Facility Self-Assessment (Mock Survey) Tool
Facility Self-Assessment - Mock surveys are an opportunity to look at systems, procedures and processes of care and to identify potential survey-risk areas. Mock surveys should be performed on a scheduled basis and shared with nursing home staff. The most important part of the survey process is what you do after it is over with the results. F-tags are used in this section. Be advised that CMS makes revisions to the F-tags on a regular basis.

SECTION 5 - FACILITY SELF-ASSESSMENT (MOCK SURVEY TOOLS)

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Mock Survey
An Important Component of Survey Preparation

Many long-term care providers strive to be ‘survey-ready’ all year round. But just like many of us schedule the big spring cleaning some time in advance of company arriving for their annual summer visit; some LTC providers opt to conduct a Mock Survey in anticipation of their annual licensure/certification visit.

Mock Surveys can serve several purposes:

- A Mock Survey can be an opportunity to take a fresh look at systems, procedures and processes of care, and identify potential survey-risk areas. And survey-risk can translate into litigation-risk.
- A Mock Survey also can reveal how staff will function under stressful circumstances.

Taking that fresh and objective look is essential in order to reap the maximum benefit from the Mock Survey process. LTC providers are discovering the hard way that the procedures, protocols and monitoring/QA systems that served them well enough in the past are no longer sufficient to avoid survey deficiencies. ‘But we’ve always done it this way; the surveyors never cited us on this in the past; we thought we were doing this correctly; we’ve always done well on our surveys before – how could this be happening?’ It is hard to stay current with new standards and the more stringent application of existing standards like F314 Pressure Ulcers, F315 Continence/Catheters, F323 Accidents, etc. It is hard to look at one’s own organization and see its shortcomings.

One way to get a fresh and objective perspective and to minimize survey-risk is to have the Mock Survey process conducted by someone external to your organization. This ‘someone’ could be a consultant or an experienced and well informed professional from a neighboring LTC community. If, however, you elect to manage the process using your own personnel, incorporating the following approaches can facilitate objectivity:

- Assign department heads to ‘survey’ departments other than their own. In nursing, have charge nurses/unit managers, supervisors, etc., assigned to audit other units and/or aspects of care for which they are not usually responsible. It is often hard to see your own forest for the trees.
- Although obviously the internal ‘surveyors’ will know that a Mock Survey will be taking place at some point, it could be more beneficial if direct care staff and other workers were not informed. This maximizes the surprise and stress factor.
- Even though the internal ‘surveyors’ know that the process is planned, the Mock Survey should be unannounced. The Administrator walks in one morning and proclaims it to be Mock Survey Day. This simulates ‘real life’ conditions...

The most important part of the Mock Survey process is what you do after it’s over. If you have about three months between the Mock Survey and the earliest likely date of the next survey, then I recommend the ‘Systems’ approach. The Systems approach includes a broader review and analysis of organizational policies, procedures, protocols and practices that may be contributing to Quality Indicator Report flags and/or to the ‘findings’ of the Mock Survey ‘survey team.’ If you have one month or less between the Mock Survey and the earliest likely date of the next survey, then I recommend you go into ‘Manage the Damage Mode.’ What are your high-risk areas, which residents have experienced negative outcomes, how can the risk be lessened and/or the negative outcome be explained and/or otherwise addressed?

In either scenario, “Systems” or “Manage the Damage Mode” develop a Corrective Action Roadmap that assigns responsibility, targets timeframes and breaks down the plan into operational steps.

Pre-survey preparation and risk management are the two most effective tools we have to weather today’s regulatory climate. Most LTC providers, if they haven’t endured it already themselves, know of a provider in their area- good reputation, well respected in their community, satisfactory survey history – that has been blown out of the water during their last survey. Wouldn’t you rather have a ‘friendly outsider’ or your own team discovers the dust-bunnies before the surveyors do?

Reprint from The Edge, April 29, 2009

The Edge is provided to members of the Kansas Association of Homes and Services for the Aging in partnership with Life Services Network, the Illinois AAHSA affiliate. Authored by Dorrie J. Seyfried, Vice President of Method Management, Risk Management & LTC Consultants based in St. Charles, Illinois.
Self-Assessment/Mock Survey

Today, more than ever, nursing facilities must be prepared to demonstrate compliance with federal regulations not only at survey time, but all year long. Survey teams can arrive at facilities as soon as nine months after the last annual survey. They can appear at any time to conduct complaint investigation surveys. And, these days, they are likely to begin surveys at nontraditional times and on weekends. These changes in the frequencies, times and types of surveys make it imperative that facilities be prepared at all times.

Nevertheless, with rapidly increasing turnover rates for nursing staff and managers, facility staff might not be familiar with surveyors' procedures, care observations, interviews, and record reviews and could be unprepared to meet these challenges.

To adequately prepare staff to succeed at survey time, and to ensure that the facility complies with regulations at all times, periodic self-assessments or mock surveys can be an important feature of a facility's quality assurance process. A mock survey can be performed by facility staff, by corporate advisors or by outside consultants. In whatever manner your facility chooses to provide these services, there are a few guidelines to bear in mind.

1. Enlist "fresh eyes" to see existing problems clearly. Be sure to include new employees, an "outsider" or other mock surveyors who are not overly familiar with the facility's staff and residents. If using facility staff, ask them to review areas outside their direct span of control.

2. Replicate "real" survey procedures as faithfully as possible. Use precise observation methods, select a sample of residents according to survey guidelines and interview the same staff that real surveyors are likely to interview.

The following pages include a variety of tools for you to use for your own self-assessment—use all or some of them. Remember, if you find any deficient practices be sure you bring it to your Quality Assurance Meetings, document your findings, and come up with a workable plan to correct the problem.
### 483.10 RESIDENT RIGHTS
- F-151 Exercise of Rights
- F-152 Resident Competency
- F-153 Access to Records
- F-154 Informed of Health Status or Care
- F-155 Refusal of Treatment
- F-156 Medicaid Services and Charges
- F-157 Notification of Changes
- F-158 Protection of Resident Funds
- F-159 Personal Fund Management
- F-160 Conveyance Upon Death
- F-161 Assurance of Financial Security
- F-162 Limitation on Charges to Personal Funds
- F-163 Free Choice on Physician Informed re: Care (refer to F-154)
- Planning care (refer to F-280)
- Privacy and Confidentiality (refer to F-280)
- F-164 Voice Grievances
- F-165 Resolution of Grievances
- F-167 Examination of Survey Results
- F-168 Agencies Acting as Advocates for F-169 Work
- F-170 Mail
- F-171 Access to Stationary
- F-172 Access & Visitation Rights
- F-173 Ombudsman Access to Records
- F-174 Telephone Access & Visitation Rights
- Personal Property (refer to F-252)
- F-175 Married Couples
- F-176 Self Administration of Drugs
- F-177 Refused of Certain Transfers
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### 483.12 ADMISSION, TRANSFER & DISCHARGE
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- F-202 Documentation of Transfer & Discharge
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- F-204 Orient re Transfer & Discharge
- F-205 Bed-hold Policy and Readmission
- F-206 Return to the Facility
- F-207 Equal Access to Quality Care
- F-208 Admissions Policy
- F-209 Admissions Policy
- F-210 Admission/Discharge Policy

### 483.13 RESIDENT BEHAVIOR & FACILITY PRACTICE
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- F-222 Restraints (chemical)
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### 483.15 QUALITY OF LIFE
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- F-248 Activities
- F-249 Qualified Activity Professional
- F-250 Social Services
- F-251 Full Time Social Worker Qualifications of Social Worker
- F-252 Environment
- F-253 Housekeeping & Maintenance
- F-254 Linens Clean and in Good Condition
- F-256 Lighting Levels
- F-257 Comfortable Temperature
- F-258 Comfortable Sound Levels

### 483.20 RESIDENT ASSESSMENT
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- F-272 Comprehensive Assessments
- F-273 Frequency of Assessments
- F-274 Significant Change
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- F-278 Accuracy/Coordination, RN Cert.
- F-279 Comprehensive Care Plans
- F-280 Care Plan Development
- F-281 Services Meets Professional Standards
- F-282 Services by Qualified Persons
- F-283 Discharge Summary
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- F-285 Preadmission Screening for MI
- F-286 MDS Data Storage & Maintenance
- F-287 Encoding & Transmitting

### 483.25 QUALITY OF CARE
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- F-312 Care for ADL Dependent Residents
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### 483.35 DIETARY SERVICES
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- F-364 Food
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### 483.40 PHYSICIAN SERVICES
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- F-387 Frequency of Physician Visits
- F-388 Visits by Physician Exception
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### 483.45 SPECIALIZED
- F-406 Provision of Services
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### 483.55 DENTAL
- F-411 Skilled Nursing Facilities Dental Services
- F-412 Nursing Facilities Dental Services

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- **483.10 RESIDENT RIGHTS**
- **483.12 ADMISSION, TRANSFER & DISCHARGE**
- **483.13 RESIDENT BEHAVIOR & FACILITY PRACTICE**
- **483.15 QUALITY OF LIFE**
- **483.20 RESIDENT ASSESSMENT**
- **483.25 QUALITY OF CARE**
- **QUALITY OF CARE (Continued)**
- **483.30 NURSING SERVICES**
- **483.35 DIETARY SERVICES**
- **483.40 PHYSICIAN SERVICES**
- **483.45 SPECIALIZED**
- **483.55 DENTAL**
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|               | 1. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.  
               | 2. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights. |          |                   |                  |
| F-152         | Resident Competency.          |          |                   | / /              |
|               | 1. In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident’s behalf.  
               | 2. In the case of a resident who has not been adjudged incompetent by the State court, any legal surrogate designated in accordance with State law may exercise the resident’s rights to the extent provided by State law. |          |                   |                  |
| F-153         | Access to Records.            |          |                   | / /              |
|               | 1. Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and  
               | 2. After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard, photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility. |          |                   |                  |
| F-154         | Informed of Health Status or Care. |          |                   | / /              |
|               | 1. The resident has the right to be fully informed in a language that he or she can understands, of his or her total health status, including but not limited to, his or her medical condition.  
               | 2. The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident’s well-being. |          |                   |                  |
| F-155 | Refusal of Treatment. The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive. | / |
| F-156 | Medicaid Services and Charges. The facility must inform the resident both orally and in writing in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State. Such notification must be made prior to or upon admission and during the resident’s stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. | / |
| F-157 | Notification of Changes. A facility must immediately inform the resident; consult with the resident’s physician; and if known, notify the resident’s legal representative or an interested family member when there is: 1. An accident involving the resident which results in injury and has the potential for requiring physician intervention; 2. A significant change in the resident’s physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications). | / |
| F-158 | Protection of Resident Funds. The resident has the right to manage his or her financial affairs, and the facility may not require residents to deposit their personal funds with the facility. | / |
| F-159 | Personal Fund Management. Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility. | / |
| F-160 | Conveyance Upon Death. Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident’s funds and a final accounting of those funds, to the individual or probate jurisdiction administering the resident’s estate. | / |
| F-161 | Assurance of Financial Security. The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of resident deposited with the facility. | / |
| F-162 | Limitation on Charges to Personal Funds. 1. The facility may not impose a charge against the | / |
personal funds of a resident for any item(s) or services for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts).
2. The facility may charge to resident’s funds, any item(s) or services requested by a resident, if the facility informs the resident there will be a charge and if payment is not made by Medicaid or Medicare.

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<td>Voice Grievances. The resident has the right to voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished.</td>
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<td>Resolution of Grievances. The resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</td>
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<td>Examination of Survey Results. The facility must make the results of the most recent survey (Federal or State) available for examination in a place readily accessible to residents and must post a notice of their availability.</td>
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<td>F-168</td>
<td>Agencies Acting as Advocates. The resident has the right to receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.</td>
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<td>F-169</td>
<td>Work. The resident has the right to refuse to perform services for the facility.</td>
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<td>F-170</td>
<td>Mail. The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.</td>
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<td>F-171</td>
<td>Access to Stationary. The resident has the right to have access to stationery, postage, and writing implements at the resident’s own expense.</td>
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<td>F-172</td>
<td>Access &amp; Visitation Rights. The facility must provide reasonable access to any resident by an entity or individual that provides health, social, legal, or other services to the resident, subject to the resident’s right to</td>
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F-173 **Ombudsman Access to Records.** The facility must allow representatives of the State Ombudsman to examine a resident’s clinical records with the permission of the resident or the resident’s legal representative, and consistent with State law.

F-174 **Telephone.** The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard. Personal Property (refer to F-252)

F-175 **Married Couples.** The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

F-176 **Self Administration of Drugs.** The resident has the right to self-administer drugs if the interdisciplinary team has determined that this practice is safe.

F-177 **Refused of Certain Transfers.** The resident has the right to refuse a transfer to another room within the facility if it does not affect the resident’s eligibility or entitlement to Medicare or Medicaid benefits.

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### ADMISSION, TRANSFER AND DISCHARGE

F-201 **Transfer & Discharge Requirements.** The facility must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:
1. The transfer or discharge is necessary for the resident’s welfare;
2. The transfer or discharge is appropriate because the resident’s health has improved;
3. The safety of individuals in the facility is endangered;
4. The resident (or Medicare or Medicaid) has failed to pay for a stay at the facility.
5. The facility ceases to operate.

