

## Frequently Asked Questions:

# [On-demand webinar] Preparing for the new survey process (and new F-tags!)

On Oct. 12, 2017, SimpleLTC and Briggs Healthcare offered a free webinar covering the details of the new LTC survey process and what your facility should do now to prepare. With nearly 2,000 registered, this was one of our most popular training events ever.

This document provides answers to the specific questions asked during the webinar. Answers provided here were relevant as of Oct. 12, 2017. This is not meant to be an exhaustive or perfect list. Be sure to check with your state survey team for more specific information!

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### **1. Are complaint surveys changing?**

I have not heard that the format for the complaint surveys is changing.

### **2. Are there still desk reviews? Or will there always be a follow-up survey?**

I have not heard anything regarding desk reviews so I'm assuming there is no change.

### **3. Did you say a Fire Marshall will be coming prior to survey?**

My comment was about the information I placed on slide 38, specifically the CMS quote at the bottom. Survey for LSC compliance and the other bullets on that slide will be done by another entity – not the “regular” survey team. The State Fire Marshall’s Office conducts the LSC portion of the survey in some states and often precedes the arrival of the survey team; sometimes arriving along with the team. The “regular” survey team will be inspecting/investigating the other elements for compliance.

### **4. How does the surveyor determine a resident is non-interviewable?**

Great question – one I have sent to the NH Survey Development mailbox myself. I'm not able to find any specific reference to the criteria that differentiates an interviewable vs. non-interviewable resident. Hoping for an answer soon!

### **5. How will the survey team be able to review ALL meal trays? It seems that would slow dining process down resulting in concerns.**

I've asked that question myself, via the NH Survey Development mailbox – slide 54 – and have not received an answer. Seems like an impossible task to me – that could be a lot of room trays!

**6. I do not see that Abuse is a mandatory task. What about employee file reviews?**

#29 on the Entrance Conference Worksheet speaks to providing the survey team with your facility's abuse prohibition policy & procedures within 4 hours of the team's entrance. The survey team will access employee files if/when there is a concern found during their investigation.

**7. If you have a re-survey after Nov. 28 and the annual survey was in October, will the re-survey be the new survey or closing out of the previous survey?**

That question should be posed to your State Survey Agency. I don't see how the re-survey could be anything but a follow-up to the survey in October. That survey likely has the current F-tags. Please do check with your SA for verification as they are the authority.

**8. On slide #30 there is a 5 full med review and then the 25 med opportunities in slide #31. Does the 5 full med pass count towards the 25 or is it in addition to?**

These are 2 different tasks. Slide 30 speaks to unnecessary medication review while slide 31 speaks to medication administration.

**9. On slide 19 – what is meant by “Federal Only”?**

That reference is to facility reported incidents that are investigated in accordance with Federal regulations/RoPs. This statement is found on page 42 of the LTC Survey Process Procedure Guide: *“Complaints deriving from non-compliance with state licensure regulations would be operationalized separately. In other words, the five residents with complaints threshold has been developed to capture those complaints and FRI's that are federally related activities that need to be completed. This does not change CMS' policy that non-compliance with federal Requirements of Participation must be evaluated under the federal survey process and cannot be surveyed only under state licensure requirements.”*

**10. So, if you've had survey, you can also have a resurvey?**

A resurvey or revisit occurs after a survey for which there were deficiencies and you returned a Plan of Correction.

**11. The handout has some very useful checklists. Are we able to copy and use these checklists to prepare for survey?**

Absolutely! I hope you do!

**12. There is mention of residents not being revealed in the samples. Will the bullets change since one was to identify what was done for the affected residents?**

Resident names will not be identified during the exit conference. I'm not sure what you are asking. You are certainly welcome to email me directly. My email address is on slide 56.

**13. To whom will this list be given in the facility?**

The Team Coordinator will provide the list during the Entrance Conference. That conference will likely include the Administrator and the Director of Nursing.

**14. What do you mean that surveyors are not going by the BIMS?**

My experience has been that some survey teams were looking at the BIMS scores, found at C0500 on the MDS, and using those scores as a guide to interviewable vs. non-interviewable. CMS has directed that they will not do that any longer (after 11/28/2017).

**15. What is meant by your bullet “the residents will not be identified” does this mean at exit conference? If so how is the POC changing on element #1.**

During the exit conference, surveyors will not provide the actual names of residents for which concerns & potential deficiencies/non-compliance were identified. They will likely say 3 residents were found to be..., etc. When you receive your CMS-2567

**16. When will the new Appendix P Survey Protocol be posted on CMS?**

Great question! It has not yet been updated (I check several times daily). The most recent Appendix P is dated June 10, 2016 and is found at: [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_p\\_ltc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_p_ltc.pdf)

**17. When will the new Matrix be available?**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Entrance-Conference-Provider-Matrix.zip>

**18. Where can we find the CE pathways worksheets?**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip>

**19. Who decides which residents will come to the exit interview?**

That is a good question to ask the Team Coordinator, perhaps during the Entrance Conference or shortly thereafter.

**20. Will the desk review option for follow up surveys continue with the new survey process? If so what will be the criteria to be eligible?**

I have not heard anything regarding desk reviews, so I’m assuming there is no change. I encourage you to check with your State Survey Agency.

**21. Will the facilities need to supply the survey team with a tablet/laptop for survey?**

The Survey Team will arrive at your facility with their own tablet or laptop. These devices are provided by the State Survey Agency.

**22. Will the residents interview questions change?**

I have not heard nor read that they will change. Interestingly, there is currently no CE Pathway for that. Stay tuned, though – that could change.