

The New Survey Process Update

Prepared for ACHCA

The New Survey Process: An Update!

The new survey process began on November 28, 2017. It has changed the way surveyors look at your facility. This session will look at how the new survey process has been implemented and the challenges that facilities have been seen. We will discuss specific trends in the process since its inception. Strategies to be prepared will be covered.

At the completion of this workshop, participants should be able to:

- Describe how the new survey process has been implemented
- Discuss the trends in the new survey process
- Evaluate their internal systems readiness to meet these new regulatory interpretations

Presented by:

Pat Boyer, Director

Power Point Slides

Disclosure of Commercial Interests

I have commercial interests in the following organization(s): (or I consult for the following organizations)

- Wipfli LLP
- Director of Clinical Services
- Traditional Accounting Services and Consulting in multiple sectors of industry including Health Care – Senior Living

-List all commercial interests.

- Wipfli LLP

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**The New Survey
Process:
An Update**



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Background



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Legislation

- Affordable Care Act
- Improving Medicare Post-Acute Care Transformation Act
 - QAPI
 - Discharge planning requirements
 - Staff training

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Phase 2

- Release coincided with the implementation of Phase 2 of the Requirements of Participation
 - New guidance
 - New F tags
 - Surveys with the new process

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All States

- Computer-based survey process
- Combination of traditional and QIS survey
- Resident centered
- Retain surveyor autonomy

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Why

- Formerly two processes
 - Traditional
 - QIS

Both processes needed improvement

Both identified different issues

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Why

- Using the best of both processes will provide better outcomes and a single survey process
- New and innovative approaches
- Resident centered
- More effective and efficient
- Retains the structure of QIS and the surveyor autonomy of the traditional

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Resident Centered

- Resident concerns identified through observations and resident/representative interviews



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Three Parts

- Initial pool process
- Sample selection
- Investigation



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Off-Site Preparation



Off-Site Preparation

- CASPER 3 review to identify repeat deficiencies
- Review of last standard survey
- Review of complaints
- Facility-reported incidents
- Variances/waivers

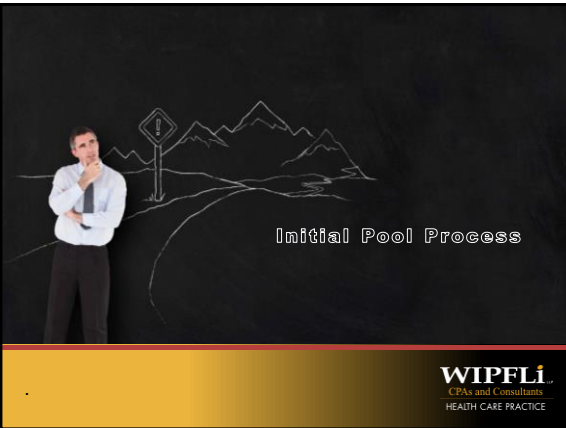


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Facility Entrance



Initial Pool Process



Sample (20% of Census)

- Size based on census
 - 70% selected off site using MDS data
 - 30% selected on site by team
 - Vulnerable residents
 - New admissions
 - Complaints



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Sample

- The nurse on the unit will be asked for the new admissions
- Surveyors will tour (go room to room) without facility staff



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Day One

- Full day of observations, interviews, and limited record review of initial pool



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Screening

- Each resident in the initial pool will be interviewed
- The interviews should take about 20 minutes
- Address all care areas (quality of life, resident rights, and quality of care)
- For each concern, questions will be asked until:
 - The concern can be ruled out
 - Or needs to be investigated further

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Observation

- Cover all care areas and probes
- Round
- Formal observations
- Decide whether or not there is issue or whether to investigate further

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Family/Representative Issues

- Non-interviewable residents
- Familiar with care
- At least three

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Limited Record Review

- After interviews and observations
- Review for advance directives
- Confirm or clarify interview and observation information
- Pressure ulcers, infections, elopements
- Confirm medications, diagnosis, and PASARR Level II services



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Day Two

- Sample identified, and the rest of the survey is used to investigate concerns for those residents



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Sample Selection



Sample Selection

- By the end of day one or early on day two
 - Replace discharged resident with on-site resident
 - Abuse concern
 - Transmission-based precautions
 - All MDS indicator areas
 - HARM
 - Software assists the team with this

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Unnecessary Medication Review

- Five residents for full medication review
- Psychotropic, insulin, anticoagulants, opioids, diuretics, antibiotics,
- Adverse consequences:
 - Falls, weight loss, sedation

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Investigation



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Investigation

- Investigate all concerns
- Continuous observations:
 - Are appropriate care and services provided (pressure ulcers/incontinence)
- Representative/family interview



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Appendix PP

- Critical element pathways will guide investigations
- Appendix PP if no CE available



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Other Activities



Other Tasks

- Dining
- Infection control
- Skilled nursing facility (SNF) beneficiary
 - Protection notification review
- Resident council meeting

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Other Tasks

- Kitchen
- Medication administration and storage
- Sufficient and competent nurse staffing
- QAA/QAPI

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Closed Record Reviews

- Computer selected
- Unexpected death
- Hospitalization review
- Community discharge review

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Dining

- First full meal will be observed
- All dining areas and room trays
- Prioritized with the most dependent residents
- If concerns, a follow-up meal will be observed

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Dining-Subsequent Meal

- Dining CE pathway
- Separate from nutrition or weight loss investigation

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Infection Control

- Observation throughout entire survey
- Review of influenza and pneumococcal vaccinations (five residents)
- Infection prevention and control
- Antibiotic stewardship program
- Resident on transmission-based precautions if available

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SNF Beneficiary Protection Notification Review

- New pathway
- List from entrance conference
 - Three picked at random
- Facility will complete a worksheet
- Surveyor reviews a completed worksheet



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Kitchen Observation

- Brief tour on entrance
- Full investigation after day one
- CE pathway



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Medication Administration

- Observe for a sampled resident if possible
- If controlled meds observed, a med reconciliation will be performed
- Look for outdated meds
- Observe different routes, units, and shifts
- 25 opportunities



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Resident Council Meeting

- Group interview
- Focused on areas related to the council
- Also, abuse and staffing
- Ask about identified concerns
- CE pathway

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Sufficient and Competent Nurse Staffing Review

- Mandatory task
- Will link to quality of life and quality of care concerns

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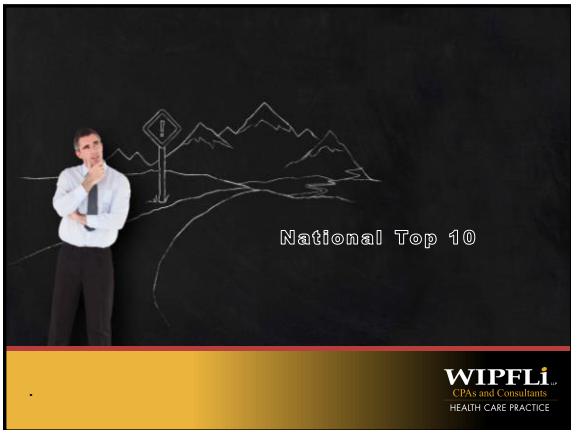
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Environment

- Relevant concerns that caused it to trigger
- LSC will address emergency preparedness, oxygen storage, and generators

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What Trends are being seen?

- Longer Surveys & more surveyors
- Emphasis on person-centered care/resident rights
- Baseline Care Plans not being given to pts/families or not offered in writing
- Lots of staff, resident, contractor interviews – results of complaints cross-referenced to “not enough staff”
- ↑ in # of tags, lower S/S

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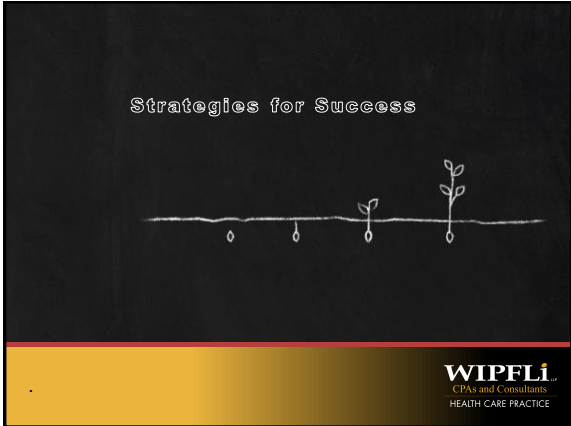
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What Trends are being seen?