F-202 **Documentation of Transfer & Discharge.** The resident’s clinical record must be documented when the facility transfers or discharges a resident.
| F-203 | Notice Before Transfer. Before a facility transfers or discharges a resident, the facility must notify the resident and a family member or legal representative of the resident, of the transfer or discharge and the reasons for the move, in writing and in a language and manner they understand. |
| F-204 | Orient Regarding Transfer & Discharge. The facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. |
| F-205 | Bed-Hold Policy and Readmission. The facility must provide written information that specifies the duration of the bed-hold policy, to the resident and a family member or legal representative, before transfer of a resident to a hospital or allowing a resident to go on therapeutic leave. |
| F-206 | Return to the Facility. The facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period is readmitted to the facility. |
| F-207 | Equal Access to Quality Care. The facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services for all individuals regardless of source of payment. |
| F-208 | Admissions Policy. The facility must not require residents or potential resident to waive their rights to Medicare or Medicaid, nor require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits. |

**RESIDENT BEHAVIOR & FACILITY PRACTICE**

| F-221 | Restraints (physical). The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience and not required to treat the resident’s medical symptoms. |
| F-222 | Restraints (chemical). The resident has the right to be free from any chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident’s medical symptoms. |
| F-223 | Abuse. The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. | / | / |
| F-224 | Treatment of Residents & Their Property. The facility must identify residents whose personal histories render them at risk for abusing other residents, and development of intervention strategies to prevent occurrences, monitoring for changes that would trigger abusive behavior, and reassessment of the interventions on a regular basis. | / | / |
| F-225 | Employ Individuals Guilty of Abuse. The facility must not employ individuals who have been found guilty of abusing, neglecting or mistreating residents by a court of law. | / | / |
| F-226 | Policy & Procedure on Abuse. The facility must develop and implement policies and procedures that include screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment and misappropriation of property. | / | / |

**QUALITY OF LIFE**

<p>| F-240 | Quality of Life. The facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident’s quality of life. | / | / |
| F-241 | Dignity. The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality. | / | / |
| F-242 | Self-Determination/Participation. The resident has the right to: 1. Choose activities, schedules, and health care consistent with his/her interests, assessments and plans of care; 2. Interact with members of the community both inside and outside the facility; 3. Make choices about aspects of his/her life in the facility that are significant to the resident. | / | / |
| F-243 | Participate in Resident/Family Groups. The resident has the right to organize and participate in resident groups and/or meet with the families of other residents. | / | / |
| F-244 | Resident/Family Recommendation. The facility must listen to the views and act upon the grievances and recommendations of resident and families concerning proposed policy and operational decisions affecting resident care and life in the facility. | / / |
| F-245 | Participation in Other Activities. The resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. | / / |
| F-246 | Accommodations of Needs. The resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. | / / |
| F-247 | Notification of Room Changes. A resident has the right to receive notice before the resident’s room or roommate in the facility is changed. | / / |
| F248 | Activities. The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. | / / |
| F-249 | Qualified Activity Professional. The activities program must be directed by a qualified therapeutic recreation specialist or an activities professional who is licensed, registered or certified, if applicable, in the State where practicing. | / / |
| F-250 | Social Services. The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. | / / |
| F-251 | Full Time Social Worker. A facility with more than 120 beds will employ a qualified social worker on a full time basis. Qualifications of Social Worker: a bachelor’s degree in social work or in a human services field, and one year of supervised social work experience working directly with individuals. | / / |</p>
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<tr>
<td><strong>F-252</strong></td>
<td>Environment. The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings, including some furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</td>
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<tr>
<td><strong>F-253</strong></td>
<td>Housekeeping and Maintenance. The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</td>
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<tr>
<td><strong>F-254</strong></td>
<td>Linens Clean and in Good Condition. The facility must provide clean bed and bath linens that are in good condition.</td>
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<tr>
<td><strong>F-256</strong></td>
<td>Lighting Levels. The facility must provide adequate and comfortable lighting levels in all areas.</td>
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<tr>
<td><strong>F-257</strong></td>
<td>Comfortable Temperature. The facility must provide comfortable and safe temperature levels maintaining a temperature range of 71-81°F.</td>
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<tr>
<td><strong>F-258</strong></td>
<td>Comfortable Sound Levels. The facility must provide for the maintenance of comfortable sound levels.</td>
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### RESIDENT ASSESSMENT

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<td><strong>F-271</strong></td>
<td>Admission Orders. At the time each resident is admitted, the facility must have physician orders for the resident’s immediate care.</td>
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<tr>
<td><strong>F-272</strong></td>
<td>Comprehensive Assessments. The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident’s functional capacity.</td>
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<tr>
<td><strong>F-273</strong></td>
<td>Frequency of Assessments. The facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident’s physical or mental condition.</td>
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<td><strong>F-274</strong></td>
<td>Significant Change. The facility should determine if there has been a significant change (major decline or improvement) in a resident’s status which requires intervention, interdisciplinary review or revision of the care plan.</td>
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<tr>
<td>F-275</td>
<td>Annual Assessments. The facility shall conduct a resident assessment not less than once every 12 months.</td>
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<tr>
<td>F-276</td>
<td>Quarterly Review Assessments. The facility must assess a resident not less frequently than once every 3 months. (refer to F-279)</td>
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<tr>
<td>F-278</td>
<td>Accuracy/Coordination, RN Cert. 1. The facility must ensure that each resident receive an assessment that accurately reflects the resident’s status. 2. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</td>
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<tr>
<td>F-279</td>
<td>Comprehensive Care Plans. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident’s medical, nursing and mental and psychosocial needs that are identified.</td>
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<tr>
<td>F-280</td>
<td>Care Plan Development. The resident has the right to participate in planning his/her care and treatment or changes in his/her care and treatment, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State.</td>
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<tr>
<td>F-281</td>
<td>Services Meet Professional Standards. The facility must assure that services being provided meet professional standards of quality and are provided by appropriate qualified persons.</td>
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<tr>
<td>F-282</td>
<td>Services by Qualified Persons. The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident’s written plan of care.</td>
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<tr>
<td>F-283</td>
<td>Discharge Summary. The facility must have a discharge summary that includes a recapitulation of the resident’s stay, a final summary of the resident’s status at the time of discharge to ensure appropriate planning and communication of necessary information to the continuing care provider.</td>
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<td>F-284</td>
<td>Post-Discharge Plan of Care. The facility will develop a post-discharge plan of care, with the participation of the resident and his/her family, which will assist the resident in adjusting to his/her new living environment.</td>
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<tr>
<td>F-285</td>
<td>Pre-Admission Screening for Mental Illness. The facility must coordinate assessments with the pre-admission screening and resident review program to ensure that individuals with mental illness and mental retardation receive the care and services they need in the most appropriate setting.</td>
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<td>F-286</td>
<td>MDS Data Storage &amp; Maintenance. A facility must maintain all resident assessments completed within the previous 15 months in the resident’s active record.</td>
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<tr>
<td>F-287</td>
<td>Encoding &amp; Transmitting. Within 7 days after a facility completes a resident’s assessment, the facility must encode and be capable of transmitting the appropriate information for each resident in the facility, in the specified format to the appropriate agency.</td>
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**QUALITY OF CARE**

| F-309 | Quality of Care. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. | / / |
| F-310 | ADL Abilities. The facility must ensure that a resident’s abilities in activities of daily living do not diminish unless circumstances of the individual’s clinical condition demonstrate that diminution was unavoidable. This includes the resident’s ability to:
1. Bathe, dress, groom;
2. Transfer and ambulate;
3. Toilet;
4. Eat; and
5. Use speech, language, or other functional systems. | / / |
<p>| F-311 | Appropriate Treatment &amp; Services. The facility must ensure that a resident is given appropriate treatment and services to maintain or improve his or her ADL abilities listed in F-310. | / / |
| F-312 | Care for ADL Dependent Residents. The facility must ensure that a resident who is unable to carry out ADL receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. | / / |</p>
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<th>Code</th>
<th>Description</th>
<th>Details</th>
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<tr>
<td>F-313</td>
<td>Vision &amp; Hearing</td>
<td>The facility must ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities by making appointments and arranging transportation to the offices of the appropriate professionals.</td>
</tr>
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</table>
| F-314 | Pressure Sores | 1. A resident who enters the facility without pressure sores does not develop pressure sores unless the individual’s clinical condition demonstrates that they were unavoidable. 
2. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. |
| F-315 | Urinary Incontinence | The facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident’s clinical condition demonstrates that catheterization was necessary and a resident that is incontinent of bladder receives appropriate treatment and services to prevent UTI’s and to restore as much bladder function as much as possible. |
| F-317 | Range of Motion Diminished | The facility must ensure that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident’s clinical condition demonstrates that a reduction in range of motion is unavoidable. |
| F-318 | Range of Motion Treatment and Services | The facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. |
| F-319 | Mental & Psychosocial Functioning | The facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem and/or assist him/her in reaching and maintaining the highest level of mental and psychosocial functioning. |
| F-320 | **Adjustment Difficulty.** The facility must ensure that a resident whose assessment did not reveal a mental or psychosocial adjustment difficulty does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident’s clinical condition demonstrates that such a pattern is unavoidable. |
| F-321 | **Naso-Gastric Tubes.** The facility must ensure that a resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident’s clinical condition demonstrates that the use of a naso-gastric tube was unavoidable. |
| F-322 | **Services to Present Aspiration.** The facility must ensure that a resident who is fed by an N/G or G/T receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. |
| F-323 | **Accidents.** The facility must ensure that the resident’s environment remains as free of accident hazards as is possible, and each resident receives adequate supervision and assistance devices to prevent accidents. |
| F-325 | **Nutrition.** The facility must ensure that: 1. A resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident’s clinical condition demonstrates that this is not possible. 2. A resident receives a therapeutic diet when there is a nutritional problem. |
| F-327 | **Hydration.** The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. |
| F-328 | **Special Needs.** The facility must ensure that residents receive proper treatment and care for the following special services:  
1. Injections;  
2. Parental and enteral fluids;  
3. Colostomy, ureterostomy or ileostomy care;  
4. Tracheostomy care;  
5. Tracheal suctioning;  
6. Respiratory care;  
7. Foot care; and  
8. Prostheses. |
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<tr>
<td>F-329</td>
<td><strong>Unnecessary Drugs.</strong> Each resident's drug regimen must be free from unnecessary drugs. Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</td>
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<tr>
<td>F-332</td>
<td><strong>Medication Errors 5% or Greater.</strong> The facility must ensure that it is free of medication error rates of five percent or greater.</td>
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<tr>
<td>F-333</td>
<td><strong>Significant/Non-Significant Med. Errors.</strong> The facility must ensure that residents are free of any significant medication errors.</td>
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| F-334 | **Influenza & Pneumococcal Immunizations.** The facility must develop policies and procedures that ensure the following:  
1. Before offering the immunization, each resident or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;  
2. Each resident is offered an immunization, unless the immunization is medically contraindicated or the resident has already been immunized;  
3. The resident or the resident’s legal representative has the opportunity to refuse immunization;  
4. The resident’s medical record includes documentation that indicates, at the minimum, the following:  
   a. that the resident or resident’s legal representative was provided education regarding the benefits and potential side effects of the immunization; and  
   b. that the resident either received the immunization or did not receive the immunization due to medical contraindications or refusal. |
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<tr>
<th>NURSING SERVICES</th>
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<tr>
<td><strong>F-353</strong></td>
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<tr>
<td>Nursing Services/Sufficient Staff. The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</td>
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| **F-354**        |
| Registered Nurse Hours. |
| 1. The facility must use the services of a registered nurse (except when waived) for at least 8 consecutive hours a day, 7 days a week; |
| 2. The facility must designate a registered nurse (except when waived) to serve as the director of nursing on a full time basis; |
| 3. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. |

| **F-355**        |
| SNF Waiver for Licensed Nurse. The State may waive certain requirements with respect to the facility if: |
| 1. The facility demonstrates that despite diligent efforts, the facility has been unable to recruit appropriate personnel; |
| 2. The State determines a waiver will not endanger the health or safety of individuals staying in the facility; |
| 3. The State finds, for any periods in which licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility; |
| 4. A waiver granted under the conditions listed in paragraph (c) of this section is subject to annual State review; |
| 5. In granting or renewing a waiver, a facility may be required by the State to use other qualified, licensed personnel; |
| 6. The State agency granting a waiver of such requirements provides notice of the waiver to the State long term care ombudsman, and the protection and advocacy system in the State for the mentally ill and mentally retarded; and |
| 7. The nursing facility that is granted such a waiver by a State notifies residents of the facility (or, where appropriate, the guardians or legal representatives of such residents) and members of their immediate families of the waiver. |
### Posting Nursing Staff

1. **Data requirements:** The facility must post the following information on a daily basis:
   - a. Facility name;
   - b. Current date;
   - c. Total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:
     - Registered nurses,
     - Licensed practical nurses or licensed vocational nurses.
     - Certified nurse aides,
   - d. Resident census;

2. **Posting requirements:**
   - a. Facility must post the nurse staffing date specified in paragraph (e)(1) of this section on a daily basis at the beginning of each shift.
   - b. Data must be posted as follows:
     - Clear and readable format,
     - In a prominent place readily accessible to residents and visitors.

3. **Public access to posted nurse staffing data.**

4. **Facility data retention requirements.**

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### DIETARY SERVICES

**F-360** Dietary Services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

**F-361** Staffing. The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis.

**F-362** Sufficient Staff. The facility must employ sufficient support personnel competent to carry out the functions of the dietary service.

