making improvements, and
- ❖ If the resident's condition is not improving, has the RN worked with the agency and/or physician to revise the treatment plan.
- ❖ If the resident refuses or resists staff interventions to reduce risk or treat existing pressure ulcers, determine if the facility worked with the resident and/or family to seek alternative measures to address the resident's needs.

**Interviews with health care practitioners and professionals**

- ❖ If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, facility nurse) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment and evaluation of the resident's condition or problem. Depending on the issue, ask about:
    - How was it determined that chosen interventions were appropriate;
    - Risks identified for which there were no interventions;
    - Changes in condition that may have justified additional or different interventions; or
    - How they validated the effectiveness of current interventions.

**Observation of existing ulcer/wound care**

- ❖ Based on observations, interviews and record reviews; if there is a question or concern regarding the presence or current status of an ulcer, then observation of the area is indicated. Note:
    - Characteristics of the wound and surrounding tissues such as presence of granulation tissue, the Stage, presence of exudates, necrotic tissue such as eschar or slough, or evidence of erythema or swelling around the wound;
    - Whether treatment and infection control practices reflect current standards of practice; and
    - Based on location, steps taken to cleanse and protect the wound from likely contamination by urine or fecal matter.

- ❖ If unable to observe the wound due to the dressing protocol, observe the area surrounding the ulcer(s). For ulcers with dressings that are not scheduled to be changed, the RN surveyor may request that the dressing be removed to observe the wound and surrounding area if other information suggests a possible treatment or assessment problem.

- ❖ If the resident expresses (or appears to be in) pain related to the ulcer, determine if the facility:
  - Assessed for pain related to the ulcer, addressed and monitored interventions for effectiveness; and/or
  - Assessed and took preemptive measures for pain related to dressing changes or other treatments, such as debridement/irrigations, and monitored for effectiveness.

**Determination of compliance:**

- ❖ The determining factor in compliance for change of condition and monitoring related to the development, care and treatment of pressure ulcers, is the proper identification, evaluation and assessment, development and implementation of the service plan, evaluation/assessment of the resident outcome, and revision of the service plan as needed if it is not effective. If not in compliance, cite at C270.

- ❖ Through the use of this protocol, other deficient practices may be discovered and may result in citations.

**Deficiency categorization:**

Once the team has completed its investigation, analyzed the data, reviewed the rule, and identified the deficient practices that demonstrate that the facility failed to provide monitoring, care and services related to pressure ulcers and that non-compliance exists, the team must determine the harm or potential for harm based upon the following levels of severity.

- ❖ **Level 1:** No harm, with potential for minimal harm. Facility is considered to be in substantial compliance.

  Level 1 is not appropriate for this rule.

❖ **Level 2:** No harm, with potential for more than minimal harm; or minimal harm which does not significantly impact the resident's quality of life or physical function.

Level 2 indicates noncompliance that results in a resident outcome of no more than minimal harm and/or has the potential for greater harm if interventions are not provided.

Examples of level 2 citations may include, but are not limited to:

- Residents at risk for pressure ulcers have not been evaluated and/or assessed and interventions have not been developed or consistently implemented and a Stage 2 or greater pressure ulcer(s) has not yet developed.
- Residents developed a single Stage 2 pressure ulcer, treatment was implemented, the facility RN was not involved, and the ulcer healed.
- Residents developed a single Stage 2 pressure ulcer, interventions were not developed or were not implemented, and the ulcer has not worsened.

❖ **Level 3:** Harm which significantly impacts the resident's quality of life or physical function, but does not require immediate correction to protect resident health or safety.

Level 3 indicates noncompliance that results in the development of multiple Stage 2; or Stage 3 or 4 pressure ulcer(s) which was (were) not treated and/or worsened.

Examples of level 3 citations may include, but are not limited to:

- Resident had multiple Stage 2; or Stage 3 or 4 pressure ulcer(s) which were not identified, evaluated, and/or assessed, or effective interventions were either not developed or consistently implemented.
- Resident had severe and/or untreated pain related to a pressure ulcer which was either not identified or evaluated/assessed or effective interventions were not developed nor consistently implemented.

❖ **Level 4:** ***Imminent danger*** to resident health or safety.
***Imminent danger*** is a situation in which the facility's noncompliance in providing monitoring or care related to pressure ulcers has resulted in, or is likely to result in a clear threat to residents.

Examples of level 4 citations may include, but are not limited to:

- One or more residents experiencing one or more Stage 3 or 4 pressure ulcers without effective intervention and without mitigating circumstances.
- Stage 3 or 4 pressure ulcers with associated soft tissue or systemic infection as a result of the facility's failure to assess or treat a resident with an infectious complication of a pressure ulcer.

