

Instructions for the Interim LTCSP Initial Survey and Certification Process Effective October 23, 2023

Policy:

Adapted from Chapter 2 of the State Operations Manual (SOM) 2005A2 – Approval or Denial of Certification Based on Survey Findings: All references below to SA surveys also apply to surveys conducted by the SOG team. The SA completes the initial survey for applicants that are subject to an on-site certification survey after they receive the recommendation of approval from the Medicare Administrative Contractor (MAC), unless the applicant has the option of participation via deemed status (see Sections 2003C and 2005A4 in Chapter 2 of the State Operations Manual). Additionally, the applicant must be operational and providing care to residents in order for a certification survey to be conducted. (See Section 2008A.) <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c02.pdf>

All surveys are unannounced.

New providers, including providers whose previous Medicare agreement was terminated and are now seeking initial certification, must be in full operation and providing services to residents when surveyed. This means that at the time of survey, the facility must have opened its doors to admissions, be furnishing all services necessary, and demonstrate the operational capability of all facets of its operations. To be considered “fully operational,” initial survey applicants must be serving a sufficient number of residents so that compliance with all requirements can be determined.

A survey evaluates the manner and degree to which the provider or supplier satisfies the various requirements of participation. Surveyors must directly observe the provision of care and services to residents, and the effects of that care, in addition to interviewing staff and residents, and reviewing medical records to assess whether the care provided meets the needs of individual residents and is in compliance with all requirements. Surveyors also review selected policy and procedure documents to support or clarify observations suggesting deficiencies. When the provider notifies the SA of full operation, the SA documents the file with the date of notification. The SA conducts the survey in a timeframe consistent with CMS policy regarding budget and workload priorities.

All initial surveys must verify substantial compliance with the regulatory requirements contained in 42 CFR 483.5 through 42 CFR 483.95. If distinct part status is an issue, determine whether the facility meets the criteria for certification as a distinct part (refer to Chapter 2 of the SOM for additional guidance). The State determines whether a prospective provider is in substantial compliance with the nursing home participation requirements. If the facility is in substantial compliance, the State certifies and recommends that the CMS location and/or State Medicaid Agency enter into an agreement with the facility. If the State determines that a facility is not in substantial compliance, using the guidance described below, the State recommends that the CMS

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location and/or State Medicaid Agency deny participation. The CMS location and/or State Medicaid Agency sends the letter notifying the facility of its denial of participation in the Medicare and/or Medicaid programs and includes the appeal rights available under 42 CFR 431.153 and 42 CFR 498.3(b).

Introduction:

The Interim LTCSP Initial Survey and Certification Process utilizes the Standard LTCSP survey software, where possible, while ensuring surveyors determine compliance with every nursing home participation requirement. This document describes the procedural and software steps necessary for completing the interim initial certification process. In the future, there will be software specifically tailored for an initial certification survey. The survey steps are organized into six parts: 1) offsite preparation; 2) facility entrance; 3) initial pool process; 4) sample selection and assignments; 5) investigation; and 6) determining compliance.

Refer only to these instructions unless otherwise noted.

I. OFFSITE PREP

Step 1: Create Survey Shell in ASPEN Central Office (ACO)

- Create a survey shell in ACO based on state practices.
- Check the initial certification box under Survey Properties.
- Add team members in ACO and designate the team coordinator.

LTCSP Application HELP

- Contact the designated state technical lead according to your state procedures for any hardware or software difficulties.
- If an “unhandled exception” error message occurs while using the LTCSP application OR you are having technical issues, make a print screen of the message or technical concern. While still on the screen, press the Function [Fn] key and the Print Screen [Prnt Scrn] key. Open a new Word document and paste the print screen [Ctrl+V]. Describe in the Word document the actions being completed just before the error message or technical concern. Send the document to your state technical lead.
- If the designated state technical lead is not available and the technical difficulty stops the survey process, contact the QTSO Help Desk (1-888-477-7876). Inform the Help Desk responder that the contact is about an LTCSP and immediate assistance is required because the team cannot continue with the survey until the issue is resolved.
 - To send Server Log Files to the QTSO Help Desk, in the LTCSP left-side navigator menu go to System, click on Email Server Log, use the drop-down next

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to Log File to select the date(s) of the concern, and click Save. If you have internet access, you will be directed to email the Log Files to the QTSO Help Desk. If you do not have internet access, save the Log Files to email at a later time.

Step 2: Export shell from ACO

- In ACO, export the shell according to state practices (e.g., using a USB flash drive or via Direct Connect).
- During the transfer, if there aren't any residents included in the shell, you will receive a warning indicating that there is no available MDS assessment data, which is expected for an initial certification survey. Respond "Yes" to the warning message. It is acceptable to continue with the initial certification survey without any MDS data since you will complete an investigation for any resident who is residing in the facility. You will add the residents into the survey software once you are onsite.

Note: If the facility has a large number of residents residing in the facility (e.g., previously terminated facility or previously licensed facility), surveyors should follow the LTCSP Procedure Guide (i.e., Standard survey steps) instead of these instructions to determine whether the facility should be certified keeping in mind that they must verify substantial compliance with the regulatory requirements.

Step 3: Import shell into ASPEN Survey Explorer (ASE-Q)

- In ASE-Q (also referred to as ASE), import the shell according to state practices (e.g., using a USB flash drive or via Direct Connect).
 - Click on the **Import** button
 - Insert the USB drive (if using)
 - Select **Other Zip File Location**
 - Click on the binoculars
 - Locate the shell
 - Switch to **All Files** if you renamed the shell.
 - The default file type is ASPEN Export (ASPENTx.zip), click the drop-down and select **All Files (*.*)**.
 - Double click on the survey shell
 - Click **OK**
 - Select **Continue with Import** in the Survey Import dialog box
 - During the transfer (both import and export), a **pop-up** will appear displaying there are no residents included in the shell. Click **OK**
 - Click **Apply**

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Step 4: Add team members in ASE-Q (if team composition changes)

Best practice is to always add team members in ACO, but you can add them in ASE-Q when necessary (e.g., if team members were changed after the shell was exported or added later in the survey process).