**F-363** Menus and Nutritional Adequacy.

1. Meet the nutritional needs of resident in accordance with the recommended dietary allowances of the Food and Nutritional Board of the National Research Council, National Academy of Sciences;
2. Be prepared in advance; and
3. Be followed.
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<tr>
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<th>Food. Each resident receives and the facility provides: 1. Food prepared by methods that conserve nutritive value, flavor and appearance; 2. Food that is palatable, attractive, and at the proper temperature.</th>
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<tr>
<td>F-364</td>
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<tr>
<td>F-365</td>
<td>Food Meets Individual Needs. Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</td>
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<td>F-366</td>
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<tr>
<td>F-367</td>
<td>Substitutes Offered. Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.</td>
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<td>F-368</td>
<td>Therapeutic Diets. Therapeutic diets must be prescribed by the attending physician.</td>
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<td>F-369</td>
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<tr>
<td>F-371</td>
<td>Frequency of Meals. 1. Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. 2. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided in (4) below. 3. The facility must offer snacks at bedtime daily. 4. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</td>
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<tr>
<td>F-372</td>
<td>Assistive Devices. The facility must provide special eating equipment and utensils for residents who need them.</td>
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<td>F-373</td>
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<tr>
<td>F-374</td>
<td>Sanitary Conditions. The facility must store, prepare, distribute, and serve food under sanitary conditions.</td>
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<td>F-375</td>
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<td>F-376</td>
<td>Dispose of Garbage &amp; Refuse Properly. The facility must dispose of garbage and refuse properly.</td>
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<td>F-377</td>
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| F-373 | **Paid Feeding Assistants.** (Michigan does not have this program)  
1. A facility may use a paid feeding assistant if the assistant has successfully completed a State-approved training course.  
2. The feeding assistant must work under the supervision of a registered nurse.  
3. A facility must ensure the feeding assistant feeds only residents who have no complicated feeding problems. |
| F-385 | **Physician Services/Supervision.** A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. |
| F-386 | **Physician Visits.** The physician must:  
1. Review the resident's total program of care, including medications and treatments at each visit.  
2. Write, sign, and date progress notes at each visit.  
3. Sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. |
| F-387 | **Frequency of Physician Visits.**  
1. The residents must be seen by a physician at least once very 30 days for the first 90 days after admission, and at least once every 60 thereafter.  
2. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. |
| F-388 | **Visits by Physician Exception.**  
1. All required physician visits must be made by the physician personally.  
2. At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist. |
| F-389 | **Physician Available for Emergency Use.** The facility must provide or arrange for the provision of physician services 24 hours a day, in case of emergency. |
| F-390 | **Doctor Delegation of Tasks Performed in SNF/NF.**  
1. A physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist.  
2. A physician may not delegate a task when the regulations specify that the physician must perform it personally or when the delegation is prohibited under State law or by the facility’s own policies. | / | / |

**SPECIALIZED REHABILITATION SERVICES**

| F-406 | **Provision of Services.** The facility must provide or obtain the required services from an outside source if specialized rehab services, such as but not limited to, PT, ST, OT or mental health rehab for mental illness or mental retardation are required in the resident’s comprehensive care plan. | / | / |
| F-407 | **Qualifications.** Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel. | / | / |

**DENTAL**

| F-411 | **Skilled Nursing Facilities Dental Services.** The facility must provide or obtain from an outside resource, routine and emergency dental services to meet the needs of each resident. | / | / |
| F-412 | **Nursing Facilities Dental Services.** The facility must:  
1. Provide or obtain from an outside resource the following dental services to meet the needs of each resident:  
   a. Routine dental services  
   b. Emergency dental services  
2. If necessary, assist the resident with making appointments and/or arranging transportation.  
3. Must promptly refer residents with lost or damaged dentures to a dentist. | / | / |
**PHARMACY**

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| F-425 | **Pharmacy Services/Procedures.**  
The facility must provide  
1. Routine and emergency drugs and biologicals to its residents, or obtain them under an agreement.  
2. Permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  
3. Provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing and administering of all drugs and biologicals) to meet the needs of each resident.  
4. Must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. |

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| F-428 | **Drug Regimen Review.**  
1. The drug regimen must be reviewed at least once a month by a licensed pharmacist.  
2. The pharmacist must report any irregularities to the attending physician, and the director of nursing and these reports must be acted upon. |

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<th>Code</th>
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| F-431 | **Control, Labeling and Storage of Drugs.**  
The facility must:  
1. Employ or obtain services of a licensed pharmacist who establishes a system of records in order to maintain and reconcile the disposition of all controlled drugs.  
2. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, include the appropriate accessory and cautionary instructions and expiration date when applicable, and be stored in accordance with State and Federal laws. |

**INFECTION CONTROL**

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| F-441 | **Infection Control.**  
The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. |
<p>| F-454 | <strong>Physical Environment.</strong> The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. |
| F-455 | <strong>Emergency Power, Space &amp; Equipment.</strong> The facility must have: 1. An emergency electrical power system adequate for lighting, maintaining the fire, alarm, extinguishing systems and life support systems. 2. Provide sufficient space and equipment to enable staff to provide residents with needed services as required and identified in each resident’s plan of care. (refer to F-246) |
| F-456 | <strong>Patient Care Equipment is Safe/ Resident Rooms.</strong> The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. (refer to F-252) |
| F-457 | <strong>Bedroom Accommodations.</strong> Resident rooms must be designed and equipped for adequate nursing care, comfort and privacy of residents. |
| F-458 | <strong>Square Footage/Room.</strong> Rooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. |
| F-459 | <strong>Direct Access to Exit.</strong> Resident rooms must have direct access to an exit corridor. |
| F-460 | <strong>Full Visual Privacy.</strong> Bedrooms must be designed or equipped to assure full visual privacy for each resident. |
| F-461 | <strong>Room with Window/Floor at Grade Level.</strong> Resident rooms must have at least one window to the outside and have a floor at or above grade level. |
| F-462 | <strong>Toilet Facilities.</strong> Each resident room must be equipped with or located near toilet facilities. |
| F-463 | <strong>Resident Call System.</strong> The nurses’ station must be equipped to receive resident calls through a communication system from resident rooms and toilet and bathing facilities. |</p>
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<td><strong>F-464</strong> Dining &amp; Resident Activities. The facility must provide one or more rooms designated for resident dining and activities that are well lighted, well ventilated, adequately furnished and have sufficient space to accommodate all activities.</td>
<td></td>
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</tr>
<tr>
<td><strong>F-465</strong> Other Environmental Conditions. The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</td>
<td></td>
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<tr>
<td><strong>F-466</strong> Available Water Supply. The facility must establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply.</td>
<td></td>
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<tr>
<td><strong>F-467</strong> Outside Ventilation. The facility must ensure there is adequate outside ventilation by means of windows, mechanical ventilation, or a combination of the two.</td>
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<tr>
<td><strong>F-468</strong> Handrails. The facility must ensure corridors are equipped with firmly secured handrails on each side.</td>
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<tr>
<td><strong>F-469</strong> Pest Control Program. The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</td>
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</tbody>
</table>

**ADMINISTRATION**

<p>| | | |</p>
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<tbody>
<tr>
<td><strong>F-490</strong> Administration. The facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</td>
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<tr>
<td><strong>F-491</strong> Licensure. The facility must be licensed under applicable State and local law.</td>
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</tr>
<tr>
<td><strong>F-492</strong> Federal, State &amp; Local Laws. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.</td>
<td></td>
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<tr>
<td><strong>F-493</strong> Governing Body. The facility must have a governing body that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and appointing the administrator who is licensed by the State (where required) and responsible for the management of the facility.</td>
<td></td>
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</tr>
<tr>
<td>F-494</td>
<td><strong>Required Training</strong> NA. The facility must not use any individual working in a facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual has completed a training and competency evaluation program or is deemed competent.</td>
<td></td>
</tr>
</tbody>
</table>
| F-495 | **Competency.** The facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual:
1. Is a full-time employee in a State-approved training and competency evaluation program;
2. Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or
3. Has been deemed competent. |
| F-496 | **Registry Verification/Retraining.**
1. The facility must receive registry verification that the individual has met competency evaluation requirements before allowing an individual to serve as a nurse aide.
2. If 24 months have passed since an individual's most recent completion of a training and competency evaluation program and paid nursing or nursing-related services, the individual must complete a new training and competency evaluation program. |
<p>| F-497 | <strong>Regular In-Service Education.</strong> The facility must complete a performance review on every nurse aide at least once every 12 months and provide regular in-service education based on the outcome of these reviews. |
| F-498 | <strong>Nurse Aide Proficiency.</strong> The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments and described in the plan of care. |
| F-499 | <strong>Staff Qualifications.</strong> The facility must employ on a full-time, part time or consultant basis, professionals who are licensed, certified, or registered in accordance with applicable State laws, and necessary to carry out all requirements. |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>F-500</strong></td>
<td><strong>Use of Outside Resources.</strong> The facility must provide services to residents by a person or agency outside the facility if the facility does not employ a qualified professional person to furnish a specific service.</td>
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<tr>
<td><strong>F-501</strong></td>
<td><strong>Medical Doctor.</strong> The facility must designate a physician to serve as medical director.</td>
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<tr>
<td><strong>F-502</strong></td>
<td><strong>Laboratory Services.</strong> The facility must provide or obtain lab services to meet the needs of its residents. The facility is responsible for quality and timeliness of the lab services.</td>
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<tr>
<td><strong>F-503</strong></td>
<td><strong>Laboratory Requirements.</strong> If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories.</td>
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<tr>
<td><strong>F-504</strong></td>
<td><strong>Physician Ordered Lab Services.</strong> The facility must provide or obtain laboratory services only when ordered by the attending physician.</td>
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<tr>
<td><strong>F-505</strong></td>
<td><strong>Promptly Notify Doctor of Findings.</strong> The facility must promptly notify the attending physician of the findings.</td>
<td></td>
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<tr>
<td><strong>F-506</strong></td>
<td><strong>Transportation To/From.</strong> The facility must assist the resident in making transportation arrangements to and from the source of service, if needed.</td>
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<tr>
<td><strong>F-507</strong></td>
<td><strong>Lab Reports in Resident File.</strong> The facility will file in the resident’s clinical record, laboratory reports that are dated and contain the name and address of the testing laboratory.</td>
<td></td>
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<tr>
<td><strong>F-508</strong></td>
<td><strong>Radiology &amp; Diagnostic Services Meets Resident Needs.</strong> The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</td>
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</tr>
<tr>
<td><strong>F-509</strong></td>
<td><strong>Radiology &amp; Diagnostic Requirements.</strong> If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals.</td>
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</tr>
<tr>
<td><strong>F-510</strong></td>
<td><strong>MD Ordered Radiology Services.</strong> The facility must provide or obtain radiology and other diagnostic services only when ordered by the attending physician.</td>
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</tr>
<tr>
<td><strong>F-511</strong></td>
<td><strong>Promptly Notify Doctor of Findings.</strong> The facility must promptly notify the attending physician of the findings.</td>
<td></td>
<td>/</td>
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</tr>
<tr>
<td>F-512</td>
<td><strong>Transportation To/From.</strong> The facility must assist the resident in making transportation arrangements to and from the source of service, if needed.</td>
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<tr>
<td>F-513</td>
<td><strong>X-Ray Reports in Resident File.</strong> The facility will file in the resident’s clinical record, signed and dated reports of x-rays and other diagnostic services.</td>
<td></td>
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</tr>
</tbody>
</table>
| F-514 | **Clinical Records.** The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are:  
  1. Complete;  
  2. Accurately documented;  
  3. Readily accessible; and  
  4. Systematically organized. |
| F-515 | **Retention of Clinical Records.** The facility must retain clinical records for:  
  1. The period of time required by State law; or  
  2. Five years from the date of discharge when there is no requirement in State law; or  
  3. For a minor, three years after a resident reaches legal age under State law. |
<p>| F-516 | <strong>Safeguard Clinical Records.</strong> The facility must safeguard clinical record information against loss, destruction, or unauthorized use. |
| F-517 | <strong>Disaster &amp; Emergency.</strong> The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents. |
| F-518 | <strong>Training for Emergency.</strong> The facility must train all employees in emergency procedures when they begin to work in the facility and periodically review the procedures with existing staff. |
| F-519 | <strong>Transfer Agreement.</strong> The facility must have in effect a written transfer agreement with one or more hospitals approved for participation under the Medicare and Medicaid programs, that reasonably assures timely admission to the hospital when transfer is medically appropriate. |</p>
<table>
<thead>
<tr>
<th><strong>F-520</strong></th>
<th>Quality Assessment &amp; Assurance. The facility must maintain a quality assessment and assurance committee consisting of designated key members that identify quality deficiencies, develops and implements plans of action to correct these quality deficiencies, including monitoring the effect of implemented changes and making needed revisions to the action plans.</th>
</tr>
</thead>
</table>
| **F-522** | Disclosure of Ownership. The facility must comply with disclosure requirements by providing written notice to the State agency responsible for licensing the facility at the time of change, if a changes occurs in:  
1. Persons with an ownership or control interest.  
2. The officers, directors, agents, or managing employees.  
3. The corporation, association, or other company responsible for the management of the facility.  
4. The facility’s administrator or director of nursing.  
5. Notice must include the identity of each new individual or company. |

|   |   |   |
### QUALITY INDICATOR REPORT RESULTS

<table>
<thead>
<tr>
<th>QI/QM PROFILE RESULTS</th>
<th>SPECIFIC QI/QM</th>
<th>RESIDENTS APPLIED TO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. SENTINEL EVENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Impaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dehydration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure Ulcers, Low Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Prevalence of Fecal Impaction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prevalence of Dehydration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Prevalence of Pressure Ulcers, Low Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Flagged 90th percentile</strong></td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<td></td>
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<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
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<tr>
<td><strong>C. Unflagged 75th percentile</strong></td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D. Concerns</strong></td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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</tbody>
</table>