**Change of Condition and Monitoring 411-054-0040 C270**

(1) CHANGE OF CONDITION. These rules define a resident's change of condition as either short term or significant with the following meanings:

(a) Short term change of condition means a change in the resident's health or functioning that is expected to resolve or be reversed with minimal intervention or is an established, predictable, cyclical pattern associated with a previously diagnosed condition.

(b) Significant change of condition means a major deviation from the most recent evaluation that may affect multiple areas of functioning or health that is not expected to be short term and imposes significant risk to the resident. Examples of significant change of condition include, but are not limited to: broken bones, stroke, heart attack or other acute illness/condition onset, unmanaged high blood sugar levels, uncontrolled pain, fast decline in ADL function, significant weight loss, pattern of refusing to eat, level of consciousness change, pressure ulcers (stage 2 or greater).

**Definitions**

**Significant change:** A noticeable decline in a resident's mental or physical health that is evaluated or assessed as not of short duration but is expected to last for some time. In other words, the change is not expected to resolve itself without more than minimal staff or medical intervention. If the decline is a major deviation from the resident's prior level of functioning, a significant change has taken place.

There may be a change in the level of functioning in performing activities of daily living. If a resident was able to transfer independently from a chair to a standing position and then walk, but now requires the assistance of staff and a walker to do the same activities that would mean the resident experienced a significant change in ambulation and transfer status. The resident could also have a significant change in hearing or vision that would impact ADL function.

There may be changes in the intensity and frequency of a resident's behavior such that behaviors that at one time were easily altered by minimal intervention now require more frequent and intensive or complex interventions or a resident develops new behaviors. Behaviors may include pacing, crying out, trying to leave the facility, being verbally or physically abusive, etc.

A resident's bowel or bladder continence pattern may change from being continent to being incontinent most or all of the time.

A resident may have an unplanned weight gain or loss of 5% in 30 days or 10% in six months. A resident's pattern of eating may change related to loss of appetite, difficulty swallowing or chewing, pattern of refusing to eat, regardless of cause, or an increase or decrease in the amounts or frequency of food intake.

Suggested parameters for evaluating significance of unplanned and undesired weight loss are:

| Interval | Significant loss | Severe loss |
|---|---|---|
| 1 month | 5% | Greater than 5% |
| 3 months | 7.5% | Greater than 7.5% |
| 6 months | 10% | Greater than 10% |

The following formula determines percentage of loss: Percent of body weight loss = (usual weight – actual weight)/(usual weight) x 100

Usual weight is the most recent stable weight in the facility prior to the weight change. It is not necessarily the ideal body weight.

A resident may have a change in mood. A resident's usual mood may have changed so that they appear sad or anxious and they don't respond to staff interventions that have been effective in the past.

A resident may have a change in level of consciousness. The resident may be difficult to arouse, or appears less alert or to have difficulty communicating.

A resident may have a change of health status, such as, unmanaged high or low blood sugar levels (blood sugar levels that exceed the parameters defined by the physician), a fracture, stroke, heart attack or major surgery.

A resident may have uncontrolled pain. He or she may experience a continuous or intermittent pain state which is not being controlled by their current treatment plan and/or interventions. Pain may have been gradually increasing over time or an acute change following an injury, surgery, or developing an infection or pressure ulcer.

A resident may have a significant change in skin condition, such as developing a stage 2 (or greater) pressure ulcer.

A Pressure Ulcer (also known as decubitus ulcer, pressure sore and bedsore) is defined as an injury to the skin as a result of constant pressure due to staying in one position without moving. Blood flow is reduced to the pressure area and eventually causes cell death, skin breakdown and the development of an open wound. Pressure ulcers usually occur over bony prominences (such as tail bone and heels) and are graded or staged to classify the degree of tissue damage observed.

A Stage 2 pressure ulcer is any injury to the skin and/or underlying tissue in which some degree of skin has been lost. The skin loss primarily involves the top layer of skin. The ulcer is superficial and looks like an abrasion, blister or shallow crater. The injury is in an area of pressure, usually over a bony prominence. This does not include a skin tear, tape burn, rash or excoriation.

## *CBC Survey protocol — Staffing*

**Objectives:**

- ❖ To determine if the facility has sufficient staff available to meet the residents' needs; and
- ❖ To determine if the facility has staff available to provide and monitor the delivery of resident care.

NOTE: This protocol is not required to be used during the standard survey, unless it is triggered.