- Consider the number of residents residing in the facility when determining team size.
 - In ASE-Q, click on the appropriate alphabetical grouping.
 - Click on the plus sign next to the facility name.
 - Right click on the Event ID.
 - Right click on **Team Roster**.
 - Click on **Update Team**.
 - Click on the Update button.
 - Place a **checkmark next to each team member's name**; when all survey team members are selected, click **OK**.
 - **Highlight** the name of the **TC (Team Coordinator)**, click **Leader** (a blue diamond appears by the TC's name), then click **Done**.
- **Team composition changes:** Add them in ASE-Q when necessary (e.g., team members were changed after the shell was exported or added later in the survey process).
 - **If a new surveyor is added to the team** because a surveyor (TC or team member) does not return, follow the steps below. You will **not** be able to remove the outgoing surveyor from the team roster in ASE-Q since the surveyor has data. Note: The only exception is if the team has not entered the facility yet. In that case, the TC should unassign facility tasks from the surveyor and then remove the surveyor from the team.
 - TC receives data from all team members. Team members should not continue to work in the system until the TC shares data with the team to reflect the incoming surveyor. However, if team members must continue to work in the system, the TC should receive the updated data before sending the consolidated data back to the team.
 - TC adds the new surveyor to the team roster in ASE-Q.
 - TC assigns areas to the new surveyor using the Investigation Assignments screen.
 - **Export** the updated survey in ASE-Q for the incoming surveyor.
 - The incoming surveyor should **import** the survey in ASE-Q.
 - The TC shares data with the team in the LTCSP system to reflect the incoming surveyor and the updated assignments.
 - If **there** is a change within the team: **If the TC changes**, just change the TC designation in the team roster in ASE-Q. **Highlight** the name of the **TC (Team Coordinator)**, click **Leader** (a blue diamond will appear by the TC's name), then click **Done**. If a **team member leaves**, all team members should share

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their data with the TC, and then the TC should share the consolidated data back to the team after redistributing workload via the Assignments screen (if desired), or other team members can redistribute the outgoing team member's assignments accordingly on the Investigation screen.

- **Important:** The system will protect the data and not allow a team member to be removed if they have contributed any data to the survey.

Step 5: Access the survey

- Find your survey in the alpha tree (i.e., alphabetical listing of facilities) in ASE-Q.
 - Click on the plus sign next to the correct alpha section for your facility.
 - Click on the plus sign next to the facility name.
- Right click on the Event ID and select **LTCSP**.
OR
- Right click on the Event ID and select **Citation Manager**.
- Click the **LTC Survey button**.

Step 6: Offsite Prep

- Skip the offsite preparation screen, **unless there is relevant information regarding the facility (e.g., complaints, FRIs, or waivers) or if you need to make surveyor assignments if there is more than one surveyor on the team**. To access the offsite prep screen, go to the Navigation menu on the upper left side of the screen and click on Survey Preparation | Offsite Prep.
- **Review the facility's policy and procedures** in advance of the onsite visit to ensure the facility has developed an adequate P&P to address all pertinent requirements of participation. Reviewing the P&P's offsite prior to the survey will save substantial time onsite. If the facility is requesting certification of a distinct part, the facility should send a floor plan with the distinct part clearly marked to indicate which part and the number of beds that they are requesting be certified. Once this review is completed, the P&P's do not have to be reviewed onsite. If your SA does not review P&P's offsite, plan for extra time to complete the review onsite.

Step 7: TC makes mandatory facility task assignments

- **Assign mandatory facility tasks** by selecting Investigation | Facility Tasks from the Navigation menu. If there is one surveyor conducting the initial survey, you should still assign all facility tasks listed below (just to the individual surveyor). You will add the triggered tasks later.
 - Beneficiary Notification Review
 - Dining Observation (assign all surveyors to a dining area or room trays, select the Primary surveyor, and communicate who has primary responsibility)

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- Infection Control (assign all surveyors, select the Primary surveyor, and communicate who has primary responsibility)
- Kitchen
- Medication Administration
- Medication Storage and Labeling
- QAPI/QAA Review
- Resident Council Interview
- Sufficient and Competent Nurse Staffing (assign all surveyors, select the Primary surveyor, and communicate who has primary responsibility)

Note: To enter data on a facility task screen, a surveyor must be assigned to that task. For those tasks where all team members need to enter data, assign to **ALL** (only the TC can assign to All). During the survey, if a surveyor is not assigned to a facility task and identifies a concern related to a specific task, the surveyor can add their name to that task.

Step 8: TC prints documents

- **Print the following documents** (click the Reports icon – the clipboard without a pencil - on the right side of the screen or press **Alt+P**):
 - Facility Matrix with instructions (1 copy of instructions, multiple copies of the blank matrix)
 - Entrance Conference worksheet (1 copy)
 - LTCSP Initial Certification Tag Review Tool (see Step 15)
 - Initial Survey and Certification Instructions (i.e., this document; it does not have to be printed for every survey, just ensure that each surveyor brings and refers to the instructions throughout the survey).

Step 9: Data sharing

- If there is **one surveyor conducting** the initial certification survey, data sharing will not occur.
- If there are **two or more surveyors conducting** the initial certification survey, the team should refer to Data Sharing in the LTCSP Procedure Guide (Step 10) for detailed instructions outlining how to share data. The TC should **share the completed offsite prep data**, if the screen was not skipped, with team members using the Data Sharing screen. Data Sharing is always performed between the TC and team members. Team members cannot share data between themselves.

NOTE: To access the LTCSP Procedures Guide within the LTCSP, go to the **Navigation** menu, select **Resources**, and then select **Procedures Guide**.

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Step 10: Team reviews offsite information

- **Team members independently review the Offsite Prep information, if applicable** (there may be none for the initial certification), prior to the survey. There is no required offsite prep team meeting. Review all information on the Offsite Preparation screen prior to entering the facility.
- **Survey Resources:** Ensure the Survey Resources folder is downloaded and saved to your desktop. The folder is located at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>.
- **Supplies**
 - The team should bring a power strip with surge protector for use as needed (do not use an extension cord).

II. FACILITY ENTRANCE

Step 11: Enter the facility and go to your assigned area

- **TC: Conduct a brief Entrance Conference** (under Survey Preparation | Entrance Conference in the Navigation menu). Ask the facility about any policies for entering/exiting special units, if applicable.
 - The first time you click on the Entrance Conference screen, the date and time will populate at the top of the screen. To reflect the current **date and time**, click on the **Set** button. You cannot change the date or time to an earlier time period.
 - Cover all items on the Entrance Conference screen, excluding the list of residents discharged for Beneficiary Notices review. You will request the policy and procedure for the Beneficiary Notification Review.
 - Request the facility's P&P's if not reviewed offsite.
 - Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Invite the Medical Director to provide feedback to the survey team during the survey period if needed.
 - If the full matrix can be completed by the facility quickly (e.g., there is a limited number of residents in the facility), request the full matrix; otherwise, just request the matrix for the new admissions immediately, followed by the full matrix within four hours.
 - The facility should exclude bed holds from the facility census number (item 1 on the Entrance Conference form/screen).
 - Ask if the facility has any discharged residents in the last 90 days to consider for the unexpected death, hospitalization, and unplanned (facility-initiated) or planned (resident-initiated) discharge (to a location other than the hospital) closed record reviews. If so, you will complete the closed record review.