Pre-select residents for the Phase 1 sample to represent the concerns that have been selected, including selecting residents who have sentinel event QI conditions (if multiple residents have a sentinel event QI condition it is not necessary to select them all).
## Process – Survey Tasks

<table>
<thead>
<tr>
<th>Survey Task</th>
<th>Responsible</th>
<th>Action Item</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One:</strong></td>
<td>Team</td>
<td><strong>Before FQR</strong>&lt;br&gt;<strong>Survey Preparation</strong>&lt;br&gt;Before FQR&lt;br&gt;<strong>Task One</strong>&lt;br&gt;Review QI Profile, Facility Characteristics Report, OSCAR Data, Survey History of facility&lt;br&gt;<strong>Phase One</strong> – Sample selection from 6 month QI Profile and Resident Level QI Summary. Select one half of sample size that Table 1 (p-23) would indicate.&lt;br&gt;Pre-identify any possible focus areas (flagged indicators, sentinel events, above 75th)&lt;br&gt;Make copies of all Exhibit Worksheets</td>
<td>Survey Manual: Appendix P Pages P-5 to P-11</td>
</tr>
<tr>
<td><strong>Two:</strong> Entrance Conference</td>
<td>Team</td>
<td><strong>Day One</strong>&lt;br&gt;Team Conduct entrance conference with Administrator and Department Heads.&lt;br&gt;Request materials (Survey Readiness Book).&lt;br&gt;Identify facility personnel to assist with tour.</td>
<td>Survey Manual: Appendix P Pages P-11 to P-15 CMS-805 Resident Review Worksheet CMS-803 General Observation of Facility First Impressions Checklist</td>
</tr>
<tr>
<td><strong>Three:</strong> Initial Tour</td>
<td>Team</td>
<td><strong>Day One</strong>&lt;br&gt;Team Validate that residents pre-selected in Task One are still present. Identify possible other residents to add to the Phase One sample.&lt;br&gt;Identify other issues that may require investigation (i.e. restraint use, hydration, grooming, elopements, reportable events, falls)</td>
<td>Survey Manual: Appendix P Pages P17 to P-23</td>
</tr>
<tr>
<td><strong>Four:</strong> Sample Selection</td>
<td>Team</td>
<td><strong>Day One</strong>&lt;br&gt;Team Finalize Phase One sample. Pull records and begin comprehensive/focused reviews.</td>
<td>Survey Manual: Appendix P Pages P-17 to P-23</td>
</tr>
<tr>
<td><strong>Day Two</strong></td>
<td>Team</td>
<td><strong>Morning</strong>&lt;br&gt;Team Discuss focused areas based on results of comprehensive reviews and day one observations.&lt;br&gt;Select Phase Two Sample. Conduct focused reviews.&lt;br&gt;Complete focused reviews (if not completed on day one)</td>
<td>Survey Manual, Pages P-7 to P-21 CMS-805 Resident Review Worksheet</td>
</tr>
</tbody>
</table>
## Process – Survey Tasks

<table>
<thead>
<tr>
<th>Survey Task</th>
<th>Responsible</th>
<th>Action Item</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Four:</strong> (continued) <strong>Day Two</strong> <strong>Morning</strong></td>
<td>Nursing Team</td>
<td>Observe Medication Pass</td>
<td>Task 5-E Medication Pass, Pages P-59 to P-60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Observe Treatments</td>
<td>CMS-677 Medication Pass Worksheet</td>
</tr>
<tr>
<td></td>
<td>Adm</td>
<td>Review Facility quality Assurance Program</td>
<td>Task 5-F LTC Manual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Determine if committee has method to identify, respond and evaluate identified problems.</td>
<td>Wandering and At Risk for Elopement Policies</td>
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<td></td>
<td></td>
<td>Review 3 months minutes/Actions Plans and Follow-Up.</td>
<td>Safety Committee Meeting Minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interview 1 CNA, 1 Nurse and 1 Department Head regarding QA Program knowledge</td>
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<tr>
<td></td>
<td>Adm</td>
<td>Conduct Resident Group Interviews. Review Activity and Grievance programs.</td>
<td>CMS-806B Group Interview</td>
</tr>
<tr>
<td></td>
<td>Adm</td>
<td>Resident Trust Fund – Internal Audit Criteria</td>
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<tr>
<td></td>
<td></td>
<td>Facility Petty Cash – Internal Audit Criteria</td>
<td></td>
</tr>
<tr>
<td><strong>Five:</strong> <strong>Information Gathering</strong> <strong>Day One</strong> <strong>All Day</strong></td>
<td>Team</td>
<td>Conduct comprehensive reviews. Record any concerns on Exhibit Worksheets. Begin focused reviews. Record any concerns on Exhibit Worksheet</td>
<td>Survey Manual, Exhibit 93, Pages 1-4 Survey Manual, Exhibit 95</td>
</tr>
<tr>
<td></td>
<td>Team</td>
<td>Kitchen Observation</td>
<td>CMS-804 Kitchen/Food Observation</td>
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<td></td>
<td></td>
<td>Meal Observation</td>
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<td></td>
<td></td>
<td>Focused Review: Weight Loss/Hydration</td>
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</tbody>
</table>
## Process – Survey Tasks

<table>
<thead>
<tr>
<th>Survey Task</th>
<th>Responsible</th>
<th>Action Item</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Five: (continued)</strong></td>
<td>Team</td>
<td>Conduct Individual resident Interviews x 2</td>
<td>CMS-806A Resident Interview</td>
</tr>
<tr>
<td><strong>End of Day</strong></td>
<td></td>
<td>Observe non-interviewable resident x 2</td>
<td>CMS-806A Observation of non-interviewable resident</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean Observation</td>
<td>CMS-806A Observation of non-interviewable resident</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environment Review</td>
<td>CMS-806A Observation of non-interviewable resident</td>
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<tr>
<td></td>
<td></td>
<td>Abuse Prevention</td>
<td>CMS-806A Observation of non-interviewable resident</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review smokers for Smoking Standard Compliance</td>
<td>CMS-806A Observation of non-interviewable resident</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review the criteria in the RCC Addendum, if applicable</td>
<td>CMS-806A Observation of non-interviewable resident</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Smoking Policy</td>
</tr>
<tr>
<td><strong>Six:</strong></td>
<td>Team</td>
<td>Decide which F-Tags and Standards are not in place.</td>
<td></td>
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<tr>
<td><strong>Determine Deficiencies</strong></td>
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<tr>
<td><strong>Day Two Afternoon</strong></td>
<td></td>
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<tr>
<td><strong>Seven:</strong></td>
<td>Team</td>
<td>Review Findings with facility team.</td>
<td></td>
</tr>
<tr>
<td><strong>Exit Conference</strong></td>
<td></td>
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<tr>
<td><strong>Day Two Afternoon</strong></td>
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</table>
MEAL MONITOR ASSIGNMENT AND TIMES

Date: __________________________

Breakfast:
Person assigned to Main Dining Room: ________________ Time:__________
Person assigned to Hall Trays: ________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________

Lunch:
Person assigned to Main Dining Room: ________________ Time:__________
Person assigned to Hall Trays: ________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________

Dinner:
Person assigned to Main Dining Room: ________________ Time:__________
Person assigned to Hall Trays: ________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________
Person assigned to Other Dining Room
    Specify exactly where: _______________________ Time:__________
Prior to Mock:
Complete Survey History (OSCAR): _________________________________

Ready upon entrance:
Complete and gather all survey preparation documentation: __________________

Within 1 hour of entrance:
Complete CMS 802 form (Roster Sample Matrix) __________________________

Within 24 hours of entrance:
Complete CMS 672 form (Resident Census & Condition) _____________________

Upon arrival of Mock Team:
Print out QI/QM for last 6 months: _________________________________

First 4 hours of survey:
Review the Quality Indicators and choose a sample group.

Team Leader: _______________________________________________________

Entrance Conference: _______________________________________________
Exit Conference: ___________________________________________________

Activities: __________________________________________________________
  Date & Time of Resident Council: _____________________________________

Administration: _____________________________________________________

Environment: _______________________________________________________

Nursing: ___________________________________________________________
Med Pass: ___________________________________________________________
  Treatments: _______________________________________________________

Dietary: _____________________________________________________________

Social Services: _____________________________________________________

Mock Summary Form Completion: ____________________________________
SURVEY SCOPE & SEVERITY GRID

Appendix B

Table 1: Deficiency and CMS Remedy Table

<table>
<thead>
<tr>
<th>Scope of the Deficiency</th>
<th>Isolated</th>
<th>Pattern</th>
<th>Widespread</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immediate jeopardy</strong></td>
<td>J PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2</td>
<td>K PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2</td>
<td>L PoC Required: Cat. 3 Optional: Cat. 2 Optional: Cat. 1</td>
</tr>
<tr>
<td>resident health or safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Actual harm</strong></td>
<td>G PoC Required* Cat. 2 Optional: Cat. 1</td>
<td>H PoC Required* Cat. 2 Optional: Cat. 1</td>
<td>I PoC Required* Cat. 2 Optional: Cat. 1 Optional: Temporary Mgmt.</td>
</tr>
<tr>
<td>that is not immediate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No actual harm</strong></td>
<td>D PoC Required* Cat. 1 Optional: Cat. 2</td>
<td>E PoC Required* Cat. 1 Optional: Cat. 2</td>
<td>F PoC Required* Cat. 2 Optional: Cat. 1</td>
</tr>
<tr>
<td>with potential for more than minimal harm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>that is not immediate jeopardy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No actual harm</strong></td>
<td>A No PoC No remedies Commitment to Correct</td>
<td>B PoC</td>
<td>C PoC</td>
</tr>
<tr>
<td>with potential for minimal harm</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>


Table Notes: *Required only when a decision is made to impose alternate remedies instead of or in addition to termination. Deficiencies in F, H, I, J, K and L categories are considered substandard quality of care (darker shade). Deficiencies in A, B and C are considered substantial compliance (lighter shade). PoC refers to a plan of correction (a plan by the facility for correcting the deficiency).
There are three remedy categories referred to on the table (Cat. 1, Cat. 2, Cat. 3). These categories as associated with the following penalties:

<table>
<thead>
<tr>
<th>Category 1 (Cat.1)</th>
<th>Category 2 (Cat.2)</th>
<th>Category 3 (Cat.3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directed Plan of Correction</td>
<td>Denial of Payment for New Admissions</td>
<td>Temp. Mgmt. Termination</td>
</tr>
<tr>
<td>State Monitor; and/or Directed In-Service Training</td>
<td>Denial of Payment for All Individuals Imposed by CMS; and/or Civil Money Penalties</td>
<td><strong>Optional</strong>: Civil Money Penalties 3,050-$10,000 per day $1,000 - $10,000 per instance</td>
</tr>
<tr>
<td></td>
<td>Up to $3,000 per day $1,000 - $10,000 per instance</td>
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</table>

**Denial of payment for new admissions** must be imposed when a facility is not in substantial compliance within 3 months after being found out of compliance.

**Denial of payment and State monitoring** must be imposed when a facility has been found to have provided substandard quality of care on three consecutive standard surveys.

**NOTE:** Termination may be imposed by the State or CMS at any time.
RESIDENT REVIEW WORKSHEET

Facility Name: ___________________________  Provider Number: ___________________________
Resident Name: __________________________  Resident Identifier: __________________________
Surveyor Name: ___________________________  Birthdate: ________  Unit: ________  Rm #: ________
Surveyor Number: ________  Discipline: ________
Orig. Admission Date: ________  Readmission Date: ________
Date: Survey Date: ________
Payment Source: Admission: __________________________
Current: __________________________

Interviewable: ☐ Yes ☐ No  Type of Review: ☐ Comprehensive  ☐ Focused ☐ Closed Record
Selected for Individual Interview: ☐ Yes ☐ No
Selected for Family Interview and Observation of Non-Interviewable Resident: ☐ Yes ☐ No
Focus/Care Areas: __________________________

Instructions: Any regulatory areas related to the sampled resident’s needs are to be included in this review.
• Initial that each section was reviewed if there are no concerns.
• If there are concerns, document your investigation.
• Document all pertinent resident observations and information from resident, staff, family interviews and record reviews for every resident in the sample.

SECTION A: RESIDENT ROOM REVIEW: Evaluate if appropriate requirements are met in each of the following areas, including the accommodation of needs:

• Adequate accommodations are made for resident privacy, including bed curtains.
• Call bells are functioning and accessible to residents.
• Resident is able to use his/her bathroom without difficulty.
• Adequate space exists for providing care to residents.
• Resident with physical limitations (e.g., walker, wheelchair) is able to move around his/her room.
• Environment is homelike, comfortable and attractive; accommodations are made for resident personal items and his/her modifications.
• Bedding, bath linens and closet space is adequate for resident needs.
• Resident care equipment is clean and in good repair.
• Room is safe and comfortable in the following areas: temperature, water temperature, sound level and lighting.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.) ________
Document concerns and follow-up on Surveyor Notes sheet page 4.