- There have been deficiency free surveys
- More emphasis on psychosocial impact
- Emergency Preparedness Citations – plan doesn't include all required elements
- Life Safety citations – testing and maintenance of equipment

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Educate

- Staff on the process, what to expect and how to respond
- Residents and family: Let them know they will be interviewed

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Practice

- Interview high risk residents and families to see where the deficits may be
- Utilize previous survey
- Top Ten citation areas

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Audit

- Use QM /Matrix
 - Determine who is high risk
- Use CE
 - Review the chart as a surveyor would
 - Observe cares
 - Revise plan and educate staff

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Mock Survey

- Educational for staff and management
- In depth look at systems and processes
- Outside eyes do not automatically fill in the blanks
- Find areas before the surveyors do
- Use for QAPI

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Plan

- How to track Matrix items
- Keep matrix updated
- Update survey binder to reflect new process

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Additional Information

Submit all questions about the new survey process to
NH Survey Development mailbox:
NHSurveyDevelopment@cms.hhs.gov

Information about the survey process and implementation can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

CMS forms – <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

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Attachments

ATTACHMENTS

Entrance Conference Form

Resident Interview Care Areas and Probes

Resident Representative Interview Care Areas and Probes

Resident Observations Care Areas and Probes

Survey Sample Grid

Matrixes with Instructions

Top Ten Deficiencies

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
<input type="checkbox"/> 1. Census number
<input type="checkbox"/> 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/> 3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/> 4. A list of residents who smoke, designated smoking times, and locations.
ENTRANCE CONFERENCE
<input type="checkbox"/> 5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/> 6. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/> 7. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/> 8. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/> 9. A copy of an updated facility floor plan, if changes have been made.
<input type="checkbox"/> 10. Name of Resident Council President.
<input type="checkbox"/> 11. Provide the facility with a copy of the CASPER 3.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE
<input type="checkbox"/> 12. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
<input type="checkbox"/> 13. Schedule of Medication Administration times.
<input type="checkbox"/> 14. Number and location of med storage rooms and med carts.
<input type="checkbox"/> 15. The actual working schedules for licensed and registered nursing staff for the survey time period.
<input type="checkbox"/> 16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
<input type="checkbox"/> 17. If the facility employs paid feeding assistants, provide the following information: <ul style="list-style-type: none"> a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training; b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks; c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE
<input type="checkbox"/> 18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
<input type="checkbox"/> 19. Admission packet.
<input type="checkbox"/> 20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
<input type="checkbox"/> 21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/> 22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/> 23. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/> 24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

ENTRANCE CONFERENCE WORKSHEET

<input type="checkbox"/>	25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
<input type="checkbox"/>	26. Influenza / Pneumococcal Immunization Policy & Procedures.
<input type="checkbox"/>	27. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/>	28. QAPI Plan.
<input type="checkbox"/>	29. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/>	30. Description of any experimental research occurring in the facility.
<input type="checkbox"/>	31. Facility assessment.
<input type="checkbox"/>	32. Nurse staffing waivers.
<input type="checkbox"/>	33. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none">• Less than the required square footage• More than four residents• Below ground level• No window to the outside• No direct access to an exit corridor
INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY	
<input type="checkbox"/>	34. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled “Electronic Health Record Information.”
INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE	
<input type="checkbox"/>	35. Completed Medicare/Medicaid Application (CMS-671).
<input type="checkbox"/>	36. Completed Census and Condition Information (CMS-672).
<input type="checkbox"/>	37. Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.

ENTRANCE CONFERENCE WORKSHEET

Beneficiary Notice - Residents Discharged Within the Last Six Months

Please complete and return this worksheet to the survey team within 24 hours. Please provide a list of residents who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months. Please indicate if the resident was discharged home or remained in the facility. (Note: Exclude beneficiaries who received Medicare Part B benefits only, were covered under Medicare Advantage insurance, expired, or were transferred to an acute care facility or another SNF during the sample date range).

Resident Name	Discharge Date	Discharged to:	
		Home/Lesser Care	Remained in facility
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

ENTRANCE CONFERENCE WORKSHEET ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team before the end of the first day of survey.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system) for the initial pool record review process. Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
Example: Medications	EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report
Example: Hospitalization	EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent)
1. Pressure ulcers	
2. Dialysis	
3. Infections	
4. Nutrition	
5. Falls	
6. ADL status	
7. Bowel and bladder	
8. Hospitalization	
9. Elopement	
10. Change of condition	
11. Medications	
12. Diagnoses	
13. PASARR	
14. Advance directives	
15. Hospice	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

Initial Pool Process: Resident Interview

Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"> • Are you able to make choices about your daily life that are important to you? • I'd like to talk to you about your choices. Are you able to get up and go to bed when you want to? • How about bathing, are you able to choose a bath or shower? Do you choose how often you bathe? • How about food, does the facility honor your preferences or requests regarding meal times, food and fluid choices? • How about activities, are you able to choose when you go to activities? • How about meds, are you able to choose when you receive your medications? • Did you choose your doctor? Do you know their name and how to contact them? • Can you have visitors any time or are there restricted times? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Activities	<ul style="list-style-type: none"> • Do you participate in activities here? If not, why? • Do the activities meet your interests? If not, what type of activities would you like the facility to offer? • Are activities offered on the weekends and evenings? If not, would you like to have activities on the weekends or in the evenings? • Do staff provide activities you can do on your own (cards, books, other)? <p>If resident is in the facility for rehab or is a young resident who says they don't care to participate in the activities, determine:</p> <ul style="list-style-type: none"> • If it is because the activities don't interest them. 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<p>or</p> <ul style="list-style-type: none"> If they wouldn't participate in activities no matter what was offered. If they don't want to participate in activities (offered or not), then mark activities as No Issues. 	
Dignity	<ul style="list-style-type: none"> Do staff treat you with respect and dignity? Do you have any concerns about how staff treat you? If so, please describe. Do you have any concerns about how staff treat other residents in the facility? If so, please describe. Have you shared with staff any of your concerns about how you or other residents are treated? If so, what happened? <p>NOTE: If abuse is suspected, mark abuse as Further Investigation.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Abuse	<p>Describe any instances where staff:</p> <ul style="list-style-type: none"> Made you feel afraid or humiliated/degraded Said mean things to you Hurt you (hit, slapped, shoved, handled you roughly) Made you feel uncomfortable (touched you inappropriately) <ul style="list-style-type: none"> Have you seen or heard of any residents being treated in any of these ways? Did you tell anyone about what happened (e.g., staff, family, or other residents)? What was their response? <p>NOTE: If you receive an allegation of abuse, immediately report this to the facility administrator, or his/her designated representative if the administrator is not present.</p> <p>If the concern is dignity related, mark dignity as Further Investigation.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
Resident-to-Resident Interaction	<ul style="list-style-type: none"> • Have you had any confrontations with other residents? If so, please describe. • Have you reported this to anyone (e.g., staff, family, or other residents)? If so, what happened afterwards? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Privacy	<ul style="list-style-type: none"> • If the resident has a roommate, ask: Do you feel like you can have a private conversation with your family or a visitor if your roommate is here? • Does staff provide you privacy when they are helping you to bathe or dress, or providing treatments? • Do you have privacy when on the telephone? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Accommodation of Needs (physical)	<ul style="list-style-type: none"> • Is your room set up so you can easily get around the room, get to and from the bathroom, use the sink? • Do you have any concerns with your roommate's personal items taking over your space? • Does your call light work? Can you reach it? Observe for alternatives to traditional call light systems such as tabs, pads, air puff call lights. Are these devices located in the resident's room, toilet and bathing facilities and working? • Do you have enough light in your room to do what you want or need to do? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Personal Funds	<ul style="list-style-type: none"> • Does the facility hold your money for you? <ul style="list-style-type: none"> ○ Can you get your money when you need it, including weekends? ○ Do you get a quarterly statement from the facility? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Personal Property	<ul style="list-style-type: none"> • Have you had any missing personal items? <ul style="list-style-type: none"> ○ How long has it been missing? ○ What do you think happened? ○ Did you tell anyone about the missing item(s)? ○ What happened after you told staff about the missing item? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Did the facility ask you to sign a piece of paper indicating they are not responsible for your lost personal items? • If the room is not personalized, ask: Were you encouraged to bring in any personal items? <p>NOTE: If the resident has not informed staff about the property loss, inform the resident that you will provide the information to the administrator and/or DON so that they may follow up with the resident. Follow up with the facility staff prior to the end of the survey to evaluate the action taken regarding the resident's concerns.</p>	
Sufficient Staffing	<ul style="list-style-type: none"> • Do you get the help and care you need without waiting a long time? If not, what happened when you had to wait a long time? • How long would you say it takes staff to come when you use your call light? • How long does it take staff to come when you use your call light to go to the bathroom? • Does this happen often? • Is there a specific time of day or night this happens? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Participation in Care Planning	<ul style="list-style-type: none"> • Does the staff include you in decisions about your medicine, therapy, or other treatments? • Are you or a person of your choice invited to participate in setting goals and planning your care? • Can you share with me how the meeting went? • Do you receive care according to the plan you developed with the staff to achieve your goals? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<p>Only ask for new admissions:</p> <ul style="list-style-type: none"> • Did you receive a written summary of your initial care plan after you were admitted? If so, did the staff explain your care plan to you? • Did you understand it? 	
Community Discharge	<p>For new admissions and long-stay residents who want to return to the community:</p> <ul style="list-style-type: none"> • Do your goals for care include discharge to the community? If so, has the facility included you or the person of your choice in the discharge planning? • Do you need referrals to agencies in the community to assist with living arrangements or care after discharge? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Environment	<ul style="list-style-type: none"> • How is the noise level in your room? • How is the temperature in your room and in the building? • Do you feel your room and the building are clean and comfortable? If not, please describe. • Is there anything else in the building that affects your comfort? • Are the water temperatures too hot or too cold when you wash your hands or take a bath or shower? • Is your bed clean and comfortable? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Food	<ul style="list-style-type: none"> • Does the food taste good and look good? • Are the hot foods served hot and the cold foods served cold? • Does the facility accommodate your food preferences (e.g., cultural, ethnic, or religious), allergies, or sensitivities? • Are you provided a substitution if you don't like what is served? • Do you receive snacks when you request them? • Are they the type of snacks you like to receive? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
Dental	<ul style="list-style-type: none"> • Do you have any problems with your teeth, gums, or dentures? If so, describe. • Have you lost or damaged your dentures? Did you tell staff? Did the staff tell you what they are doing about your dentures? • Do you have difficulty chewing food? If so, how is the staff addressing this? • Does the staff provide you with oral hygiene products you need (e.g. toothbrush, toothpaste, mouthwash, denture tabs/cup/paste)? • Does the staff help you brush your teeth? If so, how often does staff assist you with oral care? • Does the facility help with appointments to the dentist? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Nutrition	<ul style="list-style-type: none"> • Are you on a special diet (which includes an altered consistency)? If so, what is it and how long have you received this diet? • Do you need assistance with eating or dining? • Do you have difficulty swallowing food? • Have you gained weight? • Have you lost weight? • What are staff doing to address your weight loss? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Hydration	<ul style="list-style-type: none"> • Does the staff provide you with water or other beverages throughout the day, evening, and night time? • Do you need assistance to drink the fluids? If so, how often do staff provide you with the fluids? • Have you been dehydrated? • Have you received any IV fluids? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
Tube Feeding	If you observe that a resident is tube fed, ask: <ul style="list-style-type: none"> • Why do you receive a tube feeding? • How much do you get? • Do you feel like you have lost/gained weight? • Have you had any issues with it? 	No Issues/NA Further Investigation MDS Discrepancy
Vision and Hearing	<ul style="list-style-type: none"> • Do you have any problems with your vision or hearing? <ul style="list-style-type: none"> ○ Do you wear glasses or use hearing aids? ○ Are your glasses and/or hearing aids in good repair? If not, what are the facility staff doing to help you with this problem? ○ Do you need glasses or a hearing aid? ○ Have you lost your glasses or hearing aids at the facility? ○ What did the facility do if you lost them? ○ Does the facility help you make appointments and help with arranging transportation? ○ If resident has either/both - how are they working for you? 	No Issues/NA Further Investigation
ADLs	<ul style="list-style-type: none"> • Do you get the help you need to get out of bed or to walk? • Do you get the help you need when you need to use the bathroom? • Do you get the help you need to clean your teeth or get dressed? • Do you get the help you need during meals? • If not, please describe. 	No Issues/NA Further Investigation
ADL Decline	<ul style="list-style-type: none"> • Has your ability to dress yourself or to take a bath changed? If so, please describe. • Has your ability to get to the bathroom or use the bathroom changed? If so please, describe. • Do you need more help now to clean your teeth or eat meals? • Do you need more help with getting out of bed or walking now? • Has this been happening for a long time? About how long? 	No Issues/NA Further Investigation MDS Discrepancy