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- Document any notes regarding the Entrance Conference under the Notes field at the bottom of the screen and place a check mark next to items once they are received, if desired.
- Since this is an Initial Certification survey you will review the Facility assessment even if you do not identify any systemic concerns.
- Request and review the binding arbitration policy and agreement if the facility plans to ask residents to enter into a binding arbitration agreement. Indicate whether the facility has asked a resident or his/her representative to enter into a **binding arbitration agreement**. If the response is Yes, the arbitration task will be triggered. **Add three residents** (preferably two residents who signed a binding arbitration agreement and one resident who resolved a dispute) who will be reviewed for the task, if appropriate (e.g., there are only two residents on the list). Residents can be added using the “Add Residents For Task” icon or via the facility task screen in the resident box.
- Either the TC (if alone) or another surveyor (if with a team) should conduct an initial brief visit to the **kitchen**. To access the kitchen task pathway:
 - Go to Investigation | Facility Tasks under the Navigation menu.
 - Double click on Kitchen to open.
 - Review the guidance for each CE on the screen (applicable probe section is listed before the CE) or by using the Pathway button.
 - Document any concerns under the Notes section.
- **Go to the area with resident rooms.**
- Get a **resident roster from the unit nurse**. This step is critical for organization especially if the facility has a high number of residents.

III. INITIAL POOL PROCESS

Step 12: Add initial pool residents to the system

- Each SA will decide whether to: a) include all residents in the facility in the initial pool; or b) briefly screen all residents to determine which should be in the initial pool and which should be excluded from the initial pool. Refer to the *Sample Size Grid, Recommended Team Size and Initial Pool Size*, and Complaint/FRI size (Attachment A to the LTCSP Procedure Guide) for recommendations on initial pool size based on facility census.
 - The Initial Survey instructions (i.e., this document) were developed with the expectation that only **a few residents would be residing in the facility** at the time of the initial certification survey. If this is the case, then **add all residents** in the facility into the software and include all in the initial pool.
 - **If there are more than a few residents, briefly screen all residents** in the facility (i.e., conduct a brief visual observation and ask brief, high level

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questions to identify any potential concerns) and review the facility matrix to identify residents who should be a part of the initial pool. *At least one resident who Smokes, one resident who is receiving Dialysis, one resident on Hospice, one resident on a Ventilator, and three residents who are on Transmission-Based Precautions should be included in the initial pool for the team if available.* For example, if there are 15 residents in the facility, briefly screen all 15 residents and only add the residents who will be included in the initial pool.

- While rare, there have been instances where the facility has a **large number of residents residing in the facility** (e.g., previously licensed facility). If that is the case, **follow the LTCSP Procedure Guide (i.e., Standard survey steps) initial pool instructions** instead of these instructions. Be aware that you may not have any MDS submissions, which is appropriate for an initial, so the team will identify and add residents onsite (e.g., for the initial pool, closed records). In this situation, you will still ensure the facility is in compliance with all requirements of participation.
- To **add residents** into the software:
 - Click on the **Add New Resident** icon (a bright blue person with a plus sign) at the top of the screen.
 - Enter the resident name, room number, and admission date.
 - The system automatically assigns you as surveyor.
 - Click **Subgroup** from the drop-down and select all applicable subgroups.
 - Note: The new admission subgroup will be automatically assigned to every resident to ensure that a thorough review of medications is conducted during the limited record review. You can choose additional subgroups, as appropriate (e.g., vulnerable).
 - Click **Save**.

Step 13: Complete initial pool process

- As noted in the prior step, if there are more than a few residents, briefly screen the residents and review the facility matrix to determine which residents to include in the initial pool. While the number of residents included in the initial pool will depend on the concerns identified during the screening and review of the facility matrix (e.g., to adequately cover areas of potential concern such as pressure ulcers, weight loss or dementia), include enough residents in the initial pool to identify any potential issues in the facility. *Again, at least one resident who Smokes, one resident who is receiving Dialysis, one resident on Hospice, one resident on a Ventilator, and three residents who are on Transmission-Based Precautions should be included in the initial pool for the team if available.*
- It may be helpful to document any screening notes in Surveyor Notes to help keep you organized.

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- Complete the initial pool process (interview, observation and limited record review) for every resident residing in the facility (if there are only a limited number of residents) or for those selected for the initial pool (when the facility has more than a limited number of residents). [In the description below, we use “initial pool residents” to mean either of the above – all residents if only a limited number are in the facility, or those chosen for the initial pool when more than a limited number are in the facility.]
- Complete a full resident interview (**RI**) if the initial pool resident is interviewable.
- For any non-interviewable initial pool resident, determine if the resident representative/family is involved or aware of the resident’s care. If so, complete a full representative/family interview (**RRI**). The goal is to complete **at least three resident representative interviews, if available (RRIs)/family interviews across the team on the first day** to be better informed of concerns. If an RRI/family interview is conducted after the sample is selected, you must complete it early enough in the survey to follow up on any concerns. You may be unable to conduct at least three RRIs due to various circumstances. If that is the case, document the rationale for not completing the three RRIs on the team meeting screen.
- Conduct multiple resident observations (**RO**) of the initial pool residents, including observations of care to adequately identify concerns.
- Complete the limited record review (**RR**) for each initial pool resident.
- Once the matrix is received, **review the matrix** information to identify any concern that should be followed up on.
- Mark an area for further investigation (**FI**) only if there is potential deficient practice. Ensure you probe a potential concern to determine if the facility has or is currently appropriately addressing the issue (and no further investigation is needed) or if further investigation is needed.
- If you **entered information under the wrong initial pool resident**, you can transfer part or all of your information to the correct initial pool resident. You can only transfer interview, observation, and/or record review data to an initial pool resident that has no data entered and is not assigned to another surveyor. If not assigned to you, the system will automatically assign the initial pool resident to you with the transfer. Open the Add/Update Resident dialog for the initial pool resident that you want to transfer data from.
- If you need more detailed instructions on completing screening, interviews, observations, and limited record review, refer to the Initial Pool Process in the LTCSP Procedure Guide (Step 13).
- **If you identify a significant concern (IJ or harm)** during your observations, interviews or limited record review, select Harm or IJ in the **Include in sample due to** (under the interview status) to ensure the resident is included in the sample. At any

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time during the survey, if immediate jeopardy is identified, the team should meet immediately to confer.