SECTION B: RESIDENT DAILY LIFE REVIEW: Evaluate if appropriate requirements are met in each of the following areas:

• Resident appears well groomed and reasonably attractive (e.g., clean clothes, neat hair, free from facial hair).
• Staff treats residents respectfully and listens to resident requests. Note staff interaction with both communicative and non-communicative residents.
• Staff is responsive to resident requests and call bells.
• Residents are free from unexplained physical injuries and there are no signs of resident abuse. (e.g. residents do not appear frightened around certain staff members.)
• Facility activities program meets resident’s individually assessed needs and preferences.
• Medically related social services are identified and provided when appropriate.
• Restraints are used only when medically necessary. (see 483.13(a))
• Resident is assisted with dining when necessary.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.) ________
Document concerns and follow-up on Surveyor Notes sheet page 4.
SECTION C: ASSESSMENT OF DRUG THERAPIES
Review all the over-the-counter and prescribed medications taken by the resident during the last 7 days.

- Evaluate drug therapy for indications/reason, side effects, dose, review of therapy/monitoring, and evidence of unnecessary medications including antipsychotic drugs.
- Correlate drug therapy with resident’s clinical condition.
- If you note concerns with drug therapy, review the pharmacist’s report. See if the physician or facility has responded to recommendations or concerns.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)

<table>
<thead>
<tr>
<th>Medications/Dose/Schedule</th>
<th>Medications/Dose/Schedule</th>
<th>Medications/Dose/Schedule</th>
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Document concerns and follow-up on page 4.

SECTION D: RAI/CARE REVIEW SHEET (Includes both MDS and use of RAPS):
Reason for the most current RAI: [ ] Annual [ ] Initial [ ] Significant Change
Date of Most Recent RAI ________________ Date of Comparison/Quarterly RAI ________________

- For a comprehensive review complete a review of all care areas specific to the resident, all ADL functional areas, cognitive status, and MDS categories triggering a RAP.
- For a focused review:
  - **Phase I:** Complete a review of those requirements appropriate to focus and care areas specific to the resident.
  - **Phase II:** Complete a review of requirements appropriate to focus areas.
- For both comprehensive and focused reviews record only the applicable sections and relevant factors about the clinical status indicating an impairment or changes between reviews.
- If the current RAI is less than 9 months old, scan and compare with the previous RAI and most recent quarterly review.
- If the RAI is 9 months or older, compare the current RAI with the most recent quarterly review.
- Note any differences for the applicable areas being reviewed.
- Review the RAP summary and care planning.
- Look for implementation of the care plan as appropriate to the comprehensive or focused review.
- Note specifically the effects of care or lack of care.
- If the resident declined or failed to improve relative to expectations, determine if this was avoidable or unavoidable.
- For closed records, complete a review of the applicable areas of concern.
- Use the additional MDS item blocks on page 3 to document other sections or additional concerns.
- **Dining observation:** If there are concerns with weight loss or other nutritional issues, observe resident dining and review adequacy of meals served and menus.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)
Document concerns and follow-up on page 4.
<table>
<thead>
<tr>
<th>MDS Items</th>
<th>RAI Status/Comparison</th>
<th>Care Plan Y/N</th>
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</thead>
<tbody>
<tr>
<td>Cognitive/Decisionmaking</td>
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<td>Mood/Behavior/Psychosocial</td>
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<td>Transfer</td>
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<td>Ambulation</td>
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<td>Dressing</td>
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<td>Eating</td>
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<td>Hygiene/Bathing</td>
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<td>ROM Limits</td>
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<td>Bowel</td>
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<td>Bladder</td>
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<tr>
<td>Activities</td>
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</table>

Notes/Dates/Times/Source and Tag: Observations and Interview for resident and implementation of care plan and TX, including accuracy, completeness, and how information from use of RAPs is incorporated into the resident's care. Outcome: improve/failure to improve/same/decline. If a decline or failure to improve occurred, was it avoidable or unavoidable?
<table>
<thead>
<tr>
<th>Tag/Concerns</th>
<th>Source*</th>
<th>Surveyor Notes (including date/time)</th>
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*Source: O=Observation, RR=Record Review, I=Interview
GENERAL OBSERVATIONS OF THE FACILITY

Facility Name: ___________________________ Surveyor Name: ___________________________
Provider Number: ___________________________ Surveyor Number: ______ Discipline: ______
Observation Dates: From ___________ To ___________

Instructions: Use the questions below to focus your observations of the facility. Include all locations used by residents (units, hallways, dining rooms, lounges, activity and therapy rooms, bathing areas, and resident smoking areas). Also check other areas that affect the residents, such as storage and utility areas. Initial that there are no concerns or note concerns and your follow-up in the space provided. Begin your observations as soon as possible after entering the facility and continue throughout the survey. Note, these tags are not all inclusive.

LIST ANY POTENTIAL CONCERNS FROM OFFSITE SURVEY PREPARATION. ___________________________

1. HANDRAILS: Do corridors have handrails? Are handrails affixed to walls, intact, and free of splinters? (F468)

2. ODORS: Is the facility free of objectionable odors? Are resident areas well ventilated? Especially observe activity areas and the dining room during activities and lunch, when the residents are using them. Are nonsmoking areas smoke free? Do smoking areas provide good quality of life for residents who smoke? (F252)

3. CLEANLINESS: How clean is the environment (walls, floors, drapes, furniture)? (F252)

4. PESTS: Is the facility pest free? (F469)

5. LINEN: Is the linen processed, transported, stored and handled properly to prevent the spread of infection? (F445)

6. HAZARDS: Is the facility as free of accident hazards as possible? Are water temperatures safe and comfortable? Are housekeeping/hazards, compounds, and other chemicals stored to prevent resident access? (F252, 323)

7. CALL SYSTEM: Is there a functioning call system in bathing areas and resident toilets in common areas? (F463)

8. SPACE: Do the space and furnishings in dining and activity areas appear sufficient to accommodate all activities? (F464)

9. FURNISHINGS: Are dining and activity rooms adequately furnished? (F464)

10. DRUG STORAGE: Are drugs and biologicals stored properly (locked and at appropriate temperatures)? (F432)

11. EQUIPMENT: Is the resident equipment in common areas sanitary, orderly, and in good repair? (Equipment in therapy rooms, bathing rooms, activity areas, etc.) Are equipment and supplies appropriately stored and handled in clean and dirty utility areas (sterile supplies, thermometer, etc.)? (F253)

12. EQUIPMENT CONDITION: [Excluding the kitchen] Is essential equipment in safe and effective operating condition (e.g. boiler room equipment, nursing unit/medication room equipment, unit refrigerators, laundry equipment, therapy equipment)? (F456)

13. SURVEY POSTED: Are survey results readily accessible to residents? Are the survey results or a notice concerning survey results posted? (F167)

14. INFORMATION POSTED: Is information about Medicare, Medicaid and contacting advocacy agencies posted? (F56)

15. POSITIONING: Is correct posture and comfortable positioning and assistance being provided to residents who need assistance — especially check residents who are dining or participating in activities? (F246, 311, 318)

16. EMERGENCY: Are staff prepared for an emergency or disaster? Ask two staff and a charge nurse to describe what they do in emergencies (include staff from different shifts). Evaluate the responses to determine their correctness and preparedness. (F518)

17. EMERGENCY POWER: Is there emergency power? Are staff aware of outlets, if any, powered by emergency source? (F455)

18. WASTE: Is waste contained in properly maintained (no breaks) cans, dumpsters or compactors with covers? (F454, 371)

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)__________

Document concerns and follow-up on back of page: Form CMS-803 (7-95)
<table>
<thead>
<tr>
<th>Tag / Concerns</th>
<th>Source *</th>
<th>Surveyor Notes (including date/time)</th>
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</table>

*Source: 0= Observation, RR=Record Review, I= Interview
Form C:US-803 (7-95)
<table>
<thead>
<tr>
<th>Item to be Inspected</th>
<th>Met</th>
<th>Not met</th>
<th>Corrective Action</th>
<th>Date corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility signage visible, well lit, clean, sturdy and in good repair.</td>
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<tr>
<td>Parking lot is clean, striped and well lit.</td>
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<tr>
<td>Handicap stall is present and clearly marked with signage.</td>
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<tr>
<td>Lawn /grounds are well kept, neat in appearance and well-manicured without trash or clutter. Shrubbery is trimmed and flowerbeds weeded.</td>
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<tr>
<td>Lawn furniture is clean, in good repair and adequate.</td>
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<tr>
<td>Lawn hoses are stored and do not pose a tripping hazard.</td>
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<tr>
<td>Entrance landscaped seasonally. Out of season decorations removed timely. Outside potted plants alive &amp; well groomed.</td>
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<tr>
<td>Entrances clean, well lit and without clutter.</td>
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<tr>
<td>Front door clean, in good repair with weather stripping secure.</td>
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<tr>
<td>Sidewalk poses no tripping hazards and is in good repair.</td>
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<tr>
<td>Receptacle for cigarettes available at entrance and is emptied regularly.</td>
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<tr>
<td>Lobby neatly organized, lighting appropriate (all bulbs working), low noise levels (including overhead paging).</td>
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<tr>
<td>Greeted upon entrance by a staff member.</td>
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<tr>
<td>Inside “potted” plants alive / well groomed.</td>
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<tr>
<td>Staff members appropriately dressed with name badge.</td>
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<tr>
<td>Visible office spaces neatly organized and clutter free.</td>
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<tr>
<td>All areas odor free.</td>
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<tr>
<td>Public restrooms clean and comfortable.</td>
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<tr>
<td>Public posting information is well organized and easily accessible (i.e., State Survey Results, other required info by law).</td>
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<td>Facility has a feel of comfort and is not institutional.</td>
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<tr>
<td>Hallways are free of obstruction.</td>
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<tr>
<td>Dining areas are clean, neat and offer a home like appeal.</td>
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<tr>
<td>Resident smoking area clean of cigarette butts and other trash. Available ashtrays and trash cans cleaned/dumped at least daily if not more often. Patio furniture clean, good repair and adequate.</td>
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<tr>
<td>Patio poses no tripping hazards and is in good repair.</td>
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<tr>
<td>Staff smoking area clean of cigarette butts and other trash. Available ashtrays and trash cans cleaned/dumped at least daily if not more often.</td>
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<td>Area around dumpsters are clean and clutter free. Lids on dumpsters are closed.</td>
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<tr>
<td>Laundry and Dietary outside areas clean and uncluttered.</td>
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<td>Surrounding area outside storage buildings clean and uncluttered.</td>
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<td>Gutters and down spouts securely attached and function properly.</td>
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<td>Siding/brick is in good repair, not chipped, cracked or broken nor is paint chipped.</td>
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<td>Window panes are in good condition without chipped paint and no broken windows.</td>
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<td>Window screens are clean, not torn and in good repair.</td>
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### SURVEYOR NOTES WORKSHEET

**Facility Name:**

**Surveyor Name:**

**Surveyor Number:**

**Observation Dates:** From _____ To _____

**Discipline:**

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
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<td>Area</td>
<td>Yes</td>
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<tr>
<td>Past survey reports displayed</td>
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<td>Medicare/Medicaid benefit information displayed</td>
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<tr>
<td>Resident Trust Fund Balanced</td>
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<td>Surety Bond equals one and one half times the total amount of the</td>
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<tr>
<td>average resident fund balance</td>
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<td>Ombudsman information posted</td>
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<td>Private access to a telephone available for residents</td>
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<td>Administrator licensure current</td>
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<td>Contract book current</td>
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<tr>
<td>Safety Committee meetings held regularly</td>
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<td>Disclosure of ownership</td>
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<td>Bed Reconciliation form</td>
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<td>Waiver(s) available if applicable</td>
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<tr>
<td>Daily Nursing staffing posted and current</td>
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<td>Service</td>
<td>Contract</td>
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<td>Activities Consultant</td>
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<td>Utilization Review</td>
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### PERSONNEL FILE CHECK LIST

**Instructions:**
1. Complete review on charts indicated in columns across
2. Indicate with a √ if complete
3. Utilize “I” for incomplete
4. Utilize “N/A” for not applicable
5. D/H = department head

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ENVIRONMENT
# PHYSICAL PLANT RoundS - Initial Tour