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> What are staff doing to stop you from getting worse or to help you improve in these areas? 	
Catheter	<p>Only ask for a resident who has a urinary catheter:</p> <ul style="list-style-type: none"> Do you know why you have the catheter? How long have you had it? Have you had any problems with your catheter? Have you had any problems such as infections or pain related to the catheter? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Insulin or Blood Thinner	<p>Only ask for residents receiving insulin or an anticoagulant:</p> <ul style="list-style-type: none"> Do you get insulin or a blood thinner like Coumadin? Have you had any problems with your blood sugars such as feeling dizzy or light headed? If so, when did they occur and how did staff respond? Have you had any bleeding or bruising? Have you talked to staff about this? Any other issues? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Respiratory Infection	<ul style="list-style-type: none"> Do you have easy access to a sink with soap to wash your hands? Do staff assist you with washing your hands, if needed? Have you had a fever lately? Have you had a respiratory infection recently? <ul style="list-style-type: none"> Tell me about the infection? Are you currently having any symptoms? How was it treated? Are you still being treated? <p>If a resident is on transmission-based precautions, ask the following questions:</p> <ul style="list-style-type: none"> Are staff and visitors wearing gowns, gloves, and/or masks when entering your room? If not, please describe what has been occurring. 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Are there any restrictions on where you can and can't go in the facility? • Do you know the reason for these restrictions? • Have staff explained why you are on precautions and how long you will be on the precautions? • Are there any restrictions for visitors coming into your room? • Have you had any changes in your mood since being placed on isolation, and if so, please describe? 	
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> • Do you have easy access to a sink with soap to wash your hands? • Do staff assist you with washing your hands, if needed? • Have you had a UTI recently? <ul style="list-style-type: none"> ○ Tell me about the infection? ○ Are you currently having any symptoms? ○ How was it treated? ○ Are you still being treated? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Infections (not UTI or Respiratory)	<ul style="list-style-type: none"> • Have you had any other infections recently (e.g., surgical infection, eye infection)? <ul style="list-style-type: none"> ○ Tell me about the infection? ○ Are you currently having any symptoms? ○ How was it treated? ○ Are you still being treated? <p>If a resident is on transmission-based precautions, ask the following questions:</p> <ul style="list-style-type: none"> • Are staff and visitors wearing gowns, gloves, and/or masks when entering your room? If not, please describe what has been occurring. • Are there any restrictions on where you can and can't go in the facility? • Do you know the reason for these restrictions? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Have staff explained why you are on precautions and how long you will be on the precautions? • Are there any restrictions for visitors coming into your room? • Have you had any changes in your mood since being placed on isolation, and if so, please describe? 	
Hospitalizations	<ul style="list-style-type: none"> • Have you gone to the hospital or emergency room for treatment recently? <ul style="list-style-type: none"> ○ When did you go and why? ○ Were you able to go back to your same room? ○ Were you told whether the facility would hold your bed? ○ How often are you admitted to the hospital? 	No Issues/NA Further Investigation MDS Discrepancy
Falls	<ul style="list-style-type: none"> • Have you fallen recently? If so, when did you fall and what happened? <ul style="list-style-type: none"> ○ How many times? ○ Did you get any injuries from the fall(s)? ○ What has the facility done to prevent you from falling? 	No Issues/NA Further Investigation MDS Discrepancy
Pain	<ul style="list-style-type: none"> • Do you have any pain or discomfort? <ul style="list-style-type: none"> ○ Where is your pain? ○ How often do you have pain? ○ What does the facility do to manage your pain (e.g. hot or cold packs, pain medications)? ○ Were you involved in the management of your pain? ○ Is your pain relieved? ○ For opioid use: What did the facility try before starting that medication? ○ Does the pain prevent you from attending activities or doing other things you would like to do? ○ Do you receive pain medications when needed such as before therapy or treatment? ○ Do you receive pain medications in a timely manner when requested? 	No Issues/NA Further Investigation MDS Discrepancy

