



Community-Based Care Survey Process Guide 2016

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

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Resident-centered survey process

The purpose of this document is to guide the Department of Human Services (DHS) Community-Based Care (CBC) surveyor through the process of conducting a resident-centered survey of a residential care or assisted living facility. This Survey Process Guide can also serve as a reference for Community-Based Care facilities.

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

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

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

Observations include:

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

Interviews with residents, families and staff provide information about the care delivered at the facility.

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



Reasonable person standard

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

Rule violations without resident impacts

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



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

Surveys

- All surveys are unannounced.
- Standard surveys are to be conducted at least every 24 months.
- A facility cited for a deficient practice may be referred to the program analyst and the Corrective Action Unit.
- If required:
 - The first revisit survey is conducted 60 to 75 days after the relicensure survey to confirm that deficiencies have been corrected.
 - Subsequent revisits are conducted 30 to 45 days after the previous revisit.
 - Revisits continue at the discretion of the DHS Office of Licensing & Regulatory Oversight (OLRO) until the facility is in compliance or the license is revoked or not renewed.

Investigation process

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

Interviews help determine the effect of facility practices on residents and the level of satisfaction of the residents and families. Interviews may be conducted in resident rooms and the door may be kept open during the interview for the protection of residents and surveyors. Interviews may also take place in settings other than the resident's room.

- Residents are interviewed to determine their satisfaction or concerns with the care and services they receive at the facility. A group interview may be conducted with residents to provide an additional opportunity for them to share any concerns they may have. Concerns are investigated through further interviews, observation and record review.
- Family (or friend) interviews are conducted to learn their perspectives of the care and services their loved one receives. Interviews are also conducted with family member(s) of residents who are cognitively impaired or otherwise unable to communicate.
- Facility staff are extensively interviewed during reviews of facility systems, and in regard to the care and service sampled survey residents receive.
- Witness interviews are conducted with other persons who have a relationship with the resident. These are generally professionals who provide services to the resident. Witnesses are interviewed to gather their knowledge and perspective.



Observations are made throughout the survey process including residents' activities, behaviors and interactions. Information gained through observations and interviews help surveyors focus the survey.

- Once residents are chosen for the survey sample, observations and interviews are conducted for issues specific to those residents. The investigation focuses on how the facility is meeting the needs, concerns and preferences of these residents. For example:
 - A resident with Alzheimer's disease is ambulatory. Before admission, her daily life included meeting the school bus at 3 p.m. to pick up her grandchildren.
- Another resident enjoyed being outdoors, and a family member stated this resident would still like the opportunity to go outdoors. Is the facility responding to this preference?
- Another resident preferred tea to coffee. Is this preference honored?
- Locations for observation include areas in which the surveyor can watch what is happening as staff interact with the resident in his/her room and other locations frequented by the resident, including the dining room, activity rooms and other common areas.

Now she attempts to leave the facility around that time. How is the facility responding to this behavior?

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



Information gathering

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

- Information gathering:
 - Includes interviewing those involved.
 - The surveyor may ask questions to gather information. No conclusion has been determined.
 - For example, “Tell me about Mr. Smith’s pressure ulcer,” or “I can’t seem to find _____. Can you help me find where it may be?” If

deficiencies are found, the sample may be expanded as needed, until a determination is made as to whether a system deficiency exists.

- Compliance decisions are made after the information gathering process is complete.
- Presentation of findings:
 - Are usually discussed with facility administrator.
 - At this point, preliminary findings are presented to the facility administrator, but are not yet survey citations.
 - This process consists of sharing initial findings, the rationale for them and offering the facility an opportunity to present clarifying information.
- Surveyor conclusions:
 - Findings are facts the surveyor collects through the investigative process (i.e., interviews, observation and record review).
 - The surveyor compares this information to the rules and determines if there is a deficient practice or rule violation.
 - The surveyor shares the deficient practices that he/she has discovered with the survey team.
 - The deficient practice does not become a citation until the team determines it is a citation (i.e., to be written in the survey report). Not all deficient practices become citations.
 - There are many factors for the team to consider in making this decision. See Survey task 6: Team decision-making.

Survey task 1: Preparation

The purpose of the preparation task is to research potential areas of concern before the start of the survey process.