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<td>Trash Control</td>
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<td>Dumpster Secure</td>
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<td>F-469, F-371</td>
<td>Pest Control</td>
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<td><strong>Infection Control: Exterior of Building</strong></td>
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<td>F-371</td>
<td>Odor</td>
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<td>F-564</td>
<td>Cleanliness</td>
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<td>Pest Control</td>
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<td>F-371</td>
<td>Thermometers in refrigerator</td>
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<td>F-371</td>
<td>Freezer 0 degrees or below</td>
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<td>F-371</td>
<td>Refrigerator &lt;41 degrees</td>
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<td>Refrigerator Clean</td>
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<td>No employee food unless so designated</td>
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<td>Juice/Food labeled, covered, dated &lt;72 hours old</td>
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<td>F-441, F-253</td>
<td>Housekeeping carts off units during meal service</td>
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<td>F-441, F-431</td>
<td>TF pumps, poles clean and TF labeled</td>
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<td>INTERIOR OF BUILDING (cont)</td>
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<td>F-253</td>
<td>Personal care items separate, not co-mingled</td>
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<td>F-253</td>
<td>Urine graduates labeled for individual pt.</td>
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<td>F-253</td>
<td>Bedpans, urinals stored properly</td>
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<tr>
<td>F-254</td>
<td>Linen</td>
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<tr>
<td>F-253</td>
<td>Catheters off floor</td>
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<td>F-441</td>
<td>Oxygen tubing off floor</td>
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<tr>
<td>F-253, F-441</td>
<td>Suction caths, machines</td>
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<td>LAUNDRY</td>
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<td>F-441,F-456</td>
<td>Ceiling filters</td>
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<td>Dryer filters</td>
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<td>F-441</td>
<td>Doors closed between clean and soiled area</td>
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<td>F-441</td>
<td>PPE available and used</td>
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<td>F-441</td>
<td>Shield/Goggles</td>
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<td>F-441</td>
<td>Gown (impervious gown or apron)</td>
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<td>F-441</td>
<td>Gloves</td>
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<td>F-254</td>
<td>Clean linen stain free and free from tears/holes</td>
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<td>F-323</td>
<td>Chemicals secure</td>
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<td>F-456</td>
<td>Appropriate door closures</td>
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<td>F-517</td>
<td>Doors not propped open</td>
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<td>F-456</td>
<td>Fire extinguishers checked monthly</td>
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<td>Fire alarm panel has tag within last year marked “functional”</td>
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<td>F-455</td>
<td>Exit signs</td>
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<td>Biohazardous Waste locked with appropriate signage</td>
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<td>F-468</td>
<td>Handrails</td>
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<td>F-323</td>
<td>Water temperature 105-120 degrees</td>
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<td>F-456</td>
<td>Emergency outlets red</td>
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<td>F-517</td>
<td>Corridors unobstructed</td>
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<td>F-323</td>
<td>Storage off floors/18 “below ceiling</td>
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<td>Chemicals labeled</td>
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<td>F-371</td>
<td>Chemicals stored properly/not left unattended</td>
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<td>F-253, F-456</td>
<td>Equipment inspected</td>
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<td>Oxygen signage</td>
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<td>F-323</td>
<td>Liquid Oxygen (5 ft from electrical outlet)</td>
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<td>Penetration of smoke barrier</td>
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<td>F-456, F-323</td>
<td>Cords not frayed</td>
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<tr>
<td>F-456</td>
<td>Garbage cans fire rated</td>
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<tr>
<td>F-246</td>
<td>Safe storage of patient items</td>
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<tr>
<td>F-323</td>
<td>Wet floor signs</td>
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## PHYSICAL PLANT ROUNDS - INITIAL TOUR (continued)

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<tr>
<td>F-441</td>
<td>MSDS current</td>
<td></td>
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<tr>
<td>F-431, F-323</td>
<td>OTC drugs stored in rooms?</td>
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<tr>
<td>F-455</td>
<td>Emergency power</td>
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<tr>
<td>F-518</td>
<td>Emergency procedure training</td>
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### DIGNITY/RESIDENT RIGHTS

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<tbody>
<tr>
<td>F-174</td>
<td>Hearing impaired phone access for resd in private area</td>
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<tr>
<td>F-252</td>
<td>Homelike environment</td>
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<tr>
<td>F-258</td>
<td>Sound level</td>
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<tr>
<td>F-241</td>
<td>Resident Rights respected</td>
<td></td>
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<tr>
<td>F-241</td>
<td>Knocking before entering</td>
<td></td>
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<tr>
<td>F-241</td>
<td>Privacy/no exposure</td>
<td></td>
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<tr>
<td>F-241</td>
<td>Addressed appropriately</td>
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<td>F-241</td>
<td>No standing while feeding</td>
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<td>F-368</td>
<td>Meal times posted</td>
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<td>F-363, F-366</td>
<td>Menu and alternates posted</td>
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<td>F-248</td>
<td>Activity Calendar posted</td>
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<tr>
<td>F-246,311,318</td>
<td>Positioning appropriate</td>
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<tr>
<td>F-246,311,318</td>
<td>Bed/Chair</td>
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<td>F-246,311,318</td>
<td>Dining</td>
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<tr>
<td>F-172</td>
<td>Private meeting place (visitors)</td>
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### ADMINISTRATIVE

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<tr>
<td>F-464</td>
<td>Space adequate</td>
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<td>F-464</td>
<td>Furnishings</td>
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<td>F-156</td>
<td>Information Posted</td>
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<td>F-167</td>
<td>Prior Survey</td>
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<td>F-172</td>
<td>Ombudsman Information</td>
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<td>F-172</td>
<td>MC/MA info</td>
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<tr>
<td>F-172</td>
<td>No solicitation</td>
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<tr>
<td>F-323</td>
<td>Smoking Policy</td>
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<td>F-165</td>
<td>Grievance Procedure</td>
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<td>F-441</td>
<td>Biohazard waste generating permit</td>
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<tr>
<td>F-492</td>
<td>Facility license</td>
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<td>F-492</td>
<td>Occupational license</td>
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<td>F-491</td>
<td>NHA license</td>
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<td>F-502</td>
<td>Pharmacy license</td>
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<td>CLIA Waiver</td>
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<td>F-456</td>
<td>Underground/above ground (over 500 gal) tank permit</td>
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<td>F-456</td>
<td>Boiler certificate of compliance</td>
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<td>F-241</td>
<td>ID Badges worn by staff</td>
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<td></td>
<td><strong>REHAB ROOM</strong></td>
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<td>F-323</td>
<td>Hydrocollator log temps; water color</td>
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<tr>
<td>F-441</td>
<td>No food in patient care areas</td>
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<tr>
<td>F-254</td>
<td>Linen storage</td>
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<tr>
<td>F-323</td>
<td>Chemicals stored appropriately</td>
<td></td>
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<tr>
<td>F-323</td>
<td>MSDS current (ultrasound gel)</td>
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<tr>
<td>F-241</td>
<td>Patient privacy during treatment</td>
<td></td>
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<tr>
<td>F-454</td>
<td>Oxygen storage appropriate</td>
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<td><strong>MED ROOM</strong></td>
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<td>F-323, F-441</td>
<td>Sharp disposal</td>
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<tr>
<td>F-431</td>
<td>Meds separated/stored appropriately</td>
<td></td>
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<tr>
<td>F-431</td>
<td>Externals separate from internals</td>
<td></td>
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<tr>
<td>F-431</td>
<td>Biologicals and vials dated when opened</td>
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## PHYSICAL PLANT ROUNDS - INITIAL TOUR (continued)

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<tbody>
<tr>
<td>F-431</td>
<td>Glucose strips dated when opened</td>
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<tr>
<td>F-431</td>
<td>Narcotics double-locked</td>
<td></td>
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<tr>
<td>F-431</td>
<td>All meds current/check expiration dates</td>
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<tr>
<td>F-441</td>
<td>No employee food in refrigerator</td>
<td></td>
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<tr>
<td>F-431</td>
<td>Opened meds stored separately from closed meds</td>
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<tr>
<td>F-281</td>
<td>Blood glucose control log up to date</td>
<td></td>
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<tr>
<td>F-431</td>
<td>Respiratory/Treatment meds stored appropriately</td>
<td></td>
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<tr>
<td>F-281</td>
<td>E-Kit Policies &amp; Procedures followed</td>
<td></td>
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<tr>
<td>F-492</td>
<td>E-Kit contents posted in nurses’ station</td>
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### GENERAL COMMENTS

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# FIRE DRILL GRID

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
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<th>SEP</th>
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<td>7-3</td>
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<td>Holiday</td>
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**Directions:**
- Plot actual fire drills by shift and month.
- Minimum compliance is one drill per month, quarterly on each shift. Include weekend drills.
- Schedule fire drills in advance to assure compliance. You may add internal and external disaster drills to your schedule.
QA Review

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

SURVEYOR NOTES WORKSHEET

Facility Name: ____________________  Surveyor Name: ____________________

Provider Number: ________________  Surveyor Number: ________________  Discipline: ____________________

Observation Dates: From ________________ to ________________

Part 1 - complete after Phase 2 Sampling meeting:

I. List the committee members or attach a list provided by facility:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Department/Title:</th>
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</table>

II. Review the facility’s plan or written description of the Committee’s process for identifying quality deficiencies. Recap the methods.

III. Interviews with administrative staff and QNA Committee members:

<table>
<thead>
<tr>
<th>Person interviewed:</th>
<th>Can list the members of the committee:</th>
<th>Can state how often the committee meets?</th>
<th>Can state methods of identifying issues in the facility which require QA/A activities?</th>
<th>Verbalizes methods to respond to identified quality deficiencies and that evaluates the effectiveness of that response?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Y-N</td>
<td>Y-N</td>
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FORM HCFA-807 (7-951)
**SURVEYOR NOTES WORKSHEET**

**Part 2** - complete if/when deficient practice/s have been identified as Pattern or Widespread: Interviews with:

<table>
<thead>
<tr>
<th>Committee member name:</th>
<th>Knows quality deficiencies the facility identified?</th>
<th>Identifies some systems that have been developed &amp; implemented to address those deficiencies?</th>
<th>Can identify areas that have been evaluated or will be evaluated for the effectiveness of the planned intervention?</th>
<th>Describe a sample of the quality deficiencies they have identified and dealt with.</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Y- N</td>
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</table>

<table>
<thead>
<tr>
<th>Direct care staff name:</th>
<th>Knows how the QNA Committee functions?</th>
<th>Knows what the QNA process is?</th>
<th>Knows how to access the QNA process &amp; Committee?</th>
<th>Identifies if the QNA Committee is responsive to the concerns submitted to it?</th>
<th>Verbalizes specific plans for care described by the QNA Committee</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
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*FORM HCFA-807 (7-95)*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RESIDENT REVIEW WORKSHEET

Facility Name: __________________________
Provider Number: _______________________
Surveyor Name: _______________________
Surveyor: ___________________ Discipline: ________
Number: __________

Resident Name: _______________________
Resident Identifier: _______________________
Birthdate: ________ Unit: Rm #: ________
Orig. Admission Date: ________ Readmission Date: ________
Survey Date: ________
Payment Source: Admission: __________ Current: __________

Diagnosis: _______________________

Interviewable: Yes ☐ No ☐ Type of Review: Comprehensive ☐ Focused ☐ Closed Record ☐
Selected for Individual Interview: Yes ☐ No ☐
Selected for Family Interview and Observation of Non-Interviewable Resident: Yes ☐ No ☐
Focus/Care Areas: _______________________

Instructions: Any regulatory areas related to the sampled resident’s needs are to be included in this review.
• Initial that each section was reviewed if there are no concerns.
• If there are concerns, document your investigation.
• Document all pertinent resident observations and information from resident, staff, family interviews and record reviews for every resident in the sample.

SECTION A: RESIDENT ROOM REVIEW: Evaluate if appropriate requirements are met in each of the following areas, including the accommodation of needs:

• Adequate accommodations are made for resident privacy, including bed curtains.
• Call bells are functioning and accessible to residents
• Resident is able to use his/her bathroom without difficulty.
• Adequate space exists for providing care to residents.
• Resident with physical limitations (e.g., walker, wheelchair) is able to move around his/her room.

There are NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)
Document concerns and follow-up on Surveyor Notes sheet page 4.

SECTION B: RESIDENT DAILY LIFE REVIEW: Evaluate if appropriate requirements are met in each of the following areas:

• Resident appears well groomed and reasonably attractive (e.g., clean clothes, neat hair, free from facial hair).
• Staff treats residents respectfully and listens to resident requests. Note staff interaction with both communicative and non-communicative residents.
• Staff is responsive to resident requests and call bells.
• Residents are free from unexplained physical injuries and there are no signs of resident abuse. (e.g. residents do not appear frightened around certain staff members.)

There are NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)
Document concerns and follow-up on Surveyor Notes sheet page 4.

Form CMS-805(7-95)
SECTION C: ASSESSMENT OF DRUG THERAPIES

Review all the over-the-counter and prescribed medications taken by the resident during the last 7 days.

- Evaluate drug therapy for indications/reason, side effects, dose, review of therapy/monitoring, and evidence of unnecessary medications including antipsychotic drugs.
- Correlate drug therapy with resident's clinical condition.
- If you note concerns with drug therapy, review the pharmacist's report. See if the physician or facility has responded to recommendations or concerns.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)

<table>
<thead>
<tr>
<th>Medications/Dose/Schedule</th>
<th>Medications/Dose/Schedule</th>
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</table>

Document concerns and follow-up on page 4.