- You may use the writable “**Immediate Jeopardy Template**” in the LTCSP Reports section. Review the LTCSP PG for detailed instructions.
- **General Observation of the Facility:** During the initial pool process, all surveyors should make general observations of the facility to determine whether there are concerns in the common areas. During the team meeting, discuss any of these concerns.

IV. SAMPLE SELECTION

Step 14: Share completed initial pool data and TC confirms initial pool data is completed

- Share completed initial pool data with the TC, if more than one surveyor is conducting the initial certification survey. Follow the steps on data sharing and completing the initial pool in the LTCSP Procedure Guide (Step 10). For team members to follow along on the team meeting screen, the **TC should share data** with the team. **All data must be shared before selecting the sample.**

Step 15: Select the Closed Records, Finalize the Sample, and Make Investigation Assignments

Select Closed Records:

- **Finalize the selection of residents for the three closed record reviews** (death, hospitalization and unplanned [facility-initiated] discharge) on the Investigation | Closed Record Sample screen in the Navigation menu. You are required to finalize the closed record selection before you can start the sample selection.
- If the facility has discharged residents, complete the closed record review. Ask the facility for a list of residents discharged in the last 90 days. If available, pick a resident that had an **unplanned (facility-initiated) discharged** unless there are none then select a planned (resident-initiated) discharge to a location other than the hospital, another resident who was sent to the **hospital**, and a resident who **died in the facility**. To add a resident in the software, go to the Resident Manager screen, click on the Add New Resident button, and add the resident’s name. Remove your name under Surveyor. Go back to the Closed Record Sample screen and add the discharge location for the applicable residents.
- Once you have finalized the closed record review selection, click on the **Finalize Closed Record Sample** button, which will then display the closed records on the Finalize Sample and Investigation Assignment screens.

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Finalize Sample Selection:

- Select **Finalize Sample** in the navigator.
- Click on the **Start Sample Finalization** button.
- The TC should **enter the facility census number** and follow the sample size grid in Attachment A of the LTCSP Procedure Guide when determining the number of residents to include in the sample unless there happened to be fewer residents included in the initial pool. For example, there are nine residents residing in the facility and seven residents are included in the initial pool; the sample will be fewer than the recommended number of eight residents.
- The system will select five residents, if available, for a full medication review. If the facility has a large number of residents but the system selected fewer than five residents, add additional residents for the unnecessary medication review until there are five residents. Refer to the facility matrix and/or initial pool information if additional residents need to be added. Remember to select a resident who is receiving: 1) an antipsychotic and has a diagnosis of Alzheimer's or dementia, 2) insulin; 3) an anticoagulant and 4) a new diagnosis of schizophrenia with an antipsychotic for a person 65+ years, if applicable.
- **Include all initial pool residents** who had concerns (i.e., one or more interview, observation, or limited record review area was marked further investigate) in the sample by placing a checkmark next to the resident's name. Do not follow the LTCSP Procedure Guide sample size grid since **you will include all residents who had concerns in the sample**.
- Refer to the **Care Area Menu** which will list all the care areas that have an FI marked.
- You will use the hard copy of the **LTCSP Initial Certification Tag Review Tool** document to identify 1) the care areas you'll investigate for your sampled residents, and 2) the remaining unique tags that require additional investigation to decide if the facility is in substantial compliance with the area covered by that tag. To do this:
 - Mark the care areas on the tool that will be investigated for your sampled residents (i.e., Further Investigates and sample column = at least 1). Note: The infections (not UTI, pressure ulcer, or respiratory) **and TBP** care areas **are** excluded from the Tool since **both areas** are covered under the Infection Control task. Participation in Care Planning is also excluded from the tool because it is to be addressed for all sampled residents.
 - For the remaining care areas/tags, review column E to determine what investigation(s) must occur to determine whether the facility is in substantial compliance with the tag. For example, if dialysis wasn't marked for further

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investigation, you will still be required to review information before determining the facility is in compliance with F698 (e.g., review the dialysis policy and procedure, contracts, staff qualifications, equipment).

- For additional instructions on sample selection refer to step 17 in the LTCSP procedure guide.
- Once the sample is finalized, select the **Finalize Sample** button.
- Ensure all four triggered facility tasks (Arbitration, Environment, Personal Funds, Resident Assessment) are displayed on the Facility Tasks screen. If they are not displayed, initiate the applicable task. Make assignments for the triggered facility tasks.

Make Investigation Assignments:

- Click on the **Assignments screen** in the navigator.
- The investigation assignments screen includes all sampled areas, non-sampled, complaint/FRI areas, unnecessary med residents, initiated investigations, mandatory and triggered facility tasks, and closed records.
- Complaint allegations will be displayed on this screen with (COMP) next to it to identify that it triggered due to a complaint allegation.
- Again, if you realize you made a mistake but already finalized the sample, make any sample adjustments on the Investigation screen.
- The **left side** of the screen displays areas **Not Assigned** (e.g., triggered tasks and closed records) and each **surveyor's investigation workload**.
- The **right side** of the screen is where **assignments are made or adjusted**.
- **Ensure a surveyor is assigned** to all areas listed under **Not Assigned**.
 - Select a surveyor from the drop down in the right pane under the Assigned column while considering each surveyor's workload listed in the left pane.
- Once the TC is finished making assignments, ensure the "Not Assigned" placeholder listed at the top of the left pane is not displayed to confirm all assignments have been made.
- After finalizing the investigation assignments, the TC **shares the data** with team members using the Data Sharing screen (follow the steps listed in the LTCSP PG Step 10) so every surveyor has their investigation assignments.
- Team members will have read-only access to the Investigation Assignments screen.

V. INVESTIGATIONS

Step 16: Conduct investigations for sampled residents

- Go to Investigation | Investigations in the navigator menu.