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> ○ Do you have any side effects (e.g., constipation or dizziness) related to your pain medications and are they addressed? 	
Pressure Ulcers	<ul style="list-style-type: none"> ● Do you have any sores, open areas, or pressure ulcers? <ul style="list-style-type: none"> ○ Where is your pressure ulcer? ○ When did you get it? ○ How did you get it? ○ Are staff here treating it? ○ How often do they reposition you? ○ Do you know if it is getting better? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Skin Conditions (non-pressure related)	<ul style="list-style-type: none"> ● Do you have any bruises, burns, or other issues with your skin? <ul style="list-style-type: none"> ○ Do you know how you got it? ○ Are staff aware? ○ What are they doing to prevent it from happening again? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Limited ROM	<ul style="list-style-type: none"> ● Do you have any limitations in your joints like your hands or knees? <ul style="list-style-type: none"> ○ What are staff doing to help with your limited range of motion? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Rehab	<p>If on a rehab unit or the resident has expressed concerns (e.g., contractures) that should be addressed by rehab, ask:</p> <ul style="list-style-type: none"> ● Are you getting therapy? Tell me about it. 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Dialysis	<p>Only ask if the resident is on dialysis:</p> <ul style="list-style-type: none"> ● What type of dialysis do you receive (hemodialysis or peritoneal dialysis)? <p>For peritoneal or hemodialysis (HHD):</p> <ul style="list-style-type: none"> ● Where and how often do you receive dialysis? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Who administers the dialysis in the facility (e.g., family or staff)? • Where is your access site located? • How often is your access site monitored by facility staff? • Have you had any problems with infections? • For a resident receiving HHD: Have you had any problems with bleeding at the access site? • For a resident receiving HHD: Which arm do staff use for taking your B/P? • Have you had any problems before, during or after dialysis? If so, can you describe what occurred and how staff responded? • How often and when are you weighed and your vital signs taken? • Any issue with your meals and medications on days you receive hemodialysis? • Are you on a fluid restriction or dietary restrictions? • How are you doing with that? • Do you think there is good communication between the dialysis center and the facility? <p>For offsite hemodialysis:</p> <ul style="list-style-type: none"> • What are the transport arrangements? • Have you had any concerns going from dialysis and back to the facility? 	
B&B incontinence	<ul style="list-style-type: none"> • Are you incontinent? <ul style="list-style-type: none"> ○ When did you become incontinent? ○ Do you know why you are incontinent? ○ What is the facility doing to try and help you become more continent? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Do you use incontinence briefs? If so, have you ever been instructed to urinate in your briefs and the staff will change you later? • Are you on a program (e.g., scheduled toileting) to help you maintain your level of continence? How is it going? Are there things they could be doing that might help? 	
Constipation/Diarrhea	<ul style="list-style-type: none"> • Are you having any problems with your bowels, including concerns with colostomy? • Constipation (longer than 3 days)? • Diarrhea? <ul style="list-style-type: none"> ○ How long have you had the problems with your bowels? ○ Are you on a bowel management program? If so, please describe. ○ Do you feel that the bowel management program helps with your bowel problems? If not, why not? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Smoking	<p>Only ask if the resident smokes:</p> <ul style="list-style-type: none"> • Are you able to smoke when you want? If not, what are the smoking times? • Who keeps your cigarettes and lighter? • Do you use oxygen? If so, have you smoked in the facility while using your oxygen? • Where do you put your ashes and cigarette butts? • Does staff supervise you when you smoke? • Do you use devices to help keep you safe while you smoke (e.g., a smoking apron)? • Have you had any accidents or burns while smoking? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Hospice	<p>Only ask if the resident is receiving hospice services:</p> <ul style="list-style-type: none"> • How long have you received hospice services? • How often does hospice staff come in to see you or provide care? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • What type of care or services do they provide? • Are you involved in care planning decisions with the hospice and the facility? • Did the facility provide you with the name of the person who coordinates care with the hospice? • Has this person been in contact with you? • Do you have any concerns with hospice services? • Do you know who to talk to at the facility concerning your hospice care? 	MDS Discrepancy
Other Concerns	<ul style="list-style-type: none"> • Do you have any other concerns or problems that the facility is not helping you with? 	No Issues/NA Further Investigation