SECTION D: RAI/CARE REVIEW SHEET (Includes both MDS and use of RAPS):

Reason for the most current RAI: Annual □ Initial □ Significant Change □
Date of Most Recent RAI __________Date of Comparison/Quarterly RAI __________

- For a comprehensive review complete a review of all care areas specific to the resident, all ADL functional areas, cognitive status, and MDS categories triggering a RAP.
- For a focused review:
  **Phase I:** Complete a review of those requirements appropriate to focus and care areas specific to the resident.
  **Phase II:** Complete a review of requirements appropriate to focus areas.
- For both comprehensive and focused reviews record only the applicable sections and relevant factors about the clinical status indicating an impairment or changes between reviews.
  - If the current RAI is less than 9 months old, scan and compare with the previous RAI and most recent quarterly review.
  - If the RAI is 9 months or older, compare the current RAI with the most recent quarterly review.
  - Note any differences for the applicable areas being reviewed.
  - Review the RAP summary and care planning.
  - Look for implementation of the care plan as appropriate to the comprehensive or focused review.
  - Note specifically the effects of care or lack of care.
  - If the resident declined or failed to improve relative to expectations, determine if this was avoidable or unavoidable.
  - For closed records, complete a review of the applicable areas of concern.
  - Use the additional MDS item blocks on page 3 to document other sections or additional concerns.
  - Dining observation: If there are concerns with weight loss or other nutritional issues, observe resident dining and review adequacy of meals served and menus.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)

Document concerns and follow-up on page 4.
<table>
<thead>
<tr>
<th>MDS Items</th>
<th>RAI Status/Comparison</th>
<th>Care plan</th>
<th>Notes/Dates/Times/Source and Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive/Decision making</td>
<td></td>
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<tr>
<td>Mood/Behavior/Psychosocial</td>
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<tr>
<td>Transfer</td>
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<td>Ambulation</td>
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<tr>
<td>Dressing</td>
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<tr>
<td>Eating</td>
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<tr>
<td>Hygiene/Bathing</td>
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<tr>
<td>ROM Limits</td>
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<tr>
<td>Bowel</td>
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<tr>
<td>Bladder</td>
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<tr>
<td>Activities</td>
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</tbody>
</table>

Notes/Dates/Times/Source and Tag: Observations and Interview for resident and implementation of care plan and TX, including accuracy, completeness, and how information from use of RAPs is incorporated into the resident's care. Outcome: improve/failure to improve/same/decline. If a decline or failure to improve occurred, was it avoidable or unavoidable?
<table>
<thead>
<tr>
<th>Tag/Concerns</th>
<th>Source*</th>
<th>Surveyor Notes (including date/time)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

*Source: O=Observation RR=Record Review, I=Interview
Form CMS-805(7-95)
QUALITY OF CARE

Use probes regarding Anticoagulants, blood glucose, pain, falls, smoking, change of condition, pressure ulcers & abuse investigation to guide information gathering.

Compare any negative answers to the intent of the regulation.

Deficiencies should be cited only if the intent of the regulation is not met.

Missing standard components addressed only under “standards not in compliance” section of FQR Score.

F309 Anticoagulants:
The lab work for residents on Coumadin is completed as ordered?
Documentation of Physician notification and assessment complete for abnormal INR/PT results?

F309 Blood Glucose:
Are Blood Glucose levels obtained as ordered?
Is assessment of resident with abnormal levels present?

F309 Pain
Pain assessment, interventions and follow-up documentation are clearly evident?

F323 Falls:
Post falls assessment completed and appropriate?
Interventions on plan of care are evident on physical review of resident? Care plan appropriate to falls?

F323 Smoking:
Are smoking safety assessments completed on all residents who smoke?
When observing the resident that smoke is it evident that the safety interventions identified are in place?

F309/F157 Change of Condition:
Timely assessment and physician notification is evident on any acute change of condition episodes.

F314 Skin/Pressure Ulcers:
Residents with pressure ulcers have had timely accurate assessment of wound?
When resident with pressure ulcers are observed are all interventions identified on the care plan observed to be in place?

F225 Verification of Investigation:
All incidents are thoroughly investigated and documentation includes evidence of determining causal factors and recommendations to prevent reoccurrence?
Recommendations to prevent reoccurrence identified o the investigations are observed on visual checks of resident or environment.
# MDS AUDIT TOOL

Date: _______________________

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Room #</th>
<th>MDS Dates Correct?</th>
<th>CAA Summary Signed &amp; Dated?</th>
<th>CAA Completed for Each Triggered Area?</th>
<th>Care Plan Addresses Each Problem? (Proceed)</th>
<th>Required Signatures Present?</th>
<th>Location of Info Complete and Correct?</th>
<th>Care Plan Goals Have Timeframes? Measureable?</th>
<th>Change in Condition?</th>
</tr>
</thead>
</table>
INVESTIGATIVE PROTOCOL
HYDRATION

Objectives:

- To determine if the facility identified risk factors which lead to dehydration and developed an appropriate preventative care plan; and

- To determine if the facility provided the resident with sufficient fluid intake to maintain proper hydration and health.

Task 5C: Use:

Use this protocol for the following situations:

- A sampled resident who flagged for the sentinel event of dehydration on the Resident Level Summary;

- A sampled resident who has one or more QI conditions identified on the Resident Level Summary, such as:
  
  o #11 - Fecal impaction;
  o #12 - Urinary tract infections;
  o #13 - Weight loss;
  o #14 - Tube feeding;
  o #17 - Decline in ADLs;
  o #24 - Pressure Ulcer

- A sampled resident who was discovered to have any of the following risk factors: vomiting/diarrhea resulting in fluid loss, elevated temperatures and/or infectious processes, dependence on staff for the provision of fluid intake, use of medications including diuretics, laxatives, and cardiovascular agents, renal disease, dysphagia, a history of refusing fluids, limited fluid intake or lacking the sensation of thirst.

Procedures:

- Observations/interviews conducted as part of this procedure should be recorded on the Forms CMS-805 and/or the Form CMS-807.

- Determine if the resident was assessed to identify risk factors that can lead to dehydration, such as those listed above and also whether there were abnormal laboratory test values which may be an indicator of dehydration.

NOTE: A general guideline for determining baseline daily fluid needs is to multiply the resident’s body weight in kilograms (kg) x 30ml (2.2 lbs = 1 kg), except for residents with renal or cardiac distress, or other restrictions based on physician orders. An excess of fluids can be detrimental for these residents.

- Determine if an interdisciplinary care plan was developed utilizing the clinical conditions and risk factors identified, taking into account the amount of fluid that the resident requires. If the resident is receiving enteral nutritional support, determine if the tube feeding orders included a sufficient amount of free water, and whether the water and feeding are being administered in accordance with physician orders?
• Observe the care delivery to determine if the interventions identified in the care plan have been implemented as described.
  o What is the resident’s response to the interventions? Does staff provide the necessary fluids as described in the plan? Do the fluids provided contribute to dehydration, e.g., caffeinated beverages, alcohol? Was the correct type of fluid provided with a resident with dysphagia?
  o Is the resident able to reach, pour and drink fluids without assistance? Is the resident consuming sufficient fluids? If not, is staff providing the fluids according to the care plan?
  o Is the resident’s room temperature (heating mechanism) contributing to dehydration? If so, how is the facility addressing this issue?
  o If the resident refuses water, are alternative fluids offered that are tolerable to the resident?
  o Are the resident’s beverage preferences identified and honored at meals?
  o Does staff encourage the resident to drink? Are they aware of the resident’s fluid needs? Is staff providing fluids during and between meals?
  o Determine how the facility monitors to assure that the resident maintains fluid parameters as planned. If the facility is monitoring the intake and output of the resident, review the record to determine if the fluid goals or calculated fluid needs were met consistently.

• Review all related information and documentation to look for evidence of identified causes of the condition or problem. This inquiry should include interviews with appropriate facility staff and health care practitioners, who by level of training and knowledge of the resident, should know of, or be able to provide information about the causes of a resident’s condition or problem.

NOTE: If a resident is at an end of life stage and has an advance directive, according to State law, (or a decision has been made by the resident’s surrogate or representative, in accordance with State law) or the resident has reached an end of life stage in which minimal amounts of fluids are being consumed or intake has ceased, and all appropriate efforts have been made to encourage and provide intake, then dehydration may be an expected outcome and does not constitute noncompliance with the requirement for hydration. Conduct observations to verify that palliative interventions, as described in the plan of care, are being implemented and revised as necessary, to meet the needs/choices of the resident in order to maintain the resident’s comfort and quality of life. If the facility has failed to provide the palliative care, cite noncompliance with 42 CFR 483.25, F309, Quality of Care.

• Determine if the care plan is evaluated and revised based on the response, outcomes, and needs of the resident.

Task 6: Determination of Compliance:

• Compliance with 42 CFR 483.25(j), F327, Hydration:
  o For this resident, the facility is compliant with this requirement to maintain proper hydration if they properly assessed, care planned, implemented the care plan, evaluated the resident outcome, and revised the care plan as needed. If not, cite at F327.

• Compliance with 42 CFR 483.20(b)(1) & (2), F272, Comprehensive Assessments:
  o For this resident in the area of hydration, the facility is compliant with this requirement if they assessed factors that put the resident at risk for dehydration, whether chronic or acute. If not, cite at F272.

• Compliance with 42 CFR 483.20(k)(1), F279, Comprehensive Care Plans:
  o For this resident in the area of hydration, the facility is compliant with this requirement if they
developed a care plan that includes measurable objectives and timetables to meet the resident’s needs as identified in the resident’s assessment. If not, cite at F279.

- Compliance with 42 CFR 483.20(k)(3)(ii), F 282, Provision of care in accordance with the care plan:
  - For this resident in the area of hydration, the facility is compliant with this requirement if qualified persons implemented the resident’s care plan. If not, cite at F282.

Objectives:

- To determine if each resident is provided with nourishing, palatable, attractive meals that meet the resident’s daily nutritional and special dietary needs;

- To determine if each resident is provided services to maintain or improve eating skills; and

- To determine if the dining experience enhances the resident’s quality of life and is supportive of the resident’s needs, including food service and staff support during dining.

Task 5C: Use

This protocol will be used for:

- All sampled residents identified with malnutrition, unintended weight loss, mechanically altered diet, pressure sores/ulcers, and hydration concerns; and

- Food complaints received from residents, families and others.

General Considerations:

- Use this protocol at two meals during the survey, preferably the noon and evening meals.

- Record information on the Form CMS-805 if it pertains to a specific sampled resident, or on the Form CMS-807 if it relates to the general observations of the dining service/dining room.
  - Discretely observe all residents, including sampled residents, during meals keeping questions to a minimum to prevent disruption in the meal service.

- For each sampled resident being observed, identify any special needs and the interventions planned to meet their needs. Using the facility’s menu, record in writing what is planned in writing to be served to the resident at the meal observed.

- Conduct observations of food preparation and quality of meals.

Procedures:

1. During the meal service, observe the dining room and/or resident’s room for the following:

   - Comfortable sound levels;

   - Adequate illumination, furnishings, ventilation; absence of odors; and sufficient space;
• Tables adjusted to accommodate wheelchairs, etc.; and

• Appropriate hygiene provided prior to meals.

2. Observe whether each resident is properly prepared for meals. For example:

• Resident’s eyeglasses, dentures, and/or hearing aids are in place;

• Proper positioning in chair, wheelchair, gerichair, etc., at an appropriate distance from the table (tray table and bed at appropriate height and position); and

• Assistive devices/utensils identified in care plans provided and used as planned.

3. Observe the food service for:

• Appropriateness of dishes and flatware for each resident. Single use disposable dining ware is not used except in an emergency and in other appropriate dining activities. Except those with fluid restriction, each resident has an appropriate place setting with water and napkin;

• Whether meals are attractive, palatable, served at appropriate temperatures and are delivered to residents in a timely fashion.
  
  o Did the meals arrive 30 minutes or more past the scheduled mealtime?
  o If a substitute was needed, did it arrive more than 15 minutes after the request for a substitute?

• Are diet cards, portion sizes, preferences, and condiment requests being honored?

4. Determine whether residents are being promptly assisted to eat or provided necessary assistance/cueing in a timely manner after their meal is served.

• Note whether residents at the same table or in resident rooms, are being served and assisted concurrently.

• If you observe a resident who is being assisted by a staff member to eat or drink, and the resident is having problems with eating or drinking, inquire if the staff member who is assisting them is a paid feeding assistant. If so, follow the procedures at tag F373.

5. Determine if the meals served were palatable, attractive, nutritious and met the needs of the resident. Note the following:

• Whether the resident voiced concerns regarding the taste, temperature, quality, quantity and appearance of the meal served;

• Whether mechanically altered diets, such as pureed, were prepared and served as separate entree items (except when combined food, e.g., stews, casseroles, etc.);

• Whether attempts to determine the reason(s) for the refusal and a substitute of equal nutritive value was provided, if the resident refused/rejected food served; and

• Whether food placement, colors, and textures were in keeping with the resident’s needs or deficits, e.g.,
residents with vision or swallowing deficits.

Sample Tray Procedure

If residents complain about the palatability/temperature of food served, the survey team coordinator may request a test meal to obtain quantitative data to assess the complaints. Send the meal to the unit that is the greatest distance from the kitchen or to the affected unit or dining room. Check food temperature and palatability of the test meal at about the time the last resident on the unit is served and begins eating.

6. Observe for institutional medication pass practices that interfere with the quality of the residents’ dining experience. This does not prohibit the administration of medications during meal service for medications that are necessary to be given at a meal, nor does this prohibit a medication to be given during a meal upon request of a resident who is accustomed to taking the medication with the meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication.

- Has the facility attempted to provide medications at times and in a manner to support the dining experience of the resident, such as:
  - Pain medications being given prior to meals so that meals could be eaten in comfort;
  - Foods served are not routinely or unnecessarily used as a vehicle to administer medications (mixing the medications with potatoes or other entrees).