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- Complete an investigation for each care area for your sampled residents.
- When investigating these care areas, ensure you complete a full investigation even if non-compliance isn't identified (e.g., review policies and procedures and staff qualifications).
- The facility should complete MDS assessments, despite not being able to submit assessments until they are certified. Ensure you review the accuracy of MDS assessments and care plans for your sampled residents.
- There are **two ways to conduct your investigation**:
 - **Investigation By Resident** – you can access all of the care areas being investigated for that resident. Click on the resident's name and you will see all the care areas (one investigative area is listed per screen) in the pullout menu on the right side of the screen. This option is useful when making observations, interviewing the resident, resident representative/family, or reviewing the record.
 - **Investigation By Care Area** – you can access all of your residents being investigated for that care area. Click on the care area and see all the residents you are investigating for that care area listed in the pullout menu on the right. This option is useful when interviewing staff.
- Access **the full Critical Element (CE) Pathway** for a care area, if one is available, by clicking on the pathway icon on the upper right part of the screen. You can scroll through the pathway to use the observation, interview and record review probes as a guide. You can copy and paste probes into your notes section, as desired.
- Investigate the concerns thoroughly so you can make a compliance decision.
 - To help guide your observations and interviews, complete a review of the physician's orders and care plan.
 - Observe and interview staff to determine whether they consistently implement the care plan over time and across various shifts.
 - During observations of the interventions, note and follow up on deviations from the care plan as well as potential negative outcomes.
 - Observe care (e.g., AM care, wound care, restorative, incontinence care, transfers) if warranted for the investigation. For pressure ulcers and abuse, you can click on the icon in the upper right corner to access a **body map** to draw your observations of the wound. You can access a blank document to **handwrite or draw** using the Draw icon in the top right corner for any care area.
 - If concerns are identified with areas such as pressure ulcers and incontinence, complete continuous observations to adequately determine whether appropriate care and services are provided in accordance with the care plan.
 - If a non-interviewable resident has a representative or family who visits often, make an effort to interview the representative/family just like you would interview the resident, as part of your investigation.

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- For nutrition investigations, use the **Weight Calculator** in the software to calculate % weight loss/gain. If you identify a weight loss/gain concern, add the dates in the Weight Calculator, then click on the Red X. To insert the weight information in your Investigation notes (not Resident Notes), click in the Nutrition notes field where the information should be inserted and then click the Paste Weight Calculator icon next to the font size. The system will identify the loss or gain when inserted.
- You may need to return to the record to corroborate information from the observations and interviews.
- If you did not complete P&P review offsite, review every policy and procedure even if you determine there are no concerns for a certain care area.
- If a **care area does not have a pathway** or you initiate an FTag directly, the system will indicate that there is no pathway for this investigative area. In such cases, refer to Appendix PP to guide your investigation. To access the **regulation (reg)** or **Interpretive Guidance (IG)**, click on the tag.
- If **additional concerns are identified** for sampled residents or concerns are identified for non-sampled residents, they can be added with team consensus to determine if there is deficient practice.
 - To initiate a new care area, on the Investigations screen, click on the **Add New Investigation** icon; select a resident; select all applicable care areas and click out of the box or press Esc(ape) to exit; click **Save**.
 - To initiate an Ftag directly, on the Investigation screen, click on the **Add New Investigation** icon; select a resident; select FTag Direct Cite for the investigation; click **Save**. On the Investigation screen, click FTag Direct Cite next to the applicable resident and then click **Select Tags** link (under CEs) and check the applicable tags to be investigated; click **Save**.
 - If you do not see the care area or Ftag in the list, that means the area already exists on the Investigation screen and cannot be initiated again.
- To **remove a care area** (e.g., the information was inaccurate, or the resident was discharged and an investigation cannot be completed without additional observations), on the Investigations screen, click on the X in the Remove column and provide a reason for the removal. You can only remove those Investigations assigned to you unless you are the TC who can delete any investigations.
- To **share a resident** during investigations (e.g., a nurse conducts the wound observation or for workload adjustments), if the assigned surveyor has completed a portion of the resident, the assigned surveyor and the surveyor helping out should share data via the TC (see Data Sharing instructions at Step 10).
 - The surveyor helping out should then assign themselves to the resident (multiple surveyors can be assigned to the same resident/care area).
 - If you need to view another surveyor's documentation, at the bottom left of the screen, select **All Surveyors** from the **Show Answers** for drop-down menu. All

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notes and CEs marked by other surveyors display in read-only format. A No for In Compliance overwrites any Yes marked for the same CE. To view another surveyor's **drawing** or **body map** information, in the bottom left of the screen select the surveyor from the **Staff ID** drop-down menu.

- The surveyor helping out finishes any outstanding areas for the resident or just completes the applicable portion (e.g., wound or incontinence care observation).
- When investigations are complete, all responses and notes will merge, and any CE marked as No will override a response of Yes.
- Enter **Investigation Notes** for any information specific to the care area being reviewed (e.g., observations, interviews, specific record review). To see a full screen display of the Notes field, click the center icon in the blue Expander bar above the Notes field.
- Enter **Resident Notes** for any general information about the resident that you would like to have access to for all care areas (e.g., diagnoses and care plan information).
- On the investigation screen, record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified) or NA (if the CE does not apply to your investigation). If you mark a CE as No, you should have investigative documentation and severity. If you need severity guidance, click on the information icon (the **Severity** column header). Be aware that some Ftags may not be applicable during an initial certification (e.g., MDS-related tags) in which case you will mark the CE as NA.
- You must **answer every Critical Element (CE)** as either Yes, No, or NA. For any No, you should have documentation supporting the determination of non-compliance. Any care area with a CE marked as No is designated with an orange "!". Any care area with all CEs marked as Yes/NA will have a green checkmark. Your Resident Notes and applicable Investigation Notes will pull forward to the potential citation screen (read-only format). To expand the CE field, click on the toggle in the blue line above the CEs. To switch to another resident or investigative area, click on the **Back** arrow button to return to the Investigation main screen.
- You can **attach documents to the survey** (it will also be added to ASE-Q). Click the Attachments icon or press Alt-A; locate the file you want to attach, and then drag and drop the file into the attachments screen or copy the file and click the "Paste from Clipboard" button on the bottom of the Attachments screen. You may add a description of the document in the blank field, if desired. The attachment must be smaller than 4 MG; any attachment that is larger will not attach.
- Immediate jeopardy is defined as a situation in which the facility's failure to meet one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. At any time during the survey, if **immediate jeopardy is identified**, the team should meet immediately to confer.