Initial Pool Process: Resident Representative Interview

Care Area	Probes	Response Options
Choices	<ul style="list-style-type: none"> • Is [resident’s name] able to make choices about his/her daily life that are important to [resident’s name]? • I’d like to talk to you about [resident’s name] choices. Is [resident’ name] able to get up and go to bed when he/she wants to? • How about bathing, is [resident’s name] able to choose a bath or shower? Does [resident’s name] choose how often he/she bathes? • How about food, does the facility honor [resident’s name] preferences or requests regarding meal times, food and fluid choices? • How about activities, is [resident’s name] able to choose when he/she goes to activities? • How about meds, is [resident’s name] able to choose when he/she receives medications? • Did [resident’s name] choose his/her doctor? Does [resident’s name] know their name and how to contact them? • Can [resident’s name] have visitors any time or are there restricted times? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Activities	<ul style="list-style-type: none"> • Does [resident’s name] participate in activities here? If not, why? • Do the activities meet [resident’s name] interests? If not, what type of activities would [resident’s name] like the facility to offer? • Are activities offered on the weekends and evenings? If not, would [resident’s name] like to have activities on the weekends or in the evenings? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> Does staff provide activities [resident's name] can do on his/her own (cards, books, other)? 	
Dignity	<ul style="list-style-type: none"> Does staff treat [resident's name] with respect and dignity? Do you have any concerns about how staff treat [resident's name]? If so, please describe. Do you have any concerns about how staff treat other residents in the facility? If so, please describe. Have you shared with staff any of your concerns about how [resident's name] or other residents are treated? If so, what happened? <p>NOTE: If abuse is suspected, mark abuse as Further Investigation.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Abuse	<p>Describe any instances where staff:</p> <ul style="list-style-type: none"> Made [resident's name] feel afraid or humiliated/degraded Said mean things to [resident's name] Hurt [resident's name] (hit, slapped, shoved, handled [resident's name] roughly) Made [resident's name] feel uncomfortable (touched [resident's name] inappropriately) <ul style="list-style-type: none"> Have you seen or heard of any residents being treated in any of these ways? Did you tell anyone about what happened (e.g., staff, family, or other residents)? What was their response? <p>NOTE: If you receive an allegation of abuse, immediately report this to the facility administrator, or his/her designated representative if the administrator is not present.</p> <p>If the concern is dignity related, mark dignity as Further Investigation.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
Resident-to-Resident Interaction	<ul style="list-style-type: none"> • Has [resident's name] had any confrontations with other residents? If so, please describe. • Have you reported this to anyone (e.g., staff, family, or other residents)? If so, what happened afterwards? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Privacy	<ul style="list-style-type: none"> • If the resident has a roommate, ask: Does [resident's name] feel like he/she can have a private conversation with you or a visitor if his/her roommate is here? • Does staff provide [resident's name] privacy when they are helping him/her to bathe or dress, or providing treatments? • Does [resident's name] have privacy when on the telephone? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Accommodation of Needs (physical)	<ul style="list-style-type: none"> • Is [resident's name] room set up so he/she can easily get around the room, get to and from the bathroom, use the sink? • Do you have any concerns with [resident's name] roommate's personal items taking over his/her space? • Does [resident's name] call light work? Can he/she reach it? Observe for alternatives to traditional call light systems such as tabs, pads, air puff call lights. Are these devices located in the resident's room, toilet and bathing facilities and working? • Does [resident's name] have enough light in his/her room to do what he/she wants or needs to do? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Personal Funds	<ul style="list-style-type: none"> • Does the facility hold [resident's name] money? <ul style="list-style-type: none"> ○ Can he/she get money when he/she needs it, including weekends? ○ Do you or [resident's name] get a quarterly statement from the facility? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Personal Property	<ul style="list-style-type: none"> • Has [resident's name] had any missing personal items? <ul style="list-style-type: none"> ○ How long has it been missing? ○ What do you think happened? ○ Did you tell anyone about the missing item(s)? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> ○ What happened after you told staff about the missing item? ● Did the facility ask you to sign a piece of paper indicating they are not responsible for [resident's name] lost personal items? ● If the room is not personalized, ask: Were you encouraged to bring in any personal items for [resident's name]? <p>NOTE: If the representative has not informed staff about the property loss, inform the resident's representative that you will provide the information to the administrator and/or DON so that they may follow up with the resident. Follow up with the facility staff prior to the end of the survey to evaluate the action taken regarding the resident's concerns.</p>	
Sufficient Staffing	<ul style="list-style-type: none"> ● Does [resident's name] get the help and care he/she needs without waiting a long time? If not, what happened when he/she had to wait a long time? ● How long would you say it takes staff to come if you put the call light on? ● How long does it take staff to come if you put the call light on to take [resident's name] to the bathroom? ● Does this happen often? ● Is there a specific time of day or night this happens? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Participation in Care Planning	<ul style="list-style-type: none"> ● Does the staff include you in decisions about [resident's name] medicine, therapy, or other treatments? ● Are you or the responsible party invited to participate in setting goals and planning his/her care? ● Can you share with me how the meeting went? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Does [resident's name] receive care according to the plan you or the responsible party developed with the staff to achieve his/her goals? <p>Only ask for new admissions:</p> <ul style="list-style-type: none"> • Did you or the responsible party receive a written summary of his/her initial care plan after [resident's name] were admitted? If so, did the staff explain the care plan to you? • Did you understand it? 	
Community Discharge	<p>For new admissions and long-stay residents who want to return to the community:</p> <ul style="list-style-type: none"> • Does [resident's name] goals for care include discharge to the community? If so, has the facility included you or the responsible party in the discharge planning? • Do you need referrals to agencies in the community to assist with living arrangements or care after discharge? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Environment	<ul style="list-style-type: none"> • How is the noise level in [resident's name] room? • How is the temperature in [resident's name] room and in the building? • Do you feel his/her room and the building are clean and comfortable? If not, please describe. • Is there anything else in the building that affects [resident's name] comfort? • Is the water temperatures too hot or too cold when in the bathroom? • Is his/her bed clean and comfortable? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Food	<ul style="list-style-type: none"> • Does the food taste good and look good? • Are the hot foods served hot and the cold foods served cold? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Does the facility accommodate [resident's name] food preferences (e.g., cultural, ethnic, or religious), allergies, or sensitivities? • Is [resident's name] provided a substitution if he/she does not like what is served? • Does [resident's name] receive snacks when he/she request them? • Are they the type of snacks [resident's name] likes to receive? 	
Dental	<ul style="list-style-type: none"> • Does [resident's name] have any problems with his/her teeth, gums, or dentures? If so, describe. • Has [resident's name] lost or damaged his/her dentures? Did you tell staff? Did the staff tell you what they are doing about his/her dentures? • Does [resident's name] have difficulty chewing food? If so, how is the staff addressing this? • Does the staff provide [resident's name] with oral hygiene products he/she needs (e.g. toothbrush, toothpaste, mouthwash, denture tabs/cup/paste)? • Does the staff help [resident's name] brush his/her teeth? If so, how often does staff assist him/her with oral care? • Does the facility help with appointments to the dentist? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Nutrition	<ul style="list-style-type: none"> • Is [resident's name] on a special diet (which includes an altered consistency)? If so, what is it and how long has he/she received this diet? • Does [resident's name] need assistance with eating or dining? • Does [resident's name] have difficulty swallowing food? • Has [resident's name] gained weight? • Has [resident's name] lost weight? • What are staff doing to address his/her weight loss? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
Hydration	<ul style="list-style-type: none"> • Does the staff provide [resident's name] with water or other beverages throughout the day, evening, and night time? • Does [resident's name] need assistance to drink the fluids? If so, how often do staff provide him/her with the fluids? • Has [resident's name] been dehydrated? • Have [resident's name] received any IV fluids? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Tube Feeding	<p>If you observe that a resident is tube fed, ask:</p> <ul style="list-style-type: none"> • Why does [resident's name] receive a tube feeding? • How much does he/she get? • Do you feel like [resident's name] has lost/gained weight? • Has [resident's name] had any issues with the tube feeding? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Vision and Hearing	<ul style="list-style-type: none"> • Does [resident's name] have any problems with his/her vision or hearing? <ul style="list-style-type: none"> ○ Does [resident's name] wear glasses or use hearing aids? ○ Is [resident's name] glasses and/or hearing aids in good repair? If not, what are the facility staff doing to help with this problem? ○ Does [resident's name] need glasses or a hearing aid? ○ Has [resident's name] lost his/her glasses or hearing aids at the facility? ○ What did the facility do if [resident's name] lost them? ○ Does the facility help make appointments and help with arranging transportation? ○ If resident has either/both - how are they working for [resident's name]? 	<p>No Issues/NA</p> <p>Further Investigation</p>
ADLs	<ul style="list-style-type: none"> • Does [resident's name] get the help he/she needs to get out of bed or to walk? • Does [resident's name] get the help he/she needs when using the bathroom? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Does [resident's name] get the help he/she needs to clean his/her teeth or get dressed? • Does [resident's name] get the help needed during meals? • If not, please describe. 	
ADL Decline	<ul style="list-style-type: none"> • Has [resident's name] ability to dress him/herself or to take a bath changed? If so, please describe. • Has [resident's name] ability to get to the bathroom or use the bathroom changed? If so please, describe. • Does [resident's name] need more help now to clean his/her teeth or eat meals? • Does [resident's name] need more help with getting out of bed or walking now? • Has this been happening for a long time? About how long? • What are staff doing to stop [resident's name] from getting worse or to help him/her improve in these areas? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Catheter	<p>Only ask for a resident who has a urinary catheter:</p> <ul style="list-style-type: none"> • Do you know why [resident's name] has the catheter? • How long has [resident's name] had it? • Has [resident's name] had any problems with his/her catheter? • Has [resident's name] had any problems such as infections or pain related to the catheter? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Insulin or Blood Thinner	<p>Only ask for residents receiving insulin or an anticoagulant:</p> <ul style="list-style-type: none"> • Does [resident's name] get insulin or a blood thinner like Coumadin? • Has [resident's name] had any problems with his/her blood sugars such as feeling dizzy or light headed? If so, when did they occur and how did staff respond? • Has [resident's name] had any bleeding or bruising? • Have you talked to staff about this? • Any other issues? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
Respiratory Infection	<ul style="list-style-type: none"> • Does [resident's name] have easy access to a sink with soap to wash his/her hands? • Does staff assist [resident's name] with washing his/her hands, if needed? • Has [resident's name] had a fever lately? • Has [resident's name] had a respiratory infection recently? <ul style="list-style-type: none"> ○ Tell me about the infection? ○ Is [resident's name] currently having any symptoms? ○ How was it treated? ○ Is [resident's name] still being treated? <p>If a resident is on transmission-based precautions, ask the following questions:</p> <ul style="list-style-type: none"> • Are staff and visitors wearing gowns, gloves, and/or masks when entering [resident's name] room? If not, please describe what has been occurring. • Is there any restrictions on where [resident's name] can and can't go in the facility? • Do you know the reason for these restrictions? • Have staff explained why [resident's name] is on precautions and how long he/she will be on the precautions? • Is there any restrictions for visitors coming into [resident's name] room? • Has [resident's name] had any changes in his/her mood since being placed on isolation, and if so, please describe? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> • Does [resident's name] have easy access to a sink with soap to wash his/her hands? • Does staff assist [resident's name] with washing his/her hands, if needed? • Has [resident's name] had a UTI recently? <ul style="list-style-type: none"> ○ Tell me about the infection? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> ○ Is [resident's name] currently having any symptoms? ○ How was it treated? ○ Is [resident's name] still being treated? 	
Infections (not UTI or Respiratory)	<ul style="list-style-type: none"> ● Has [resident's name] had any other infections recently (e.g., surgical infection, eye infection)? <ul style="list-style-type: none"> ○ Tell me about the infection? ○ Is [resident's name] currently having any symptoms? ○ How was it treated? ○ Is [resident's name] still being treated? <p>If a resident is on transmission-based precautions, ask the following questions:</p> <ul style="list-style-type: none"> ● Are staff and visitors wearing gowns, gloves, and/or masks when entering [resident's name] room? If not, please describe what has been occurring. ● Is there any restrictions on where [resident's name] can and can't go in the facility? ● Do you know the reason for these restrictions? ● Have staff explained why [resident's name] is on precautions and how long he/she will be on the precautions? ● Is there any restrictions for visitors coming into [resident's name] room? ● Has [resident's name] had any changes in his/her mood since being placed on isolation, and if so, please describe? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Hospitalizations	<ul style="list-style-type: none"> ● Has [resident's name] gone to the hospital or emergency room for treatment recently? <ul style="list-style-type: none"> ○ When did he/she go and why? ○ Was [resident's name] able to go back to his/her same room? ○ Were you told whether the facility would hold his/her bed? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> ○ How often is [resident's name] admitted to the hospital? 	
Falls	<ul style="list-style-type: none"> ● Has [resident's name] fallen recently? If so, when did he/she fall and what happened? <ul style="list-style-type: none"> ○ How many times? ○ Did [resident's name] get any injuries from the fall(s)? ○ What has the facility done to prevent [resident's name] from falling? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pain	<ul style="list-style-type: none"> ● Does [resident's name] have any pain or discomfort? <ul style="list-style-type: none"> ○ Where is his/her pain? ○ How often does [resident's name] have pain? ○ What does the facility do to manage his/her pain (e.g. hot or cold packs, pain medications)? ○ Were you or the responsible party involved in the management of his/her pain? ○ Is his/her pain relieved? ○ For opioid use: What did the facility try before starting that medication? ○ Does the pain prevent [resident's name] from attending activities or doing other things he/she would like to do? ○ Does [resident's name] receive pain medications when needed such as before therapy or treatment? ○ Does [resident's name] receive pain medications in a timely manner when requested? ○ Does [resident's name] have any side effects (e.g., constipation or dizziness) related to his/her pain medications and are they addressed? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pressure Ulcers	<ul style="list-style-type: none"> ● Does [resident's name] have any sores, open areas, or pressure ulcers? <ul style="list-style-type: none"> ○ Where is his/her pressure ulcer? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> ○ When did he/she get it? ○ How did he/she get it? ○ Are staff here treating it? ○ How often do they reposition [resident's name]? ○ Do you know if it is getting better? 	MDS Discrepancy
Skin Conditions (non-pressure related)	<ul style="list-style-type: none"> ● Does [resident's name] have any bruises, burns, or other issues with his/her skin? <ul style="list-style-type: none"> ○ Do you know how he/she got it? ○ Are staff aware? ○ What are they doing to prevent it from happening again? 	No Issues/NA Further Investigation
Limited ROM	<ul style="list-style-type: none"> ● Does [resident's name] have any limitations in his/her joints like his/her hands or knees? <ul style="list-style-type: none"> ○ What are staff doing to help with his/her limited range of motion? 	No Issues/NA Further Investigation MDS Discrepancy
Rehab	<p>If on a rehab unit or the resident has expressed concerns (e.g., contractures) that should be addressed by rehab, ask:</p> <ul style="list-style-type: none"> ● Is [resident's name] getting therapy? Tell me about it. 	No Issues/NA Further Investigation MDS Discrepancy
Dialysis	<p>Only ask if the resident is on dialysis:</p> <ul style="list-style-type: none"> ● What type of dialysis does [resident's name] receive (hemodialysis or peritoneal dialysis)? <p>For peritoneal or hemodialysis (HHD):</p> <ul style="list-style-type: none"> ● Where and how often does [resident's name] receive dialysis? ● Who administers the dialysis in the facility (e.g., family or staff)? ● Where is his/her access site located? ● How often is his/her access site monitored by facility staff? 	No Issues/NA Further Investigation MDS Discrepancy

