

Basic Care Survey Process



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Today's Objectives:

- ▶ Overview of the BC health survey process
- ▶ Identify, explain, & discuss the 7 tasks of the survey process
- ▶ Differentiate between Tier I and Tier II deficiencies
- ▶ Explain the Plan of Correction Process



HANDOUTS

- ▶ Survey Protocol for Basic Care Facilities
- ▶ Tier I and Tier II Summary Page
- ▶ Basic Care Tier I Form
- ▶ Instructions & Example of Basic Care POC
- ▶ Questions & Answers



INTRODUCTION

- ▶ Basic care facilities are required to be in compliance with:
 - Standard health survey and
 - Life safety code survey



INTRODUCTION (cont)

5 Types of Surveys:

- ▶ Standard Survey
- ▶ Extended Survey
- ▶ Abbreviated Standard Survey
- ▶ Partial Extended Survey
- ▶ Post-Survey Revisit (Follow-Up)



QUESTION 1



All Basic Care surveys are
unannounced?



QUESTION 1 ANSWER



- A. True
- B. False



7 SURVEY TASKS

TASK 1 – Offsite Survey Prep

TASK 2 – Entrance Conference

TASK 3 – Initial Tour



7 SURVEY TASKS

TASK 4 – Sample Selection

TASK 5 – Information Gathering

TASK 6 – Information Analysis

TASK 7 – Exit Conference



TASK 1 – OFFSITE SURVEY PREP

Purpose

- ▶ To gather information about the facility prior to beginning the survey



TASK 2– ENTRANCE CONFERENCE

Purpose

- ▶ To inform staff about survey
- ▶ Provide letter announcing the survey
- ▶ Introduce/meet key facility staff



TASK 3 – INITIAL TOUR

Purpose

- ▶ Provides an initial view/observation of facility residents and the environment



TASK 3 – INITIAL TOUR (cont)

During the initial tour, the surveyor(s) will:

- ▶ Attempt to meet and visit with as many residents as possible
- ▶ Observe resident and staff interactions
- ▶ Complete an initial review of the resident's needs and environment



QUESTION 2



Which of the following areas do surveyors observed during the initial tour?



QUESTION 2 POSSIBLE ANSWERS

- A. Quality of life
- B. Staff and resident interactions
- C. Staff communication with residents
- D. Activities
- E. All of the above



QUESTION 3

During the initial tour, when surveyors meet the residents for the first time, it is customary for facility staff to accompany the surveyor into the resident's room?



QUESTION 3 ANSWER



- A. True
- B. False



TASK 4– SAMPLE SELECTION

Purpose

- ▶ To select a sample of residents to assess compliance with resident-centered requirements (regulations).



TASK 4– SAMPLE SELECTION CONT.

Other factors considered include:

- ▶ New admissions within the past 6 months
- ▶ Residents on hospice services
- ▶ Residents w/ end-stage renal disease
- ▶ Residents under the age of 55
- ▶ Residents w/ MI or MR



QUESTION 4



Residents chosen for review during a survey may include which of the following:



QUESTION 4 POSSIBLE ANSWERS

- A. Light care & heavy care residents
- B. Interviewable & noninterviewable residents
- C. New admit within the past 6 months
- D. Residents on hospice services
- E. All of the above



TASK 4– SAMPLE SELECTION CONT.

RESIDENT CENSUS	SAMPLE SIZE	RESIDENT REVIEWS	CLOSED RECORD REVIEWS	RESIDENT INTERVIEWS
1–30	5	5	1	3– 5
31–60	10	10	2	6– 10
61–90	15	15	3	11–15
91–115	20	20	3	16–20



QUESTION 5



If the facility does not identify any “interviewable” residents, then the surveyor will conduct family interviews.



QUESTION 5 ANSWER



- A. True
- B. False



TASK 5– INFO GATHERING

Purpose–

- ▶ Provides an organized, systematic, & consistent method of gathering info to determine if the facility is meeting the requirements (regulations)



TASK 5– INFO GATHERING

Includes the following sub-tasks:

- ▶ 5a– General Observation of the Facility
- ▶ 5b– Kitchen/Food Service Observation
- ▶ 5c– Resident Review
- ▶ 5d– Quality of Life Assessment
- ▶ 5e– Medication Pass Observation
- ▶ 5f– Fire Safety



QUESTION 6



During the survey, which factor “drives” the survey?