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- The guiding principles to determine immediate jeopardy and serious threat make it clear that the threat can be related to mental, as well as physical well-being, and that the situation in question need not be a widespread problem.
- At any time during the survey, if one or more team members identifies possible IJ (refer to Appendix Q), the team should meet immediately to confer. If the team concurs that IJ exists, the team coordinator must consult immediately with his/her supervisor. If the supervisor concurs that the situation constitutes IJ, the team coordinator immediately informs the facility Administrator or designee of the presence of IJ. The team coordinator should explain the nature of the IJ to the Administrator or designee. The administrator/designee should immediately begin to take actions to remove the IJ. If the IJ is not removed prior to the end of the survey, a revisit must be conducted for determination of removal of the IJ. The SA and/or CMS location will invoke appropriate termination procedures when appropriate.
- You may use the writable “**Immediate Jeopardy Template**” in the LTCSP Reports section.
- If you accidentally **entered CE responses under the wrong resident**, you can transfer the CE responses by clicking Transfer Investigation Answers to Other Resident and selecting the appropriate resident from the drop-down (only those residents with the same care area marked for investigation appear in the list). Only the CE responses transfer; you will have to manually cut and paste any investigation notes.
- The Investigation screen is defaulted to “**Hide Completed Investigations.**” If you prefer to see your investigations or need to update information for a completed investigation, uncheck the box next to “Hide Completed Investigations.” The system will retain your setting until manually changed.
- If you are not hiding your completed investigations, you will receive a **green checkmark** next to the investigative area once you answer all CEs and enter a severity for any CE marked as No. You will receive a green checkmark next to the resident’s name once all investigative areas have been completed.
- If a **complaint is called into the state and added to the survey**, add the complaint resident and initiate the applicable allegation care areas.
- For additional instructions refer to the LTCSP procedure guide.

Step 17: Complete facility task assignments

- Investigate the facility tasks as you would during a Standard survey.
- Go to Investigation | Facility Tasks in the Navigation menu – double click on the facility task to access the investigation screen (verify that you are assigned to the task).
- To access the **reg** or **IG**, click on the tag.

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- Complete a thorough investigation for facility tasks referring to the Facility Task pathway for guidance (on-screen pathway probes are listed before the CE).
- For additional guidance refer to the LTCSP procedure guide.

MANDATORY TASKS

- **Dining**
 - Each surveyor will **observe the first scheduled FULL meal** for all residents residing in the facility, if applicable, using the **Dining facility task pathway** in the software.
 - On the screen, expand the Use, Instructions and CEs to use the investigative probes to guide your investigation OR you can click on “Pathway” to see a full screen display of the pathway (you will have to toggle between the pathway and entering notes on the screen).
 - Use the Notes field for your documentation regarding dining. To see a full screen display of the Notes field, click on the center icon in the blue Expander bar above the Notes field.
 - If concerns are identified, a second meal observation may occur after the sample is selected.
 - If you want to add a resident who has dining concerns, click on the **Add Resident** icon in the upper right corner OR add the resident’s ID in the Notes field using Alt+R or the person icon (next to the clock icon).
 - Two tags are applicable for **CE6: F676 and F677**. If you determine noncompliance with CE6, mark the CE as No; click Select; put a checkmark next to the tag(s) you want to cite, and indicate the appropriate severity; click Save.
- **Infection Control**
 - Observe for breaks in infection control throughout the survey, as specified on the pathways and investigative protocols.
 - The assigned surveyor(s) should **coordinate a review** of the infection prevention and control program, review of relative infection prevention and control policies and procedures, interview of qualified designated infection preventionist, testing of staff and residents for communicable diseases (e.g., COVID-19) in accordance with national standards, antibiotic stewardship program, and the influenza, pneumococcal and COVID-19 immunizations for residents.
 - The system will display any initial pool resident who had an FI marked for **Infections (not UTI, Pressure Ulcers, or Respiratory)** and *three residents, if available, for Transmission-Based Precautions* that will require an investigation. Clicking on the resident’s name will show the initial pool notes. *Under the ‘Originating Initial Pool Area’ column, the initial pool response (FI or No Issue) will be displayed for TBP.*
 - **Sample one staff** to verify compliance with staff-related requirements and national standards, such as offering and educating on immunization and testing.

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- **Sample three residents** for purposes of determining compliance with infection prevention and control national standards such as TBP, as well as resident care, screening, testing, and reporting.
- **Sample five residents** for influenza, pneumococcal and COVID-19 immunizations.
- The **residents reviewed for influenza, pneumococcal and COVID-19 vaccinations**, should be **added to the resident box** on the infection control screen. **Include the immunization reason** the resident is being added by using the drop-down in the Reason column. You do not have to add a reason for initial pool residents with an FI for an infection.
- If there is a concern about a water management program in the facility, ask the facility to identify if any residents have been diagnosed with Legionnaires' disease.
- For Antibiotic Stewardship Program, surveyors should complete an investigation for at least one resident on an antibiotic and utilize the Unnecessary Medication Review CE Pathway to assess whether the resident(s) are being prescribed antibiotic(s) unnecessarily. If concerns are identified, expand the sample as needed to determine scope and severity of findings.
 - Determine if at least one resident who is receiving an antibiotic is already included in the sample from the initial pool or was selected for the Unnecessary Medication Review.
 - If there aren't any sampled residents, select a high-risk resident receiving an antibiotic from the infection log (e.g., UTI without a culture, long-term use, repeated use, no active infection noted) to add to the sample
- **SNF Beneficiary Notification Review**
 - Review any applicable policy and procedures.
- **Kitchen**
 - Make observations throughout the survey to gather all needed information.
- **Med Admin**
 - We highly recommend that nurses and pharmacists conduct this task.
 - Observe meds for every resident residing in the facility.
 - Observe different routes, units and shifts.
 - If there aren't enough residents to complete 25 opportunities, do as many as you can.
 - There are two options to document your med observations (click Med Admin Observation icon in the upper right corner):
 - Option 1: Handwriting panel – Uncheck the Show Text Editor box. In tablet mode, use your stylus to document your med observation just like you were writing on a piece of paper. Enter YOUR number of errors and opportunities in the error calculator at the top of the screen.