- For licensure surveys, prepare a summary of the following information for team members:
 - Facility complaint history for the past 12 months from the Corrective Action or CBC Database.
 - Any conditions on license, pending hearings, waivers, variances, etc.
 - Any information obtained from ombudsmen.
 - Review information received from the local unit, protective services workers, corrective action coordinators and program analysts.
 - For facilities with an Enhanced Care Unit, inform the special needs coordinator of the upcoming survey.
- For licensure surveys, prepare these forms for the team and facility administrator:
 - CBC entrance conference checklist;
 - Survey announcement signs for the facility doors; and
 - Data collection forms, such as Resident Acuity form, as needed.
- For revisit surveys, review the Plan of Correction and any other information deemed pertinent by the survey team.
- If a revisit, the previous action summaries, licensure survey report and plan of correction.



- Team meeting:
 - Using the collected information, the team determines areas of concern and any residents who should be included in the survey sample.
 - Assign survey tasks.
 - Determine entrance time, date and tentative length of survey.
 - Share any known appointments or plans that may disrupt the survey.
 - Develop a plan should the survey take longer than anticipated.
- Documentation:
 - Keep written copies of survey preparation materials for the office soft file.

Survey task 2: Entrance conference

The entrance conference task purpose is to announce survey entrance and introduce the survey team and team coordinator to the administrator or designee. The conference should establish rapport, establish a communication plan and set a positive tone for the survey process.

- Briefly explain the survey process:
 - Ask about any recent changes in the facility, including changes of ownership, management or key personnel.
 - Ask if the administrative staff and facility RN have been through a survey previously.
 - Inform/remind the administrator there will be interviews with individual residents, groups of residents, family members or friends, and these interviews are conducted privately, unless the interviewees request the presence of a staff member.
 - Inform/remind the administrator that direct care staff and other facility staff will also be interviewed.
 - Inform/remind the administrator that observations of resident care will be conducted during the survey. Surveyors make every effort to maintain residents' privacy and dignity.
- Provide the administrator with a copy of the entrance conference checklist. Review each item, indicating what is needed and when.
- If a licensure survey is being conducted, ask the facility to post the survey announcement sign in areas easily seen by residents and visitors.
- Ask for the names of any residents in acute bereavement, who are on hospice, acutely ill or who might be agitated if approached by a surveyor.
- Ask for resident council and food committee meeting minutes for the past three months, if any.
- Arrange for a group interview for facilities with more than 16 residents:
 - Set up a private and quiet location to hold the meeting at the facility.
 - A group interview may be conducted at the survey team's discretion.



Survey task 3: Tour — Residents, environment and kitchen/food service

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

Task 3A — Resident information gathering (acuity interview)

This task gathers information regarding residents and the care and services they need, and determines the level of services provided by the facility.

- The majority of the information comes from interviews with the staff person(s) who oversee care, often designated as the medication passer or health care coordinator.
- Identify this individual and interview him/her regarding the residents' health conditions, abilities, concerns and recent changes, such as:
 - Two-person transfers;
 - Falls;
 - Recent decline;
 - Weight changes;
 - Skin issues;
 - Hospice, home health or dialysis;
 - Diabetes;
 - Side rails or other supporting devices with restraining qualities;
 - Chronic pain;
 - Behavioral symptoms;
 - Coumadin or other anti-coagulant use;
 - Catheter; and
 - Delegated tasks.
- Information can also be gathered about residents from observations when entering the facility. General observations of the environment are of value in all facility types. Each resident room is observed unless otherwise noted. It is not necessary to knock on doors and meet all the residents.
 - In all facilities, for those residents who are out and about, observe and document possible quality of care and quality of life concerns, such as:
 - Resident grooming and dress or appropriate footwear;
 - Staff/resident interaction related to residents' dignity, privacy and care needs, including staff availability and responsiveness to residents' requests for assistance;
 - The way staff speak to residents, the nature and manner of interactions, and whether residents are spoken to while care is given;