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Has [resident's name] had any problems with infections? • For a resident receiving HHD: Has [resident's name] had any problems with bleeding at the access site? • For a resident receiving HHD: Which arm do staff use for taking his/her B/P? • Has [resident's name] had any problems before, during or after dialysis? If so, can you describe what occurred and how staff responded? • How often and when is [resident's name] weighed and his/her vital signs taken? • Any issue with his/her meals and medications on days he/she receive hemodialysis? • Is [resident's name] on a fluid restriction or dietary restrictions? • How is he/she doing with that? • Do you think there is good communication between the dialysis center and the facility? <p>For offsite hemodialysis:</p> <ul style="list-style-type: none"> • What are the transport arrangements? • Have there been any concerns when [residents' name] goes from dialysis and back to the facility? 	
B&B incontinence	<ul style="list-style-type: none"> • Is [resident's name] incontinent? <ul style="list-style-type: none"> ○ When did he/she become incontinent? ○ Do you know why he/she is incontinent? ○ What is the facility doing to try and help [resident's name] become more continent? • Does [resident's name] use incontinence briefs? If so, do you know if he/she has ever been instructed to urinate in his/her briefs and the staff will change him/her later? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Is [resident's name] on a program (e.g., scheduled toileting) to help him/her maintain his/her level of continence? How is it going? Are there things they could be doing that might help? 	
Constipation/Diarrhea	<ul style="list-style-type: none"> • Is [resident's name] having any problems with his/her bowels? • Constipation (longer than 3 days)? • Diarrhea? <ul style="list-style-type: none"> ○ How long has [resident's name] had the problems with his/her bowels? ○ Is [resident's name] on a bowel management program? If so, please describe. ○ Do you feel that the bowel management program helps with his/her bowel problems? If not, why not? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Smoking	<p>Only ask if the resident smokes:</p> <ul style="list-style-type: none"> • Is [resident's name] able to smoke when he/she wants? If not, what are the smoking times? • Who keeps his/her cigarettes and lighter? • Does [resident's name] use oxygen? If so, has he/she smoked in the facility while using his/her oxygen? • Where does [resident's name] put his/her ashes and cigarette butts? • Does staff supervise [resident's name] when he/she smokes? • Does [resident's name] use devices to help keep him/her safe while he/she smokes (e.g., a smoking apron)? • Has [resident's name] had any accidents or burns while smoking? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Hospice	<p>Only ask if the resident is receiving hospice services:</p> <ul style="list-style-type: none"> • How long has [resident's name] received hospice services? • How often does hospice staff come in to see him/her or provide care? • What type of care or services do they provide? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Are you or the responsible party involved in care planning decisions with the hospice and the facility? • Did the facility provide you or the responsible party with the name of the person who coordinates care with the hospice? • Has this person been in contact with you or the responsible party? • Do you have any concerns with hospice services? • Do you know who to talk to at the facility concerning his/her hospice care? 	
Notification of Change	<ul style="list-style-type: none"> • Are you the person who would be notified of a change in condition or an accident involving [resident's name]? • Has there been a change in [resident's name]'s condition within the past several months? • Did the staff notify you promptly? • Are you notified when [resident's name]'s treatment is changed? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Other Concerns	<ul style="list-style-type: none"> • Do you have any other concerns or problems that the facility is not helping [resident's name] with? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Initial Pool Process: Resident Observation

Care Area	Probes	Response Options
Activities	<ul style="list-style-type: none"> • Did you observe the resident in activities? • Is the resident actively participating or engaged in activities? • Do staff encourage the resident to participate? • Is a younger resident engaged in age appropriate activities? • Are there a variety of activities available for all residents? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Dignity	<ul style="list-style-type: none"> • Observe to determine whether staff failed to: <ul style="list-style-type: none"> ○ Knock/ask permission to enter room or wait to enter until permission given ○ Explain service or care to be provided ○ Include resident in conversations while providing care or services ○ Provide visual privacy of resident’s body while transporting through common areas, or uncovered in their room but visible to others ○ Cover a urinary catheter bag/other body fluid collection device ○ Respond to the resident’s call for assistance in a timely manner ○ Clothing and face soiled after meals ○ Poorly fitting clothing • Staff did the following: <ul style="list-style-type: none"> ○ Used a label for resident (e.g., “feeder” or “honey”) ○ Posted confidential clinical/personal care instructions in viewable areas ○ Dressed resident in institutional fashion (e.g., hospital type gown during day) ○ Labeled clothes with resident’s name visible • Any other identified dignity concerns? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
Abuse	<ul style="list-style-type: none"> • Is there evidence of indicators of possible abuse? <ul style="list-style-type: none"> ○ Fractures, sprains or dislocations ○ Burns, blisters, or scalds on the hands or torso ○ Bite marks, scratches, skin tears, and lacerations including those that are in locations that would unlikely result from an accident ○ Bruises or injuries, including those found in unusual locations such as the head (e.g., black eye, broken /missing teeth), neck, lateral locations on the arms, posterior torso and trunk, or shapes (e.g., finger imprints) ○ Fear of others • Is the resident exhibiting any aggressive behavior (verbal or physical) to other residents? <ul style="list-style-type: none"> ○ Hitting, striking out at others, kicking, pushing ○ Threatening others <p>Note: If you witness an act of abuse, you must immediately report this observation to the administrator, or his/her designated representative if the administrator is not present.</p>	<p>No Issues/NA</p> <p>Further Investigation</p>
Privacy	<ul style="list-style-type: none"> • Bedrooms are not equipped to assure full privacy (e.g., ceiling suspended curtains, moveable screens, private rooms, etc.) • Is personal privacy assured for: <ul style="list-style-type: none"> ○ Electronic communications ○ Personal care ○ Medical treatments ○ Communication to residents and representatives regarding the resident's condition that cannot be overheard 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
Accommodation of Needs (physical)	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Difficulty opening and closing drawers and turning faucets on and off ○ Unable to see him/herself in a mirror and have items easily within reach while using the sink ○ Difficulty opening and closing bedroom and bathroom doors, accessing areas of their room and bath, and operating room lighting ○ Difficulty performing other desired tasks such as turning a table light on and off ○ Difficulty or inability to use the call bell • Is adaptive equipment available and used? • Do any accommodations that you observed place this, or any other resident at risk? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Language/Communication	<ul style="list-style-type: none"> • Does the resident speak a different language, use sign language or other alternative communication means? • Does staff know how to communicate with the resident? • Are there communication systems available at the bedside (cards, note pad, others)? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Mood/Behavior	<ul style="list-style-type: none"> • Does the resident: <ul style="list-style-type: none"> ○ Appear depressed or anxious (e.g., sad, teary, non-communicative, anxious movements) ○ Appear socially withdrawn, isolated, fatigued, not eating ○ Appear to lack emotional affect, short tempered, easily annoyed • Does staff recognize expressions, indications of distress, or behaviors and respond through a person-centered approach to care? • Does the resident appear to exhibit hallucinations (e.g., hearing voices or seeing things not present)? • Does the resident appear to exhibit any physical expressions of distress directed towards others - Hitting, striking out at others, kicking, pushing, scratching, and grabbing 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Does the resident appear to exhibit any verbal expressions of distress directed towards others - threatening others, screaming at others, cursing at others, crying • Does the resident appear to exhibit any other expressions of distress not directed toward others - physical such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, sounds that are distressing to other residents, constant vocalizations • Wandering, ambulating in and out of resident's rooms, rummaging in other resident's belongings • Appear angry, frustrated, combative, confrontational • How do staff interact with resident(s) during these occurrences? 	
Restraints	<ul style="list-style-type: none"> • Is there anything that restricts a resident's movement or access to his/her body? • If so, describe the device or practice that restricts the resident's movement (e.g., trunk restraint, limb restraint, bed rails, chair that prevents rising, mitts, or personal alarms). • Are restraints applied correctly? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Accident Hazards	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Are bed rails (full, half, quarter, or grab bars) in use? If so, are they properly installed (e.g., are the bed rails loose or broken) and do they fit the bed properly so the resident can't get caught between the bed rails and mattress? ○ Is the mattress of proper size and fit for the bed to prevent the resident from becoming entrapped? ○ Is the resident's restraint/device properly applied? If not, does the restraint/device have the risk or likelihood of causing serious injury, harm or death? ○ Are electric cords, extension cords, or outlets in disrepair/used in unsafe manner? ○ Is safety equipment in bedroom/bathroom inadequate (grab bars, slip surface)? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> ○ Are there accessible chemicals/other hazards in bedroom/bathroom? ○ Is there unsafe hot water in the room? ○ Is there exposure to unsafe heating unit surfaces? ○ Is ambulation, transfer, or therapy equipment in unsafe condition? ○ Are locks disabled, fire doors propped open, irregular walking surfaces, handrails in good repair, inadequate lighting? ○ Are residents adequately supervised? ○ On a secured unit, is there sufficient staff to supervise the residents? <ul style="list-style-type: none"> ● Are there any other environmental hazards or risks observed? <p>Note: Each surveyor should check water temperature with their hand held under the hot water in two resident rooms (on opposite sides of the hall) per unit. Use a thermometer if there is concern that water is too hot and could potentially scald or harm residents. Target resident rooms closest to the hot water tanks/kitchen areas and resident rooms belonging to residents with dementia who may use sinks/bathtubs/showers independently.</p>	
Unsafe Wandering/Elopement	<ul style="list-style-type: none"> ● Is the resident exit seeking? ● Is the resident wandering into other residents' rooms? ● Does a resident attempt to follow visitors or other residents to other parts of the facility? ● Is the resident redirected by staff? ● Are staff supervising residents who wander? ● Does the resident appear anxious, frustrated, bored, or hungry which is displayed as wandering or lack of supervision by staff? ● If you observe the resident attempting to leave the building, is the wandering alarm system functioning correctly? 	No Issues/NA Further Investigation MDS Discrepancy