QUESTION 6 POSSIBLE ANSWERS



- A. Facility policy
- B. Resident interview
- C. Staff interview
- D. Observations of resident care & services provided



QUESTION 7



During Task 5–Information Gathering, surveyors conduct a review and make observations in all of the following areas EXCEPT:



QUESTION 7 POSSIBLE ANSWERS



- A. Kitchen/food service
- B. Activity room
- C. Medication room
- D. Clean/dirty utility rooms
- E. Staff lounge



TASK 5– INFO GATHERING

Subtask 5b– Kitchen/Food Service

Purpose–

- ▶ To determine if the facility is storing, preparing, distributing, & serving food to prevent food borne illness.



QUESTION 8



Employees are required to wear hair restraints when dishing up food.



QUESTION 8 ANSWER



- A. True
- B. False



TASK 5– INFO GATHERING

Subtask 5c– Resident Review

Purpose–

- ▶ To determine if care provided has enabled residents to reach/maintain their highest practicable physical, mental, and psychosocial well-being



TASK 5– INFO GATHERING

Subtask 5c– Resident Review

- ▶ General Procedures include a review of:

meals
medications
activities
special treatments



TASK 5– INFO GATHERING

Subtask 5c– Resident Review

- ▶ Resident Care Review focuses on
 - Evaluation of assessment information
 - Development of an individualized care plan



QUESTION 9



Which of the following areas should be included/identified on the resident's care plan?



QUESTION 9 POSSIBLE ANSWERS

- A. Goals
- B. Problem area(s)
- C. Interventions
- D. Needs
- E. All of the above



TASK 5– INFO GATHERING

Subtask 5c– Resident Review

- ▶ Closed Record Review of:
 - Resident care issues
 - Appropriate treatment & services
 - Transfer & discharge requirements



RECORD REVIEW

- ▶ Provides picture of the current and past status of the resident



RECORD REVIEW

► Investigative Protocols–

Hydration

Unintended weight loss

Dining & food service

Sufficient staffing



QUESTION 10



What area(s) are NOT looked at while reviewing a closed record?



QUESTION 10 POSSIBLE ANSWERS

- A. Resident care issues
- B. Appropriate treatment & services
- C. Transfer & discharge requirements
- D. Financial
- E. All of the above



TASK 5– INFO GATHERING

Subtask 5d– Quality of Life

Purpose is to determine how the facility:

- ▶ Protects & promotes resident rights
- ▶ Environment, schedules, P/P, & staff impact the resident



TASK 5– INFO GATHERING

Subtask 5d– Quality of Life cont

Purpose is to determine how the facility:

- ▶ Assists residents to achieve/maintain highest practicable well-being
- ▶ Ensures equal access to quality of care for all residents



QUESTION 11

- ▶ Can BC facilities require residents to get their medications filled from the facility pharmacy that provides unit dosing for the facility?



QUESTION 11 POSSIBLE ANSWERS



A. Yes

B. No



QUESTION 12

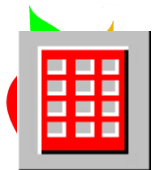


Surveyors review staff training requirements for the administration, dietary, activity, nursing, and direct care staff to ensure they have completed what?



QUESTION 12 POSSIBLE ANSWERS

- A. Fire & accident prevention/safety
- B. Mental & physical health needs of residents, including behaviors
- C. Prevention & control of infection, including standard precautions
- D. Resident rights
- E. All of the above



TASK 5– INFO GATHERING

Subtask 5e– Medication Pass

Purpose

- ▶ To ensure compliance with acceptable standards of practice regarding actual administration of meds



TASK 5– INFO GATHERING

Subtask 5e– Medication Pass (cont)

Includes medication storage

- ▶ Refer to Consultant Pharmacist Regulations



TASK 5– INFO GATHERING

Subtask 5f– Fire Safety

Fire Safety includes

- ▶ Evacuation Difficulty Index
- ▶ Fire drills
- ▶ Fire evacuation plan



QUESTION 13



All of the following info **MUST** be included in the written record for fire drills?



QUESTION 1 3 POSSIBLE ANSWERS

- A. Date/time of fire drill
- B. Duration of the drill
- C. Names of resident & staff participating
- D. Brief description, including escape path utilize
- E. All of the above



TASK 6– INFO ANALYSIS

Purpose

- ▶ It is the deficiency determination phase



History of Two-Tiered System

- ▶ HB 1488 introduced during the 2007 legislative session



DEVELOPMENT OF TWO-TIERED SYSTEM OF IDENTIFICATION OF NON-COMPLIANCE

- ▶ 5 steps looked at in the development of Two-Tiered System currently used to identify non-compliance in Basic Care.