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- Option 2: Text editor – Uncheck the Handwriting Panel box. You can type in your med observations. Enter YOUR number of errors and opportunities in the error calculator at the top of the screen.
- On the main med admin screen, once the team shares their data, you can review the team's med error rate by changing Show Answers for to All Surveyors (the system will consolidate and calculate the team's error rate from each individual surveyor's error rate).
- **Med Storage and Labeling**
 - Any surveyor can complete the med storage task.
 - Review all medication storage rooms and medication carts.
- **Resident Council Review**
 - If the residents in the facility have formed a Resident Council, **complete an interview with the residents.**
 - **If there is not a Resident Council**, do not conduct this task; however, determine whether residents have attempted to form one and have been unsuccessful, and if so, why. To remove the task, the TC should go to the Facility Task screen, select the X in the Remove column, and select "No Resident Council" as the reason for the removal.
 - Obtain permission from the Resident Council president to **review council minutes**, if the residents have had a meeting.
 - Review all Resident Council minutes prior to the interview to identify any unresolved areas of concern.
 - If the **ombudsman** has indicated interest in attending the Resident Council interview, ask the Council president if that is acceptable; if it is, notify the ombudsman of the time/place of the meeting.
 - **When conducting the interview, refer to the questions on the Resident Council screen.**
 - For **CE24**, if the response is Yes (i.e., residents have been asked to enter into a binding arbitration agreement), the **arbitration** task will be triggered, if not already triggered during the Entrance Conference. If the response to CE24 is No, CE25 will automatically be marked as NA. Communicate to the surveyor who is assigned the arbitration task the names of the residents who should be reviewed.
 - For **CE26**, if additional concerns are identified and your investigation determines non-compliance, you can select the appropriate Ftag and severity level by clicking Yes for the Resident Council answer; then clicking No for In compliance; and then clicking Select to view all the tags—select the appropriate tags and assign a severity; click Save.
 - Document the names of the residents in the meeting by selecting the Add Residents icon in the top right corner of the screen. Select all attending residents' names; click OK. Under the Other column indicate whether the resident is the

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president, or if the resident attends Resident Council meetings or does not attend meetings.

- **Sufficient and Competent Nurse Staffing**
 - Any initial pool resident who had further investigate marked for sufficient staffing will be displayed in the resident box. Clicking on the resident's name will show the initial pool notes.
 - Part I is completed by all surveyors. Throughout the survey, consider whether concerns with staffing can be linked to resident or resident representative expressed concerns, or quality of life and care concerns.
 - Part II is completed by the surveyor assigned primary responsibility who assesses off-hour surveys, staffing waivers, and the nurse aide training/competency evaluation program.
 - Review the availability of licensed nursing staff to provide and monitor the delivery of care.
 - Review the facility's projected schedule to determine if they will have adequate staff when they admit residents.
 - The facility is not required to submit **CASPER PBJ Staffing Data information**. *Therefore, the team coordinator should skip CE (1) Did the facility submit the required staffing information based on payroll data?*
- **QAPI/QAA**
 - This facility task should take place at the end of the survey.
 - Review the QAPI and QAA plan.
 - During team meetings, ensure you have a list of concerns the facility should be aware of (e.g., harm or IJ, pattern or widespread issues, or concerns identified by two or more surveyors).
 - If a surveyor cites F600 (abuse or neglect), the information will be displayed on the QAPI/QAA screen to ensure the TC determines whether the QAA committee also identified the issue and made a "Good Faith Attempt" to correct it.

TRIGGERED TASKS

- **Personal Funds**
 - Interview residents regarding this triggered task (e.g., access to funds and quarterly statements).
 - Complete an investigation for every CE, even if there are no resident concerns identified.
- **Environment**
 - Interview residents and conduct environmental observations for this triggered task (e.g., concerns with temperature, sound, lighting, cleanliness).
 - Complete an investigation for every CE, even if there are no concerns identified from residents.

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- Do not complete a review of oxygen storage, the generator, or disaster and emergency preparedness as these areas are reviewed by life safety unless your state requires you to review them.
- **Resident Assessment:** The facility should complete MDS assessments, despite not being able to submit them until the facility is certified.
 - Ensure accuracy of MDS assessments and care plans for sampled residents.
 - The facility is not required to submit MDS assessments.
 - Review policy and procedures as appropriate.
- **Binding Arbitration Agreement**
 - **Select three residents**, as available. We recommend selecting up to two residents who signed the binding arbitration agreement and one resident who had a resolved dispute, if available. Attempt to select residents that are already in the finalized sample, when possible.
 - If the task is not triggered then review the facility's policy, if applicable, on how they would handle arbitration if requested by a resident. Review a copy of the arbitration agreement, if applicable.
- **Extended Survey**
 - Complete a review of the tags listed in the Extended Survey. This ensures all tags are reviewed.

FOR ALL TASKS

- Record your **final citation and severity decision** by selecting Yes (compliance), No (non-compliance identified) or NA (if the CE does not apply to your investigation). If you mark a CE as No, you should have investigative documentation. When determining severity, refer to the severity level definitions by clicking on the icon next to severity and the psychosocial outcome severity guide on your desktop.
- Once you have answered all CEs, you will receive a green checkmark on the Facility Task screen indicating that the task is complete.
- The Facility Task screen will display the tags cited by the surveyor (after data is shared, the tags that are in bold are cited by you).

Step 18: Non-Sampled Tag Investigations and Facility Assessment Review

- Complete a **review** for any tag that isn't being investigated for a sampled resident or facility task (refer to the information you documented during the sample meeting).
- The facility must conduct a **facility wide assessment** to determine what resources are needed to competently care for residents each day and during emergencies. Review the facility assessment.
- Document your notes on the Surveyor Notes worksheet in the system.

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Step 19: End of the day meeting

- If there is one surveyor conducting the initial certification survey, skip the team meeting screen.
- If there is more than one surveyor, each team member **shares their data with the TC** (follow Step 10 in the LTCSP Procedure Guide for instructions).
- The **TC should share data** with the team so they can follow along on the team meeting screen.
- **Meet for 15 to 30 minutes at the end of each day** to discuss the areas noted on Day 2 of the Team Meeting screen (Go to Team Meeting in the Navigation menu, select the Day 2 or later button).
- Team members should follow along on the screen while the TC conducts the team meeting.
- The system populated areas include:
 - Are there newly identified harm or IJ concerns (system populates only if severity 3 or 4 is marked)?
 - Have at least three resident representative interviews been completed?
- The team should discuss whether there are any concerns regarding **unethical, criminal, civil or administrative violations** by the facility. The TC will indicate a response (Yes or No) at the bottom of the team meeting screen. If Yes, the assigned surveyor will initiate F895, Compliance and Ethics, for the Facility on the Investigation screen.