Care Area	Probes	Response Options
Call light in reach, call system functioning	<ul style="list-style-type: none"> • Is the call light within reach if the resident is capable of using it? • Is the call system functioning in the resident's room, toilet, and bathing areas? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Environment	<ul style="list-style-type: none"> • Are any of the following observed in the resident's rooms? <ul style="list-style-type: none"> ○ Walls, floors, ceilings, drapes, or furniture are not clean or are in disrepair ○ Bed linens and fixtures visibly soiled ○ Resident care equipment (e.g., mechanical lift, commode, hemodialysis or peritoneal equipment) is unclean, in disrepair, or stored in an improper or unsanitary manner ○ Hot water is too cold ○ Room not homelike ○ Lighting levels inadequate ○ Uncomfortable sound levels ○ Uncomfortable room temperatures (e.g., too cool or too warm) ○ Stains from water damage that could lead to mold • For residents on transmission-based precautions, is dedicated or disposable noncritical resident care equipment (e.g., blood pressure cuffs) used? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Dental	<ul style="list-style-type: none"> • Does the resident have broken, missing, loose or ill-fitting dentures? • Does the resident have broken or loose teeth, or inflamed or bleeding gums? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Nutrition	<ul style="list-style-type: none"> • Is the resident assisted (with meal setup and eating), cued, and encouraged to eat as needed? • Are assistive devices utilized and used correctly (e.g., plate guard, lipped plate or bowl, modified utensils, sippy cups, nose cups, cues, hand over hand)? • If the resident refuses or isn't eating (e.g., pacing), what does staff do? Do they offer substitutes, encourage or assist the resident? • Does the resident's physical appearance indicate the potential for an altered nutritional status (e.g., cachectic)? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> • Are supplements provided at times that don't interfere with meal intake and consumed (e.g., supplement given right before or during the meal and the resident doesn't eat)? • Are snacks given and consumed? 	
Edema	<ul style="list-style-type: none"> • Are the resident's legs/feet or arms/hands swollen? • Are the resident's legs/feet or arms/hands elevated or support stockings in place, if needed? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Hydration	<ul style="list-style-type: none"> • Does the resident have dry, cracked lips, dry mouth, sunken eyes and signs of thirst? • Is there a water pitcher by the bedside and is it accessible to the resident? • Do staff offer the resident fluids throughout the day? • Are fluids provided at meal times and is the resident encouraged to drink them? • Is the meal tray accessible and cups and cartons opened and accessible to the resident? • Does staff assist the resident during meals if needed? • If the resident is resistant to assistance or refuses liquids how do staff respond? • Is the resident receiving IV fluids? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Tube Feeding	<ul style="list-style-type: none"> • Does the resident receive tube feedings (e.g., g-tube, peg tube, total parenteral nutrition (TPN), naso-gastric)? • If tube feeding is infusing, is the head of the bed elevated at least 30-45 degrees? • Is the feeding properly labeled (e.g., date, time initiated, nurses' initials)? • Does the amount remaining seem reasonable? • Is the site clean and free from signs and symptoms of infection (e.g., redness, drainage, odors)? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
Vision and Hearing	<ul style="list-style-type: none"> • Are the resident's hearing aids in and working, if needed? • Are the resident's glasses on, clean, and not broken, if needed? 	<p>No Issues/NA</p> <p>Further Investigation</p>
ADLs	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Hair disheveled, uncombed or greasy ○ Facial hair unkempt or present on a female resident ○ Face, clothing or hands unclean or with food debris ○ Fingernails untrimmed, jagged or dirty ○ Body or mouth odor ○ Teeth or dentures not brushed ○ Clothing visibly soiled or in disrepair ○ Dentures stored in an unsanitary manner, if visible • If the situation presents itself, are there other concerns with the assistance provided for other ADLs (e.g., dressing or transfers)? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Catheter	<ul style="list-style-type: none"> • Does the resident have a urinary catheter in place? <ul style="list-style-type: none"> ○ Is the catheter tubing properly secured, unobstructed and free of kinks? ○ Is the catheter drainage bag maintained below the level of the bladder? ○ Is the catheter drainage bag off the floor at all times (i.e., do not place directly on the floor without protection from the floor surface)? ○ Are there signs and symptoms of infection (e.g., foul smelling urine, sediment, blood or mucus)? • If the situation presents itself, is the catheter drainage bag emptied using a separate, clean collection container for each resident, and does the drainage spigot touches the collection container? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
Psych Med Side Effects	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Tongue thrusting or rolling? ○ Lip puckering or lip smacking ○ Rapid eye blinking/eyebrow raising ○ Pill rolling ○ Tremors 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Psych/Opioid Med Side Effects	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Excessive sedation (e.g. difficult to rouse, always sleeping) ○ Dizziness 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
AC Med Side Effects	<ul style="list-style-type: none"> • Are any of the following observed? <ul style="list-style-type: none"> ○ Bruising ○ Bleeding 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Respiratory Infection	<ul style="list-style-type: none"> • Are personal protective equipment/PPE (e.g., gloves, gowns, masks) readily accessible in resident areas (e.g., nursing units, therapy rooms)? • If a resident is on transmission-based precautions, are appropriate PPE supplies outside of the resident's room and signage indicating the resident is on transmission-based precautions clear and visible prior to entering the room (signage must also comply with confidentiality and privacy)? • Does the resident have signs or symptoms of an infection (e.g., wheezing, altered breathing)? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Urinary Tract Infection (UTI)	<ul style="list-style-type: none"> • Does the resident have signs or symptoms of an infection (e.g., confusion, delirium)? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
Infections (other than UTI or Respiratory)	<ul style="list-style-type: none"> • Are personal protective equipment/PPE (e.g., gloves, gowns, masks) readily accessible in resident areas (e.g., nursing units, therapy rooms)? • If a resident is on transmission-based precautions, are appropriate PPE supplies outside of the resident's room and signage indicating the resident is on transmission-based precautions clear and visible prior to entering the room (signage must also comply with confidentiality and privacy)? • Does the resident have signs or symptoms of an infection (e.g., confusion, delirium, matted eyes or redness or swelling)? • If visible, does the resident's medical device insertion site have redness, swelling or drainage? If drainage present (document color/amount/type/odor). • If visible, does the resident's wound dressing have drainage, redness or swelling? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Oxygen	<ul style="list-style-type: none"> • Is the resident receiving O2? • Is the mask/tubing properly placed? • Is there a date on the tubing and humidification? • Observe the liters/minute? • Are there signs that the resident has discomfort? Is he/she in respiratory distress (mouth breathing, short of breath, gasping)? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Positioning	<p>If a resident is unable to position him or herself, are any of the following observed?</p> <ul style="list-style-type: none"> ○ Lack of arm/shoulder support ○ Head lolling to one side, awkward angle ○ Hyperflexion of the neck ○ Leaning to the side without support to maintain an upright position ○ Lack of needed torso or head support ○ Uncomfortable Geri-chair positioning, sliding down in the chair ○ Wheelchair too big or too small (seat too long/short, seat too high/low) 	<p>No Issues/NA</p> <p>Further Investigation</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> ○ Dangling legs and feet that do not comfortably reach the floor and/or without needed foot pedals in place ○ Sagging mattress while lying in bed ○ Bed sheets tucked tightly over toes holding feet in plantar flexion ○ Legs and/or feet hanging off the end of a too short mattress 	
Falls	<ul style="list-style-type: none"> ● Did you observe any concerns with the resident falling or almost falling? If so, what did staff do? ● Does the resident have any fall prevention devices in use and functioning correctly? ● Does the resident have on inappropriate foot covering – shoes/socks without non-skid soles? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pain	<ul style="list-style-type: none"> ● Does the resident have a pained facial expression – clenched jaw, troubled/distorted face, or crying? ● Is the resident muttering, moaning, or groaning? ● Is the resident’s breathing strenuous, labored, negative noise on inhalation/expiration? ● Is the resident in a strained and inflexible position, rocking, restless movement, guarding, forceful touching or rubbing body parts? ● Does the resident have an altered gait, strained/inflexible position, forceful touching/rubbing body parts? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Pressure Ulcers	<p>For residents at risk (e.g., vulnerable residents) or who have a pressure ulcer, are any of the following observed?</p> <ul style="list-style-type: none"> ● If visible, is the wound covered with a dressing, and is drainage present on the dressing (document color/amount/type/odor)? ● Is the resident positioned off the pressure ulcer? ● Are pressure relieving devices observed (e.g., heel protectors, w/c cushion, padding between bony prominences)? ● If so, are they used correctly? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>