This protocol is to be used when:

- ❖ Residents are identified who require the assistance of two or more caregivers for scheduled and unscheduled needs, and
- ❖ Concerns are identified regarding the lack of awake and/or available staff in each building or distinct part of the facility;
- ❖ Quality of care problems have been identified which may be associated with sufficiency of staff; e.g. residents not receiving the care and services to prevent pressure ulcer(s), significant unplanned weight loss, and lack of services as described in service plans, such as bathing, dressing, grooming, transferring, ambulation, toileting, and eating; or

❖ Complaints have been received from residents, families or other resident representatives concerning care and services not being provided or not provided timely due to a lack of staff; e.g. calls for assistance not being answered in a timely fashion.

**Procedures:**

❖ If problems are identified with care and services not being provided as needed by the resident, focus the discussion with supervisory staff on the situations which led to using the protocol:

- How does the facility determine appropriate numbers of caregivers and general staffing based on resident acuity and service needs;
- How do they assure that staff are knowledgeable about the needs of the residents, and trained in the provision of care and capable of delivering the care as planned;
- How do they assure that staff are appropriately deployed to meet the needs of the residents;
- How do they provide orientation for new or temporary staff regarding the resident needs and the interventions to meet those needs; and
- How do they assure that staff are advised of changes in the care plan?

❖ Determine if staff are knowledgeable regarding the residents' care needs; e.g. the provision of fluids and foods for residents who are unable to provide these services for themselves; the provision of turning, positioning and skin care for those residents identified at risk for pressure ulcers; and the provision of incontinence care as needed.

❖ In interviews with residents, families and/or significant others, inquire about staff responsiveness to requests for assistance and the timeliness of the responses.

❖ If necessary, review staff assignments in relation to the care and services the resident requires.

❖ Review past staffing assignments to determine if a minimum of two or more staff were available to meet the needs of residents requiring the assistance of two or more staff for scheduled and unscheduled needs and to determine if a minimum number of staff were awake and available in each building and each distinct part at all times based on the structural design of the facility.

❖ Determine if the problems are facility-wide, cover all shifts or if they are limited to certain living areas or shifts, or days of the week.

- ❖ Are there adequate staff to meet direct care needs, and for planning, and evaluation?
- ❖ Do work loads for direct care staff appear reasonable?
- ❖ Are staff responsive to residents' needs for assistance and do residents receive assistance promptly?
- ❖ Do residents call out repeatedly for assistance?
- ❖ Are residents, who are unable to call for help, checked frequently for safety, comfort, positioning, and to offer fluids and provision of care?
- ❖ Do residents, family, and ombudsmen report insufficient staff to meet resident needs?
- ❖ How does the facility assure that each resident receives care in accordance with their service plan on nights, weekends and holidays?
- ❖ How does the sufficiency of staff contribute to identified care and service problems?

**Determination of compliance:**

- ❖ The determining factor in compliance for sufficiency of staff is the ability of the facility to provide the needed care for residents. A deficiency concerning staffing should ordinarily provide examples of care deficits caused by insufficient quantity of staff.
- ❖ The facility is compliant with this rule if the facility has provided a sufficient number of staff to meet the needs of the residents on a 24-hour basis. If not, cite C360.

**Deficiency categorization:**

Once the team has completed its investigation, analyzed the data, reviewed the rule, and identified the deficient practices that demonstrate that the facility failed to provide sufficient staff and that non-compliance exists, the team must determine the harm or potential for harm based upon the following levels of severity.

- ❖ Level 1: No harm, with potential for minimal harm. Facility is considered to be in substantial compliance.

  Level 1 is not appropriate for this rule.

- ❖ **Level 2:** No harm, with potential for more than minimal harm; or minimal harm which does not significantly impact the resident's quality of life or physical function.

  Level 2 indicates noncompliance that results in a resident outcome of no more than minimal harm and/or has the potential for greater harm if interventions are not provided.

  Examples of level 2 citations may include, but are not limited to:

  - Less than sufficient staff scheduled when a resident requires the assistance of two or more caregivers,
  - Staff are not awake and/or available in each detached building or distinct part of a facility, or
  - Resident(s) wait long periods of time for services, not resulting in harm.

- ❖ **Level 3:** Harm which significantly impacts the resident's quality of life or physical function, but does not require immediate correction to protect resident health or safety.
  Level 3 indicates noncompliance that results in actual harm and would be cited as well as non-compliance in a resident services rule at level 3 which is associated with sufficiency of staff.

- ❖ **Level 4:** ***Imminent danger*** to resident health or safety.

  ***Imminent danger*** is a situation in which the facility's noncompliance in providing sufficient quantity of staff has resulted in, or is likely to result in a clear threat to residents. This would be as well as non-compliance in a resident services rule at level 4 which is associated with sufficiency of staff.

# Notes

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