



# Oregon

Kate Brown, Governor

## Department of Human Services

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10/25/17

**TO:** Nursing Facilities

**FROM:** Safety, Oversight, and  
Quality



**RE: Nursing Facilities, CMS Long Term Care Survey Process**

The Nursing Facility Survey Unit continues to prepare for the new CMS Long-Term Care Survey Process (LTCSP) to begin on November 28, 2017. To help our nursing facilities be prepared as well, we are sharing the attached copies of the Entrance Conference Worksheet and Facility Matrix that will be used with the new process.

For QIS surveys we request a current census, list of new admissions in the past 30 days who still resided in the facility and an alphabetical resident census with room numbers.

As of 11/28/17, survey teams will begin using the new LTCSP. Upon entrance to the nursing facility, in addition to our customary request for facility census number and an alphabetical list of all current residents, surveyors will also be requesting and will need to immediately receive:

- Completed matrix for residents admitted to the facility in the last 30 days who are still residing in the facility
- A list of residents who smoke, designated smoking times and locations.

Within four hours of entrance please be prepared provide the survey team with the following:

- The completed Facility Matrix for all other residents
- An admission packet
- Copies of Dialysis Contract(s), Agreements(s), Arrangements(s) and Policy and Procedures if applicable.
- A list of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
- Copies of Agreement(s) or Policies and Procedures for transport to and from dialysis treatment, if applicable.
- Copies of the Hospice Agreement and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate services with hospice providers).
- Copies of the facility infection prevention and control program standard, policies and procedures and antibiotic stewardship program.

Please note Page 3 of the Entrance Conference Worksheet will need to be filled out and returned to the survey team within 24 hours. Page 4, regarding the Electronic Health Record (EHR) will need to be returned to the survey team by the end of the first day of survey.

A note about item 34 on the Entrance Conference Worksheet regarding the EHR. We will be requesting information about how to access records outside of the facility conference room or designated work space for the survey team. We are not requesting routine access outside the facility.

The Facility Matrix is used to identify pertinent care categories for: Newly admitted residents in the last 30 days who are still residing in the facility as well as other residents. The information is used by the survey team for sample selection and all information entered the form should be verified by a staff member knowledgeable about the resident population. It must be reflective of all facility residents on the day survey begins.

Further information and provider education regarding the new LTCSP can be found on the Integrated Surveyor Training Website (ISTW) <https://surveyortraining.cms.hhs.gov/>, select "I'm a Provider" and <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

Thank you in advance as we prepare for these exciting changes in our collaborative effort to improve the quality of life and quality of care of our nursing facility residents.

## 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.*

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| <p>1. <b>Residents Admitted within the Past 30 days:</b> Resident(s) who were admitted to the facility within the past 30 days and currently residing in the facility.</p> <p>2. <b>Alzheimer's/Dementia:</b> Resident(s) who have a diagnosis of Alzheimer's disease or dementia of any type.</p> <p>3. <b>MD, ID or RC &amp; No PASARR Level II:</b> 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.</p> <p>4. <b>Medications:</b> 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).</p> <p style="margin-left: 20px;">NOTE: Record meds according to a drug's pharmacological classification, not how it is used.</p> <p>5. <b>Facility Acquired Pressure Ulcer(s) (any stage):</b> Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (e.g., I, II, III, IV, unstageable, sDTI)</p> <p>6. <b>Worsened Pressure Ulcer(s) at any stage:</b> Resident(s) with a pressure ulcer at any stage that have worsened.</p> <p>7. <b>Excessive Weight Loss without Prescribed Weight Loss program:</b> Resident(s) with an unintended (not on a prescribed weight loss program) weight loss &gt; 5% within the past 30</p> | <p>days or &gt;10% within the past 180 days. Exclude residents receiving hospice services.</p> <p>8. <b>Tube Feeding:</b> Resident(s) who receive enteral or parenteral feedings.</p> <p>9. <b>Dehydration:</b> Resident(s) identified with <u>actual</u> 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).</p> <p>10. <b>Physical Restraints:</b> 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.</p> <p>11. <b>Fall(s) (F) or Fall(s) with Injury (FI) or Major Injury (FMI):</b> 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.</p> <p style="margin-left: 20px;">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.</p> <p>12. <b>Indwelling Urinary Catheter:</b> Resident(s) with an indwelling catheter (including suprapubic catheter and nephrostomy tube).</p> |
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## MATRIX INSTRUCTIONS FOR PROVIDERS

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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).



**ENTRANCE CONFERENCE WORKSHEET**

<b>INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE</b>	
<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.
<b>ENTRANCE CONFERENCE</b>	
<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.
<b>INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE</b>	
<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"> <li>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;</li> <li>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;</li> <li>c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.</li> </ul>
<b>INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE</b>	
<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"><li>• Less than the required square footage</li><li>• More than four residents</li><li>• Below ground level</li><li>• No window to the outside</li><li>• No direct access to an exit corridor</li></ul>
<b>INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY</b>	
<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.”
<b>INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE</b>	
<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: \_\_\_\_\_