- Scheduled activities taking place and appropriateness to the residents;
 - Resident behaviors such as crying out, disrobing, agitation, rocking, pacing and how these behaviors are being addressed by staff, including nature and manner of staff interactions, response time, staff availability and staff means of dealing with residents who are experiencing catastrophic reactions;
 - Skin conditions (e.g., excessive dryness, wetness, wounds);
 - Skin tears, bruising, or evidence of fractures that warrant investigation;
 - Dehydration risk factors including availability of water for most residents, and other indicators or factors (e.g., the amount and color of urine in catheter tubing and collection bags, dependence on staff, the presence of strong urinary odors, and resident complaints of dry mouth and lips);
 - Functional risk factors such as poor positioning and use of physical restraints;
 - Side effects of antipsychotic drug use such as tardive dyskinesia (e.g., lip, tongue or other involuntary abnormal movements); and
 - Availability, use and maintenance of assistive devices.
 - If observed concerns involve specific residents, note each resident's name and room number and the date/time of the observed concern. Include the details of the observation in documentation, including any effects on the residents involved.
- Decision-making:
 - The information gathered is used to select the sample of residents for resident review.
 - Based on resident acuity and facility census, select a sample of approximately 10 percent of residents, with a minimum of two.
 - A sample of less than 10 percent may be selected at the discretion of the survey team. This may be based on factors such as the facility's compliance history and how the sample reflects the areas of care being reviewed.
 - A sample size may be larger than 10 percent when areas of concern are identified and the surveyors need additional sampled residents in a focused area. The team decides if additional residents are needed for the review.
 - The sample should include residents with the following characteristics, including but not limited to:
 - Heavy care needs, high acuity;
 - Behavioral symptoms;
 - Home health or hospice services;
 - Residents recently admitted to review the initial evaluation and service plan; and
 - Cognitively impaired and cognitively intact.

Task 3B — Environment

This task determines how the physical features of the facility (such as resident rooms, dining, activity and bathing rooms) affect the resident's quality of life, health and safety.

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

- Begin observations as soon as possible after entering the facility.
- Review the condition of the environment, focusing on:
 - Cleanliness;
 - Sanitation;
 - Presence or absence of pests;
 - Safety hazards;
 - Functional and clean equipment;
 - Infection control practices (e.g., hand washing and glove use);
 - Homelike and clean environment;
 - Proper and safe storage of housekeeping compounds and equipment; and
 - Water temperatures:
 - In resident rooms, hot water temperatures are to be spot checked by hand. If too hot or not hot enough in a reasonable time, ask facility to measure temperatures with their thermometer. Surveyors may also use their thermometer to verify facility temperatures.
 - Ask about the facility system for ensuring correct temperatures and how that is documented.



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

Task 3C — Kitchen/food service

This task determines if the facility is storing, distributing and serving food according to the Oregon Food Sanitation Rules to prevent foodborne illness.

- Use the CBC Kitchen/Food Service form to direct observations of food storage, food preparation and food service/sanitation, including:
 - How long potentially hazardous foods are in the time/temperature danger zone;
 - How foods are being thawed;
 - Cleanliness and sanitary practices;
 - Quantity of food supplies in relation to the number of residents; and
 - Whether the food being prepared is consistent with the written, planned menu.
- If surveyors identify concerns, such as the provision of meals that are not consistent in quality (poor color and texture of vegetables or meats, or the preparation and presentation of mechanically altered foods); complaints regarding taste or texture of food and foods with an “off” or bad odor; or residents being at nutritional

risk, including high prevalence of residents with unintended weight loss; the following should be conducted as appropriate:

- Direct observations of the tray line and kitchen to determine if:
 - Recipes are available, consistent with the menu and followed by staff;
 - Appropriate equipment is available and used to prepare and serve foods;
 - Food is stored and used within the appropriate time frames; and
 - Reheated food are at least 165 degrees F.
- Document kitchen concerns:
 - If observed concerns involve specific residents, note the resident’s name, room number, date and time, and describe the observed concern.
 - Include the details of your observation in your documentation, including any obvious effects on the residents involved.
- Interview appropriate staff regarding kitchen/food service observations.
- Decision-making:
 - Kitchen issues should focus on risk of foodborne illness, such as the amount of time a perishable food is kept at a temperature between 41 degrees and 140 degrees F.
 - Are staff following principles of infection control/sanitation?
 - Is the kitchen clean and in good repair?



Survey task 4: Medication and treatment administration

This task is to determine the safety and accuracy of the facility's medication and treatment administration systems.