IMPLEMENTATION OF A TWO-TIERED SYSTEM OF NON-COMPLIANCE

- ▶ We provided each Basic Care Facility with the Revised Survey Protocol
- ▶ Effective for all surveys conducted after August 1, 2007



TASK 6– INFO ANALYSIS

DEFICIENCY DETERMINATION

To determine if non-compliance exists, use the following definitions and guidance:

- ▶ Non-compliance is defined as a facility's failure to meet a participation requirement specified in NDAC 33-03-24.1 (Licensing Rules for Basic Care Facilities in North Dakota).
- ▶ To help determine if non-compliance exists, look at the language of the requirement.



TASK 6– INFO ANALYSIS

- ▶ Tier I Findings:
 - Isolated findings
 - Do not have more than a minimal potential for negative impact **AND**
 - Verified as corrected while onsite



TASK 6– INFO ANALYSIS

Examples of Tier I deficiencies:

- ▶ The face sheet of one resident record in the sample lacked the admission date
- ▶ Crumbs were noted on the counter in the kitchen



QUESTION 14



Tier I findings are a pattern of findings that have potential for causing a negative impact or harm to residents.



QUESTION 14 ANSWER



- A. True
- B. False



TASK 6– INFO ANALYSIS

Examples of Tier II deficiencies:

- Pattern of findings
- Have potential for causing a negative impact or harm to resident(s)



TASK 6– INFO ANALYSIS

Tier II Findings (cont):

- ▶ Findings which result in minimal harm, and/or has the potential to compromise the resident's ability to maintain and/or reach highest practicable physical, mental, and/or psychosocial well being



TASK 6– INFO ANALYSIS

Tier II Findings (cont):

Findings of non-compliance with potential or actual physical, mental or psychological injury or deterioration to a resident (includes violations of Residents Rights)



TASK 6– INFO ANALYSIS

Tier II Findings (cont):

Findings of non-compliance where the lack of (or the potential lack of) services and/or treatment resulted in the resident not reaching their highest practicable level of physical, mental or psychosocial well-being



TASK 6– INFO ANALYSIS

► Tier II Findings:

- Findings that reflect a system failure or widespread pattern of findings
- Tier I findings that do not remain corrected at the time of the revisit



TASK 6– INFO ANALYSIS

Examples of Tier II deficiencies:

- ▶ ADL cares were not provided or not completed as indicated by professional standards
- ▶ Proper diets were not provided for residents who required prescribed diets (i.e. renal or diabetic diets)



TASK 7– EXIT CONFERENCE

► Purpose

To inform the facility of the surveyor's observations and preliminary findings



TASK 7– EXIT CONFERENCE

- ▶ Refer to handout titled

“Basic Care Facility Tier I Findings”



QUESTION 15



During the exit conference, the surveyor discusses/informs the facility of what?



QUESTION 15 ANSWER

- A. Surveyor observations from the survey
- B. Preliminary findings
- C. Any Tier I findings
- D. Any Tier II findings
- E. All of the above



QUESTION 16



What happens if a Tier I finding remains out of compliance at the time of the revisit?



QUESTION 16 ANSWER

- A. It will remain a Tier I deficiency
- B. It is automatically recited as Tier II deficiency which will require the facility to submit a POC
- C. The facility is provided with a chance to correct the deficiency while the surveyors are on-site
- D. All of the above
- E. None of the above



PLAN OF CORRECTION (POC)

- ▶ Refer to handout titled “Instructions & Example of Basic Care POC”



SUMMARY

- ▶ Today we identified, explained, & discussed the 7 tasks of the Basic Care Survey Process



SUMMARY

- ▶ Information gathered thru observation, resident & staff interviews, and record review is analyzed to determine compliance with BC Regulations.



SUMMARY

- ▶ Areas of noncompliance are identified as either Tier I or Tier II deficiencies.



SUMMARY

- ▶ Completing the Plan of Correction – 5 points and timeframes



QUESTIONS ???



REFERENCE

- ▶ North Dakota Department of Health– Division of Health Facilities–
Survey Protocol for Basic Care Facilities (August 2007)