VI. DETERMINING COMPLIANCE

Step 20: Deficiency determination

- Once the team shares their completed investigation data with the TC, there will be a consolidated list of potential citations, if applicable.
- The TC should then share the consolidated list of potential citations with the team (refer to the LTCSP Procedure Guide (Step 10) for instructions on data sharing).
- If the team cites any tags at a severity level 2 or higher, the facility will not be certified.
- For each potential citation, the team makes a **compliance determination**. If noncompliance exists, the team determines the **S/S** of the deficiency.
- To **cite a tag**, select the tag, place a checkmark next to each resident who should be included in the citation, mark Cite and include the final severity and scope.
 - When determining S/S, refer to the severity and scope grid (click the arrow in front of S/S), guidance on S/S, and the psychosocial outcome severity guide found in the Survey Resources folder.

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- For any tag cited at a G or J S/S, mark the singular event box, if applicable. Refer to the link for the singular event definition.
- For any tag cited at Immediate Jeopardy, identify the IJ start and end dates. Refer to the link for the IJ start and end date definitions.
- If the evidence gathered during the survey for a particular requirement includes examples of various S/S levels, surveyors should classify the deficiency at the highest level of severity, even if most of the evidence corresponds to a lower severity level. For example, if there is a deficiency in which one resident suffered a severity 3 while there were widespread findings of the same deficiency at severity 2, then the deficiency would be classified as severity 3, isolated.
- You can document the Deficient Practice Statement, universe, or notes for the exit conference in the Opening Statement field.
- Do not mark any survey categories.
- If the team cites a tag at SQC, you will receive a warning that SQC has been cited and the extended survey has to be completed.
- If you **don't cite a tag**, select the tag, ensure no residents are checked, mark Don't Cite and include a rationale for not citing.

Step 21: Load Cites

- Exit the tool and click on Load Cites on the Citation Manager screen, if there are citations.
- If any potential citations are incomplete for any tags, you will receive a warning that these tags were not copied forward.
- Edit the potential citation documentation following your state practice (e.g., either in ASE-Q or ACO). The general objective of this section is to write the statement of deficiencies in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. If information was identified during confidential resident interviews, do not include a resident identifier when recording the source of the evidence. List the data tags in the order specified in the Code of Federal Regulations. The statement of deficiencies should:
 - Specifically reflect the content of each requirement that is not met;
 - Clearly identify the specific deficient entity practices and the objective evidence concerning these practices;
 - Identify the extent of the deficient practice, including systemic practices, where appropriate; and
 - Identify the source(s) of the evidence (e.g., interview, observation, or record review).

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Step 22: Exit Conference with Facility

- Invite the ombudsman and an officer of the Resident Council, if one exists, to the exit conference. Also invite one or two residents to attend, if applicable. The team may provide an abbreviated exit conference specifically for residents after completion of the facility exit conference. A general description of the issues should be provided if residents are present. If two exit conferences are held, notify the ombudsman and invite the ombudsman to attend either or both conferences.
- Conduct an exit conference with the facility administration/leadership to inform the facility of the survey team's findings:
 - The facility is in substantial compliance with the regulatory requirements and will be certified, or
 - The team has potential citations and the facility will not be certified.
- **If there are citations**, describe the team's preliminary deficiency findings to the facility and let them know they will receive a report of the survey which will contain any deficiencies that have been cited (**Form CMS-2567**). The facility is required to submit a Plan of Correction which may necessitate a revisit to ensure the facility is in substantial compliance.
- Do not discuss survey results in a manner that reveals the identity of an individual resident. Provide information in a manner that is understandable to those present, (e.g., say the deficiency "relates to development of pressure ulcers," not "Tag F686") unless the facility requests that specific tag numbers be given. Under no circumstances, should you provide the Severity and Scope for a given deficiency, unless it is an immediate jeopardy. If a provider asks if the noncompliance is isolated, pattern, or widespread, you should respond with the facts such as the noncompliance was found to affect "X" number of residents (Ref: S&C: 16-11-ALL).
- During the exit conference, provide the facility with the opportunity to discuss and supply additional information that they believe is pertinent to the identified findings. Because of the ongoing dialogue between surveyors and facility staff during the survey, there should be few instances where the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.
- If your state provides the sample list during the exit, click the Reports icon; select the "Sample List Provided to Facility" report; click **Run Reports** and then send the report in a secure method electronically OR print the report. States may also elect to send the Sample List with the CMS-2567.

Step 23: Save Completed Survey

- Export the completed survey from ASE-Q.

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- Import the completed survey back into ACO following your state practice.
- Save the floor plan for the next survey.
- Notify SA management of the survey results (i.e., facility found to be in substantial compliance or not).
- Once the survey is saved to ACO or another location, delete the survey from ASE-Q.

Step 24: Post-Survey Steps

- If the facility is in substantial compliance, the State certifies and recommends that the CMS location and/or State Medicaid Agency enter into an agreement with the facility.
- If the facility is determined not to be in substantial compliance, the State recommends that the CMS location and/or State Medicaid Agency deny participation. The CMS location and/or State Medicaid Agency sends the letter notifying the facility of its denial of participation in the Medicare and/or Medicaid programs, and includes the appeal rights available under 42 CFR 431.153 and 42 CFR 498.3(b). (See also §2005 and §7203 of this manual.)
 - With the exception of an initial survey for reasonable assurance, if the initial survey of the prospective provider finds that the noncompliance is such that the deficiencies fall at levels D, E, or F (without a finding of substandard quality of care) on the scope and severity scale, the State survey agency may opt to accept evidence of correction to confirm substantial compliance in lieu of an onsite revisit; however, the State survey agency always has the discretion to conduct an onsite revisit to determine if corrections have been made.
 - If the noncompliance falls at level F (with a finding of substandard quality of care), or any level higher than level F, the option to accept evidence of correction in lieu of an onsite revisit does not apply. In this case, an onsite revisit is necessary to determine substantial compliance after the facility submits an acceptable plan of correction. For reasonable assurance, deficiencies at level D or above on the first survey will result in denial for purposes of starting Medicare reasonable assurance. (See §7321.3.1.)
 - The plan of correction does not assure the execution of a provider agreement. The effective date of the provider agreement would be the date the survey agency verifies substantial compliance as determined by the appropriate evidence of correction as discussed above.