- Interview staff administering medications.
- Observe the medication room:
 - Spot check for expired medications.
 - Is medication refrigerator cool enough? Is it locked or in a locked room?
- Testing of glucose meters (glucometers):
 - Is there documented evidence glucose meters are tested per manufacturer's instructions? Ask the facility for the glucometer manual to determine what testing is needed.
- Consider interviewing involved residents if there are questionable issues involving specific residents' medications.
- Observe medication administration early in the survey.
 - Observe and note names of staff pouring regularly scheduled medications.
 - Record observations:
 - Copy the name of the medication from the bubble pack or medication container to be certain which medications, strength and dosage, etc., are being set up.
 - Observe how each resident's medications are identified and kept safe between pour and pass.



- Observe the staff passing medications to determine:
 - How medications are kept secure between pour and pass.
 - How residents are identified.
 - If medications are passed by the same staff person who poured the medication.
 - If the medication cup is labeled with the resident's name.
 - If the staff visually observes the resident take the medication unless the resident's physician has authorized that the medications can be left with resident to be taken independently.
 - If the staff makes a reasonable effort to maintain resident confidentiality.
- Attempt to observe insulin, inhalers or other administration routes in addition to oral medications.
- Reconcile the medication administration with the medical record:
 - Compare observations with the current signed prescriber orders for medications. This comparison involves two distinct activities:
 - For each medication on list: Was it administered according to the prescriber's orders? For example, in the correct strength and by the correct route? Was there a valid order for the medication? Was the medication the correct one?
 - For medications not on list: Examine the record for medication orders that were not administered but should have been. Are there any omitted doses?
 - Document a complete record comparison of what should have occurred according to the prescriber's orders and what actually occurred according to your observations.
 - Before concluding an error has occurred, discuss the apparent error with the staff who administered the medications. There may be a logical explanation for an apparent error. For example, a surveyor observes that a resident received Lasix 20 mg, but the prescriber order was for 40 mg. This was an apparent error in dosage. But the staff shows the surveyor another more recent order that discontinues the 40 mg dose and replaces it with the 20 mg dose.
 - Do not rely solely on a paper review to determine medication errors. Blank spaces on a medication administration record may not constitute actual medication errors. Paper review only identifies possible errors.
- If observed concerns, resident or staff interviews, or resident record reviews indicate unsafe or inaccurate medication systems, the survey team may be triggered to review the medication system in more detail.

Survey task 5: Resident services review

This task is to determine how resident outcomes, satisfaction and quality of life relate to the provision of services by the facility.

- Determine if the facility properly evaluates care and service needs, develops and implements appropriate service plan interventions, and evaluates the effectiveness of the interventions.
- Evaluations and service plans are reviewed and updated as needed when resident needs change.
- If the facility has written policies and procedures to respond to residents' 24-hour care needs.
- If registered nurse (RN) assessments and involvement in service planning and monitoring are in place when needed.
- If the care and services provide support and enable residents to maximize abilities to function at the highest level possible.



Task 5A — New move-in evaluation and service plan review

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

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

- Review the initial evaluation and service plan and the 30-day update to the service plan to determine if care and services reasonably met the resident's needs during first 30 days of residence.
- If problems are identified, determine if facility is following its policies.

Task 5B — Resident review and investigation

This task reviews if evaluations, assessments and service plans reflect the resident's needs identified by the facility; the resident's preferences; and support dignity, privacy, choice, individuality and independence.

- Needed services were reasonably provided by the facility;
- For residents who experienced a short-term change of condition, the facility responded with actions, interventions, monitoring and documentation to meet the resident's needs.
- For residents who experienced a significant change of condition, the facility responded with evaluation, appropriate medical care,

referral to the facility nurse, assessment, appropriate follow-up care, interventions, monitoring and documentation to meet the resident's needs.

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

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

- Observe the resident and interactions with staff and others.
- Interview residents, staff, family and/or significant others.

- Review the resident's record including the most recent quarterly evaluations, assessments (if present) and service plans; prescriber's orders; medication and treatment administration records; and progress notes.