Care Area	Probes	Response Options
	<ul style="list-style-type: none"> Is the resident in the same position for long periods of time when in the w/c or bed (resident is not repositioned in chair at least every hour and in bed at least every two hours)? 	
Skin conditions (non-pressure related)	<ul style="list-style-type: none"> Are any of the following observed? <ul style="list-style-type: none"> Abrasions Lacerations Bruises Skin tears Burns Rash/hives Dry skin 	No Issues/NA Further Investigation
Limited ROM	<ul style="list-style-type: none"> Does the resident have a limitation in ROM or a contracture? Is a splint device in place and correctly applied? <p>Note: ROM limitation = Limited extent of movement of a joint. Contracture = Condition of fixed high resistance to passive stretch of a muscle.</p>	No Issues/NA Further Investigation MDS Discrepancy
Hospice	For a resident who is receiving hospice services: <ul style="list-style-type: none"> Does the resident appear comfortable or show any signs of agitation or distress? Does the resident show signs of respiratory distress? Is there room for family to visit in private? 	No Issues/NA Further Investigation MDS Discrepancy
Vent/Trach	<u>For a resident on a ventilator:</u> <ul style="list-style-type: none"> Are there signs of anxiety, distress or labored breathing? Is the head of bed elevated 30-45 degrees? Is suction equipment immediately accessible? If the alarm sounds, does staff respond timely? <u>For a resident with a trach:</u> <ul style="list-style-type: none"> Is the tracheostomy site clean? Is there emergency tracheostomy equipment, ambu bag, and functional suction equipment readily assessable in the room? 	No Issues/NA Further Investigation MDS Discrepancy

Care Area	Probes	Response Options
B&B incontinence	<ul style="list-style-type: none"> • Does the resident have a urine or BM odor? • Is the resident wet? • Does the resident have soiled clothes or linens with urine or BM? • Is the resident provided incontinence care timely? • Are staff implementing maintenance programs (e.g., prompted or scheduled voiding) appropriately, if known? 	<p>No Issues/NA</p> <p>Further Investigation</p> <p>MDS Discrepancy</p>
Smoking	<p>For residents who smoke:</p> <ul style="list-style-type: none"> • Is the resident smoking in an appropriate place? • Is the resident smoking safely? • Are safety precautions used (e.g., no oxygen, smoking apron, supervision if unsafe, or access to safe or appropriate ashtrays)? • Are smoking materials safely stored? • Are there burn marks on the resident's clothing, furnishings or wheelchair? 	<p>No Issues/NA</p> <p>Further Investigation</p>
Other Concerns	<ul style="list-style-type: none"> • Are there any other concerns observed for this resident? 	<p>No Issues/NA</p> <p>Further Investigation</p>

Attachment A: Sample Size Grid and Recommended Team Size

Facility Census	# of Residents in Sample	% of Residents	Recommended # of Surveyors
1-8	All residents	100%	2
9 - 19	8	42% - 89%	2
20 - 48	12	25% - 60%	2
49 - 52	13	25% - 27%	3
53 - 56	14	25% - 26%	3
57 - 61	15	25% - 26%	3
62 - 65	16	25% - 26%	3
66 - 69	17	25% - 26%	3
70 - 90	18	20% - 26%	3
91 - 95	19	20% - 21%	3
96 - 100	20	20% - 21%	4
101 - 105	21	20% - 21%	4
106 - 110	22	20% - 21%	4
111 - 115	23	20% - 21%	4
116 - 123	24	20% - 21%	4
124 - 128	25	20%	4
129 - 133	26	20%	4
134 - 138	27	20%	4
139 - 143	28	20%	4
144 - 148	29	20%	4
149 - 153	30	20%	4
154 - 158	31	20%	4
159 - 164	32	20%	4
165 - 169	33	20%	4
170 - 174	34	20%	4
≥175	35	20% or less	5

MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify pertinent care categories for: 1) newly admitted residents in the last 30 days who are still residing in the facility, and 2) all other residents.

The facility completes the resident name, resident room number and columns 1-20, which are described in detail below. Blank columns are for Surveyor Use Only.

All information entered into the form should be verified by a staff member knowledgeable about the resident population. Information must be reflective of all residents as of the day of survey.

For each resident mark all columns that are pertinent.

1. **Residents Admitted within the Past 30 days:** Resident(s) who were admitted to the facility within the past 30 days and currently residing in the facility. days or >10% within the past 180 days. Exclude residents receiving hospice services.
2. **Alzheimer's/Dementia:** Resident(s) who have a diagnosis of Alzheimer's disease or dementia of any type.
3. **MD, ID or RC & No PASARR Level II:** Resident(s) who have a serious mental disorder, intellectual disability or a related condition but does not have a PASARR level II evaluation and determination.
4. **Medications:** Resident(s) receiving any of the following medications: (I) = Insulin, (AC) = Anticoagulant (e.g. Direct thrombin inhibitors and low weight molecular weight heparin [e.g., Pradaxa, Xarelto, Coumadin, Fragmin]. Do not include Aspirin or Plavix), (ABX) = Antibiotic, (D) = Diuretic, (O) = Opioid, (H) = Hypnotic, (AA) = Antianxiety, (AP) = Antipsychotic, (AD) = Antidepressant, (RESP) = Respiratory (e.g., inhaler, nebulizer).

NOTE: Record meds according to a drug's pharmacological classification, not how it is used.
5. **Facility Acquired Pressure Ulcer(s) (any stage):** Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (e.g., I, II, III, IV, unstageable, sDTI)
6. **Worsened Pressure Ulcer(s) at any stage:** Resident(s) with a pressure ulcer at any stage that have worsened.
7. **Excessive Weight Loss without Prescribed Weight Loss program:** Resident(s) with an unintended (not on a prescribed weight loss program) weight loss > 5% within the past 30
8. **Tube Feeding:** Resident(s) who receive enteral or parenteral feedings.
9. **Dehydration:** Resident(s) identified with actual hydration concerns (e.g., receives enteral, parenteral and/or IV feeding/fluids, or is dehydrated) takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).
10. **Physical Restraints:** Resident(s) who have a physical restraint in use. A restraint is defined as the use of any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (e.g., bed rail, trunk restraint, limb restraint, chair prevents rising, mitts on hands, confined to room, etc.). Do not code wander guards as a restraint.
11. **Fall(s) (F) or Fall(s) with Injury (FI) or Major Injury (FMI):** Resident(s) who have fallen since admission or within the past 90 days and have incurred an injury or not. A major injury includes bone fractures, joint dislocation, closed head injury with altered consciousness, subdural hematoma.

Use (F) to identify residents with a fall(s), (FI) to identify a resident who has sustained an injury excluding major injury, and (FMI) to identify a resident who has sustained a fall(s) with Major Injury.
12. **Indwelling Urinary Catheter:** Resident(s) with an indwelling catheter (including suprapubic catheter and nephrostomy tube).

MATRIX INSTRUCTIONS FOR PROVIDERS

13. **Dialysis:** Resident(s) who are receiving **(H)** hemodialysis or **(P)** peritoneal dialysis either within the facility **(F)** or offsite **(O)**.
14. **Hospice:** Resident(s) who have elected or are currently receiving hospice services.
15. **End of Life/Comfort Care/Palliative Care:** Resident(s) who are receiving end of life or palliative care (not including Hospice).
16. **Tracheostomy:** Resident(s) who have a tracheostomy.
17. **Ventilator:** Resident(s) who are receiving invasive mechanical ventilation.
18. **Transmission-Based Precautions:** Resident(s) who are currently on Transmission-based Precautions.
19. **Intravenous therapy:** Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.
20. **Infections:** Residents(s) who has a communicable disease/contagious infection (e.g., MDRO-M, pneumonia-P, tuberculosis-TB or viral hepatitis-VH, or c-diff-C) OR has a healthcare-associated infection (e.g., wound infection-WI or UTI).

Top Ten Deficiencies

National (20,511 Surveys)

11/28/18 – 2/28/18

Rank	Tag	Description of Regulation	Number of citation
1	F880	Infection Prevention/Control	674
2	F689	Free of Accident Hazards/Supervision/Device	575
3	F656	Develop/Implement Comprehensive Care Plan	550
4	F812	Food Procurement, Store/Prepare/Service	462
5	F684	Quality of Care	388
6	F657	Care Plan Timing and Revision	360
7	F761	Label/Store Drugs and Biologicals	328
8	F550	Resident Rights/Exercise of Rights	300
9	F686	Treatment/Svcs to Prevent/Heal Pressure	281
10	F677	ADL Care Provided for Dependent	277