Resident review interviews

- Why interview?
 - May reveal if resident choice affected facility actions.
 - May reveal resident was not capable of making informed choices.
 - May present information to strengthen or weaken the possible citation.
- Documentation of interviews:
 - Interview forms are guidelines only. Expect questions to vary depending on the situation and follow-up questions will be asked as needed.
 - Document the participants, their position and/or their relationship to the resident, and content of interview questions and answers.
 - Document participant's willingness to have his or her information shared with the facility.
 - Document date, time and location of interview.
- Individual resident interviews:
 - Resident privacy will be respected during all interviews.
 - What the resident believes are his/her needed services.
 - What services the resident believes have been delivered and their effects.
 - What is of concern to the resident?

- Interview all residents in the sample who are alert and oriented. If resident is cognitively impaired, interview to the extent possible and attempt to obtain family interview.
- Use the CBC Resident Interview form as a guideline.
- Guide interview toward information gained during record review and observation, such as:
 - Activities, social opportunities;
 - Activities of daily living (ADLs);
 - Nutrition;
 - Skin condition;
 - Behavioral accommodations;
 - Medication administration;
 - Pain management; and
 - Wound treatment and healing.
- Techniques for resident interviews:
 - Inform the resident of the reason for the interview and how the information may be used.
 - Ask the resident for permission before his or her comments or concerns are shared with the facility staff and honor the resident's decision.
 - If permission is granted, it is important to return to this resident with information resolutions.
 - If permission to share is not granted, it may be necessary to find a method to investigate without revealing the resident. Use the resident interview protocol to guide your conversation with the resident; bring up topics in an order that is sensible to the conversation.
- Gently inquire for additional information if the resident gives an incomplete or unclear answer. It may be more productive to return later for a follow-up conversation.
- Family members, staff or the ombudsman may be present with resident's permission.
- When interviewing in a resident room, the door may be left open during the interview based on the safety and comfort of the resident and/or surveyor.
- Resident group interview:
 - Not expected in endorsed memory care communities.
 - The purpose of the group interview is to determine:
 - If the facility protects and promotes the rights, health and independence of residents.
 - The impact of the facility's environment, schedules and policies, and staff interactions on the quality of residents' lives.
 - Techniques for group interview:
 - Ask facility staff to assist in setting a time and location, and to notify residents of the group meeting.
 - Limit the group to residents who are alert, oriented and able to communicate in a group setting.
 - Additional participants may be included only when all residents grant permission.
 - It is helpful to have one surveyor conduct the interview and another to take notes.

- Introduce yourselves and describe the purpose of the interview.
- Spend a few minutes to establish rapport with the group by letting them direct the conversation. If residents have nothing to say initially, a general question may be used such as, “Tell me what life is like in this facility,” or “What makes a good day for you here?” Follow up on their responses.
- Continue with the protocol questions.
- Ask for more information where necessary and present questions in an order that is sensible to the conversation.
- Encourage residents to talk in terms of actual situations or examples, using open-ended questions, such as, “Can you tell me more about that? Can you give me an example?” or “How does that work here?”
- After the meeting, follow up on any concerns the residents have raised that can be addressed within the scope of the rules. Share these concerns with the team to focus their investigations.
- Use CBC Group Interview Guideline form.
- Family interviews:
 - Interview families/friends of residents with cognitive impairment.
 - Attempt to call family members of sampled residents if there are specific issues the family can clarify.
 - Additional interviews are highly recommended if there is a high percentage of residents with cognitive impairment in the facility.
- Use the CBC Family Interview Guideline form.
- Family interviews may not always be possible.
- Interviews may be with family members of residents not on the sample.
- Caregiver and other staff interviews:
 - Interviews with direct caregivers for all residents on the sample are necessary to learn about resident care and services from the perspective of the caregiver.
 - Find out what the residents can do for themselves and what services are supplied to the residents and the effects.
 - Find out if there have been any recent changes or events in the resident’s life, care or abilities.
 - Caregiver interviews are of greater importance if the resident is cognitively impaired or otherwise unable to communicate.
- Interviews of other relevant parties, such as:
 - Home health, dialysis, hospice and/ or other outside agencies to obtain information as needed for the investigation.
 - If outside agencies are not cooperatively working with the facility, talk with the CBC Survey Unit supervisor.
 - Residents’ legal representatives who visit frequently and could reasonably be expected to have relevant information or opinions.

- Prescriber, ancillary service providers, hospital personnel, facility nurse.
- Case managers, adult protective services workers and/or ombudsmen.

Resident review observations

- At all times, surveyors will respect residents' dignity and right to privacy.
- Follow the Roster/Sample Matrix to make resident observations and conduct interviews on factors or care areas. For example, if the resident was chosen because he or she is receiving tube feedings, observe the care and the outcomes of the interventions, facility monitoring and assessment, and nutritional needs/adequacy related to tube feeding.
- Observe the resident and caregivers during care and treatments, at meals and various times of the day, including early morning and evening. Observe residents in both informal and structured settings (e.g., receiving specialized rehabilitation services, participating in formal and informal activities). Also, observe staff-resident interactions.

- Gather resident-specific information, including the resident's functional ability, potential for increasing ability and any complications concerning special care needs.
- Evaluate service plan implementation. Determine if the service plan is consistently followed by all staff at all times of the day, and if the service plan reflects the resident's care needs. If the service plan is not reflective, look for evidence the facility has identified this and acted on it even if the service plan has not formally been revised.
- Determine if there is a significant difference between the facility's evaluation and/or assessment of the resident and resident's own reported care needs.
- Evaluate the adequacy of care provided to the resident.
- If indicators suggest the presence of a quality of care problem that is not readily observable (e.g., a leg ulcer covered with a dressing, or a sacral pressure sore), then:
 - Any concerns with skin issues that would require viewing of private areas by surveyors, the CBC Skin Audit policy and procedure is followed.
 - Observation of ADL care provided to residents includes observing incontinence care, toileting and dressing. Observation of the provision of ADL care is to evaluate the caregiver techniques, resident response and interactions between the caregiver and the resident.



Resident record review

- Conduct a record review to determine the resident's current status has been evaluated and/or assessed by the facility. Compile information on changes in the resident's status and information on planned care, resident goals, interventions and expected outcomes. Use:
 - The record review to help determine whether the evaluations accurately reflect the resident's status.
 - The service plan to identify whether the facility used the evaluation to develop service plan interventions. Determine whether the facility identified resident strengths, needs and problems that should have been addressed to maintain or improve the resident's functional status.
- Determine whether the facility identified specific resident-centered interventions to achieve those goals.
- It is not necessary to review the entire resident record. Review only those sections necessary to verify and clarify the information needed to make compliance decisions.
- In any care area where there has been a decline, determine if the facility conducted an evaluation, determined what intervention was needed, updated the service plan, implemented the planned interventions, re-evaluated when interventions were ineffective and referred to the RN as needed. Determine if the actions or inactions of the facility contributed to the resident's decline or continuation of the decline.

Task 5C — Systems in place to respond to residents' 24-hour care needs

- Request written policies, procedures and protocols required in rule, as needed, including those to:
 - Ensure a resident monitoring and reporting system is in effect 24 hours per day, stating staff responsibilities and identifying criteria for notifying the administrator, RN or health care provider;
 - Respond to resident medical emergencies on all shifts;
 - Define duties, responsibilities and limitations of the facility nurse in policies and procedures, admission and disclosure information, and role in monitoring and reporting system;
 - Ensure service providers leave written information in the facility about the onsite services provided to the resident and any clinical information necessary for facility staff to provide supplemental care; and
 - Easily get information from the offsite provider.
- Determine whether the facility has the required policies.
- For those policies with required components, determine whether those components are addressed.

Survey task 6: Team decision-making

This task is to review findings with survey team members and make preliminary decisions regarding potential facility rule citations.

Preparation:

- All surveyors should come to the meeting with their information, and should have determined what the facility failed to do for each of their findings. The team coordinator should have notes of any issues from the previous daily team meetings. However, it is still each team member's responsibility to bring up his or her own collective issues for discussion.
- Remember to consider issues as “resident-centered” and assess the impact or potential impact on residents. Not all findings become citations; however, do not disregard structure and process tags or general system findings that may indirectly impact residents.

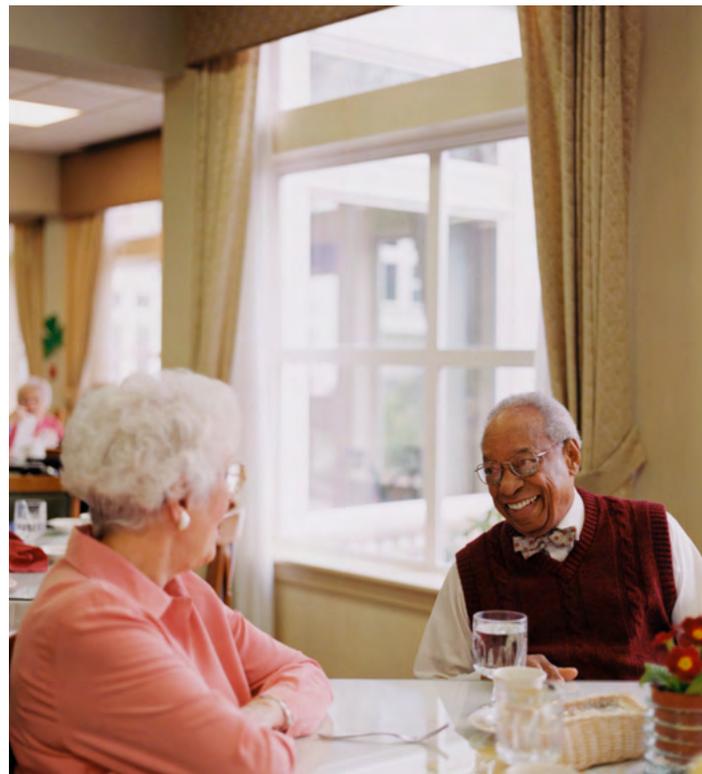
- Structure, process and general system rules include those that address the facility operation as opposed to those that address what happens to or for the resident directly. Examples could include policies and procedures, a window in each resident room, the evaluation and service plan tags, or physical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

Procedure:

- All tags, including memory care community rules, are reviewed tag by tag.
- Consider the rule's intent when discussing a specific tag.



- Some issues may be viewed globally. A citation requires several examples of an issue when compliance is viewed on a facility-wide basis. For example:
 - Lack of hand washing;
 - Environmental;
 - Resident rights; or
 - Staff training.
- Some issues may be viewed on a single incident basis. One incident may be sufficient for a citation when the rule is specific. For example:
 - If a resident experiences a significant change of condition that is a major deviation in the resident's health or functional abilities, refer to the facility nurse, document the change, and update the service plan as needed; or
 - Facility administered psychoactive medication(s) will be used only when required to treat a resident's medical symptoms or to maximize a resident's functioning.



- Frequency of the issue;
- Number of residents and/or staff involved;
- System (global) problem or isolated incident or a mistake, such as hand washing missed one time;
- Resident history – diagnoses, medications, behavior, responses to issues, resident choice, etc.;
- Areas of facility involved;
- Primary information source – observation, interview, facility documentation;
- The deficiency is about services not being provided, about paperwork not being completed, or both; and

Factors to consider in decision-making:

- What did the facility fail to do? Did the facility fail to recognize risk factors and/or changes in the resident's condition and take reasonable measures to assist the resident get needed services?
- What did the facility do correctly?
- What was the impact or potential impact on residents?
- Risk/benefit analysis:
 - Use the reasonable person standard for residents unable or unwilling to communicate;

Deficiency categorization:

- Categorize each tag cited by severity of outcome to the resident(s).
- Consider the severity of impact to resident – must be clearly defined and verbalized by the team. Use reasonable person standard for those residents unable to communicate the impact.
- Severity definitions:
 - **Level 1: Technical assistance:** No harm or potential for minor harm. Facility is considered to be in substantial compliance and technical assistance will be documented and provided by the surveyors.
 - **Level 2:** Minor harm or potential for moderate harm. Does not significantly impact the resident's quality of life or physical function.
 - **Level 3:** Moderate harm, or potential for serious harm. Significantly impacts the resident's quality of life or physical function that may require immediate correction to protect resident health or safety. Using the reasonable person standard, this can include harm even to nonresponsive residents whose physical function or quality of life may not be visibly affected.
 - **Level 4:** Serious harm or immediate jeopardy. Immediate jeopardy to resident(s) health or safety as defined by serious harm or death.

A Needs Immediate Correction (NIC) plan may be required for level 3 or 4 while the surveyors are onsite.

- Harm definitions:

Harm – a negative impact to resident physical, mental, financial and/or emotional well-being as defined by the following terms:

- **Potential** – the possibility of harm not yet realized. Harm or potential harm likely to occur in the very near future to individual or others in the entity if immediate action is not taken.
- **Minor** – harm resulting in:
 - No more than temporary physical, mental or emotional discomfort, or pain without loss of function;
 - Injury treatable in-house with expected rapid recovery;
 - Injury treated with little or no outside professional intervention; or
 - Minor violation of residents' rights.
- **Moderate** – harm resulting in:
 - Temporary loss of physical, mental or emotional function;
 - Illness or pain lasting longer than 24 hours even if controlled by medication; injury treatable with possibility of recovery;
 - Injury treated by outside professional intervention either in-house, in an emergency or with short-term hospitalization; or
 - Violation of residents' rights.
- **Serious** – harm resulting in:
 - Long-term or permanent loss of physical, mental or emotional function;
 - Extreme or prolonged pain even if controlled by medication;
 - Significant loss of dignity;

- Injury requiring aggressive treatment with limited or prolonged recovery or death;
- Injury requiring extensive/ongoing outside professional intervention either in-house, in an emergency department or with long-term hospitalization;
- Injury requiring surgical intervention; or
- Significant violation of residents' rights.



Reaching consensus:

Definition: Consensus is an agreement all survey team members can support, even though it may not be each surveyor's first choice.

- If the team is unable to reach consensus on an issue:
 - Contact the supervisor.
 - If the supervisor cannot be reached during consensus, note the issue and follow-up with the supervisor.
 - The issue can be noted at the exit, explaining it needs further evaluation before a citation decision is reached.
- Do not start the consensus meeting until all investigations are complete. Each team member is responsible to inform the team coordinator if he or she needs more time for investigation.
- If a significant new issue arises on the last day and information is incomplete, the consensus meeting should be delayed. The team will assist in completing the investigation if they determine it is warranted.
- Record decision-making process on Tag Meeting/Consensus form.

Survey task 7: Exit conference

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

- Discuss findings as preliminary, to be further reviewed. Review areas of concern, what findings were found and how they relate to the specific rule, and the number of residents affected. Explain that details of the findings and specific residents have been discussed with administrative staff, and will be summarized within the final written report.
- Explain what the findings mean (e.g., in compliance, corrections required, harm or areas needing immediate correction).
- Explain the report time frame, plan of correction, informal dispute resolution and revisit.

- When the exit conference is finished, leave the building promptly. If surveyors wish to thank specific staff or tell their residents goodbye, they should do so before the exit conference.

After survey paperwork

Writing the report

- Use the ASPEN report-writing software program.
- Follow the principles of documentation.
- Follow the writing conventions.
- Roundtable with the team according to the current CBC Roundtable Process.



Action summary

- Why and for whom?
 - To communicate with the next team to visit the facility.
 - For Central Office Corrective Action review. May be used to develop various remedies, such as civil money penalties and conditions on license.
 - Support staff who enter data into the database.



- When?
 - Upon completion of each CBC survey activity. Email summary to support staff, supervisor and lead worker.

Plan of correction (POC)

- A POC is required for each citation at level 2 through 4.
- The facility has 10 calendar days from the receipt of survey report to submit a POC to the OLRO CBC Survey Unit office.
- Required POC components:
 - What actions will be taken to correct the rule violation?
 - How will the system be corrected so this violation will not happen again?
 - Who on your staff will be responsible to see the corrections are completed?
 - How often will the area needing correction be evaluated?
 - When will corrective action be completed?
- The team coordinator will receive electronic copies of the POC and the POC checklist for review and completion.
 - If the POC is not acceptable, contact the facility to discuss required changes.
 - Minor changes can be agreed to by phone. Document the changes, and include the date, time and name of the facility staff person who agreed to the changes.
 - Major changes may require an addendum. Review changes when submitted. Telephone the facility again if the POC is still not acceptable.

*Thank you for your shared dedication to the
vulnerable adults we have the privilege to serve.*

Oregon Department of Human Services
Office of Licensing and Regulatory Oversight
Community-Based Care Survey Unit
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