7. Determine if the sampled resident consumed adequate amounts of food as planned.

- Determine if the facility is monitoring the foods/fluids consumed. Procedures used by the facility may be used to determine percentage of food consumed, if available; otherwise, determine the percentage of food consumed using the following point system:
  - Each food item served except for water, coffee, tea, or condiments equals one point. Example: Breakfast: juice, cereal, milk, bread and butter, coffee (no points) equals four points. If the resident consumes all four items in the amount served, the resident consumes 100% of breakfast. If the resident consumes two of the four food items served, then 50% of the breakfast would have been consumed.
  - If three-quarters of a food item is consumed, give one point; for one-half consumed, give .5 points; for one-fourth or less, give no points. Total the points consumed x 100 and divide by the number of points given for that meal to give the percentage of meal consumed. Use these measurements when determining the amount of liquids consumed: Liquid measurements: 8 oz. cup = 240 cc, 6 oz. cup = 180 cc, 4 oz. cup = 120 cc, 1 oz. cup = 30 cc.
  - Compare these findings with the facility’s documentation to determine if the facility has accurately recorded the intake. Ask the staff if these findings are consistent with the resident’s usual intake; and
  - Note whether plates are being returned to the kitchen with 75% or more of food not eaten.

8. If concerns are noted with meal service, preparation, quality of meals, etc., interview the person(s) responsible for dietary services to determine how the staff are assigned and monitored to assure meals are prepared according to the menu, that the meals are delivered to residents in a timely fashion, and at proper temperature, both in the dining rooms/areas and in resident rooms.

NOTE: If concerns are identified in providing monitoring by supervisory staff during dining or concerns with assistance for residents to eat, evaluate nursing staffing in accord with 42 CFR 483.30(a), F353, and quality of care at 42 CFR 483.25(a)(2) and (3).
Task 6: Determination of Compliance:

- Compliance with 42 CFR 483.35(d)(1)(2), F364, Food
  
  o The facility is compliant with this requirement when each resident receives food prepared by methods that conserve nutritive value, palatable, attractive and at the proper temperatures. If not, cite F364.

- Compliance with 42 CFR 483.35(b), F362, Dietary services, sufficient staff
  
  o The facility is compliant with this requirement if they have sufficient staff to prepare and serve palatable and attractive, nutritionally adequate meals at proper temperatures. If not, cite F362.

**NOTE:** If serving food is a function of the nursing service rather than dietary, refer to 42 CFR 483.30(a), F353.

- Compliance with 42 CFR 483.15(h)(1), F252, Environment
**NON-STERILE DRESSING CHANGE**

Facility: ___________________________ Nurse: ___________________________ Date: ___________________________

Objective: To prevent cross contamination and maintain standard infection control techniques.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Procedure</th>
<th>Met</th>
<th>Not Met</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1</td>
<td>Check treatment order</td>
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<tr>
<td>2</td>
<td>Gather necessary equipment:</td>
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<td></td>
<td>- Plastic bag</td>
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<td></td>
<td>- Bed protector</td>
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<td></td>
<td>- Clean towel or towel paper for clean field</td>
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<td></td>
<td>- Dressing supplies</td>
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<td>- Cleaning solution – check expiration date</td>
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<td>- Medication ordered of treatment, if any</td>
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<td></td>
<td>- Gloves</td>
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<td>3</td>
<td>Inform resident of procedure; provide privacy, position resident; place bed protector on bed</td>
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<tr>
<td>4</td>
<td>Wash hands; put on gloves</td>
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<td>5</td>
<td>Remove dirty dressing and place in plastic bag</td>
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<tr>
<td>6</td>
<td>Remove gloves and place in plastic bag</td>
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<td>7</td>
<td>Wash hands</td>
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<td>8</td>
<td>Set up clean field; prepare supplies (open dressings, etc.)</td>
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<td>9</td>
<td>Put on gloves</td>
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<td>10</td>
<td>Perform treatment (wound can be measured at this time)</td>
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<tr>
<td></td>
<td>a. Clean from inner edge of wound out</td>
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<td></td>
<td>b. Perform treatment according to orders and apply dressing</td>
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<td>c. Discard all waste in plastic bag</td>
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<tr>
<td>11</td>
<td>Remove gloves and place in plastic bag</td>
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<tr>
<td>12</td>
<td>Wash hands</td>
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<td>13</td>
<td>Reposition resident for comfort</td>
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<td>14</td>
<td>Record treatment and return supplies to proper areas</td>
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General Comments: ____________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

5.73
## DISCHARGE RECORDS REVIEW

(Select at least 3 records)

<table>
<thead>
<tr>
<th>Name of Resident &amp; D/C Location</th>
<th>Date of Discharge</th>
<th>Summary Re-Caps Stay</th>
<th>Summary Signed by MD</th>
<th>Is There a D/C Plan of Care?</th>
<th>1. Does D/C Plan cover pertinent issues? OR 2. Is there an RN Pronouncement &amp; Supporting Documentation?</th>
<th>Other Comments</th>
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<tbody>
<tr>
<td>(D/C to Home)</td>
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<td>(D/C to Hospital and didn’t return to the facility)</td>
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<td>(Expired in the facility)</td>
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<tr>
<td>(D/C to Other)</td>
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# CHART AUDIT TOOL

**FOCUS REVIEW RELATED TO:**

- Change of condition of Focus Documentation (Medicare/Hospice/Dialysis) Incident
- Admission
- Discharge

<table>
<thead>
<tr>
<th>Date:</th>
<th>Patient:</th>
<th>Rm#:</th>
<th>Admit Date:</th>
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## Area of review

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<td><strong>Resident Physical Assessment</strong></td>
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<td>preventative devices:</td>
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<tr>
<td>catheter positioning:</td>
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<td>ADL care:</td>
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<td>dated equipment:</td>
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<td>water in reach:</td>
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<td>personal care items:</td>
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<td><strong>Consents</strong></td>
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<td><strong>H &amp; P</strong></td>
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<td>certification:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>timely:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Telephone Orders</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>written correctly:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>return timely:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>transcribed:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Assessment / Summary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>complete:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>timely:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>accurate:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurses Notes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>family / Dr. notified:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>accurate descriptive:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>follow-up evident:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vital signs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MDS 3.0</strong></td>
<td></td>
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<tr>
<td>MDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>accurate/CAA:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>updated:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>date timely:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>complete:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Care Plan
- **HCP**
  - goal measurable:
  - date:

- **Review**
  - accurate:
  - date interdisciplinary:
  - resident participates:

### Lab / X-Ray
- drawn timely:
- evaluated:
- follow-up:
- Dr. notified:

### Miscellaneous
- treatment sheet:
- MAR:
- flow sheet:
- weight sheet:
- follow-up intervention:
- timely assessments:

### Social Services
- room moves:
- behavior problems:
- follow-up intervention:
- timely assessments:

### Activities
- patient possessions list:
- timely assessments:
- unusual needs:

### Dietary
- complete diet assessment:
- adequate documentation:
- recommendations follow-up:

### Restorative
- assessment timely:
- complete:
- accurate:
- weekly progress notes:
- monthly summary:
- care planned:

### Rehabilitation
- timely screens:
- assessment timely:
- complete:
- accurate:
- weekly progress notes:
- physician orders clarified / accurate:
- care planned:

---

**Completed By:**

**Comments:**
**MED PASS TECHNIQUE**

Resident Name/Room #: ____________________________________________________________

Date: __________________ LPN / QMA Name: ________________________________________

Schedule Pass Time: ___________ Actual Start Time: ___________ Stop Time: ___________

**INSTRUCTIONS:** This tool may be used by an Administrator, Consultant, or Licensed Nurse to obtain information on types and numbers of errors, and general adherence of staff to accepted policies and procedures and regulations. A mark is to be made in the appropriate space at each occurrence of an error. The survey may be interrupted if there is an anticipated error that might endanger the resident.

<table>
<thead>
<tr>
<th>1.0</th>
<th>MED ADMIN</th>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Resident Identified</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose administered</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Authorized dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correct dose time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correct route or form of dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correct strength of dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correct drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Right resident</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.0</th>
<th>TECHNIQUE</th>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hand washing before starting / between patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Checks medication with order</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Checks pulse or BP as required before administering</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Omits medication when indicated per M.D. order</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correct handling of medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medication ingestion observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bedside medication checked</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prepares site properly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cart cleaned properly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.0</th>
<th>PREPARATION AND CHARTING</th>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose measurements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crushing tablets or emptying capsules</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proper dilution</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charts immediately after administering</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRN reason and result charted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prepouring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.0</th>
<th>OTHER</th>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Security of cart and med room</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Efficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resident needs are met</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handles interruptions appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infection control / aseptic technique correct</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ________________________________________________________________

___________________________________________________________________________

**NOTE:** The medication pass survey criteria should be used as needed to assist in conducting a med pass survey.

Name of Observer: __________________________________________________________
CMS-677

MEDICATION PASS WORKSHEET

1. Observe 10 opportunities for error. If one or more errors are found, observe another five opportunities.

2. Record your observation for each opportunity for error on the Medication Pass Worksheet.

3. Compare your record with the Physician Orders.

4. Calculate and note error rate. (For calculation, see CMS-677)
MEDICATION PASS WORKSHEET

<table>
<thead>
<tr>
<th>Provider Number</th>
<th>Surveyor Name</th>
<th>Date</th>
<th>Error Rate</th>
</tr>
</thead>
</table>

Instructions:
1. Observe Pass for 20-25 opportunities for error. If one or more errors is found observe another 20-25 opportunities for error.
2. Record your observation of each opportunity for error.
3. Compare your record with physician orders.
4. Calculate and note error rate

Deficiency Formulas:
1. One or more Significant Errors = Deficiency
2. $\frac{\text{Significant Error + Non-Significant Error}}{\text{Doses given + Doses ordered but not given}} \times 100 \geq 5\% =$ Deficiency

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Pour</th>
<th>Pass</th>
<th>Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident’s Full Name</td>
<td>Drug Prescription Name, Dose and Form</td>
<td>Observation of Administration</td>
<td>Drug Order Written As (when different from observation)</td>
</tr>
</tbody>
</table>
### MEDICATION PASS WORKSHEET

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Pour</th>
<th>Pass</th>
<th>Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident's Full Name</td>
<td>Drug Prescription Name, Dose and Form</td>
<td>Observation of Administration</td>
<td>Drug Order Written As (when different from observation)</td>
</tr>
</tbody>
</table>

FORM CMS-677 (07/95)
DIETARY
**DIETARY OBSERVATIONS**

1x per month until survey window: then weekly

*Place a check under the Yes or No column and N/A if practice not observed*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper uniform per facility policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean apron</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed toed shoes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal Jewelry (watch, wedding ring, stud earrings)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hair restraints covering ALL hair (facial restraint if needed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fingernails short and clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visible wounds gloved at all times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No eating, drinking or chewing gum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name tag worn</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL OBSERVATIONS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper uniform per facility policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean apron</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed toed shoes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal Jewelry (watch, wedding ring, stud earrings)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hair restraints covering ALL hair (facial restraint if needed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fingernails short and clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visible wounds gloved at all times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No eating, drinking or chewing gum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name tag worn</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEAL PREPARATION OBSERVATIONS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands washed before beginning meal preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hands washed and/or gloves changed when soiled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves worn when handling ready to eat foods or tongs used (i.e. potato chips, cookies, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits &amp; vegetables (not heated.. carrot sticks, celery, bananas, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread/bread products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Rethermalized foods (food that won’t be reheated, i.e. chicken salad, chief salad)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utensils used when ungloved</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STEAM TABLE/SERVING LINE OBSERVATIONS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands washed before beginning meal service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utensils/dedicated gloved hand used appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hands washed before gloves applied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hands washed and/gloves changed when contaminated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changing tasks (refrigerator, dishwasher, trash can) Sneezing or coughing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touching body or someone else</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touching unclean equipment or work surface</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plates handled by edges only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowls, cups, glasses handled by outside only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second helpings served on new plate, bowl, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal ticket/card available and used for each resident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate scoops used</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PUREED MEAL OBSERVATION**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipe available for meal being served</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipe followed:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct Ingredients? Accurate measurements?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finished product correct consistency?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not, appropriate corrective action taken? (i.e. change recipe and have R.D. approve)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reheated and/or cooled to appropriate temperatures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: __________

Meal observed (circle one): Breakfast  Noon  Evening

Observation by: _________________________________

Reviewed by: _________________________________
### MONTHLY MEAL QUALITY REVIEW

**DATE:** 

**FACILITY:** 

**REVIEWER:**

<table>
<thead>
<tr>
<th>AREAS OF OBSERVATION</th>
<th>POINTS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The dining room is neatly arranged, tables have clean, matching, unworn tablecloths and/or center pieces, clean floor, soiled dishes removed.</td>
<td>8 2 0</td>
<td></td>
</tr>
<tr>
<td>2. The meal begins on time according to a posted schedule/menu is posted in dining area(s).</td>
<td>4 2 0</td>
<td></td>
</tr>
<tr>
<td>3. Diet is correctly served, preferences are noted/followed.</td>
<td>4 2 0</td>
<td></td>
</tr>
<tr>
<td>4. FIRST IMPRESSION of prepared trays is favorable – colorful, neatly served, garnished.</td>
<td>8 5 0</td>
<td></td>
</tr>
<tr>
<td>5. Trays are dispersed timely.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>6. Water is served to residents with meals.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>7. Serving in the dining room follows a rotation.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>8. Meal complies with written menu or substitutions are documented/alternates are on the trayline/pureed items are according to menu.</td>
<td>4 2 0</td>
<td></td>
</tr>
<tr>
<td>9. Hot food is &gt;140F/cold food is &lt;41F on trayline.</td>
<td>4 2 0</td>
<td></td>
</tr>
<tr>
<td>10. Temperatures of food on the line are recorded prior to the beginning of the meal.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>11. Serving utensils are appropriate according to the menu (scoop sizes, ladles, etc.)</td>
<td>4 2 0</td>
<td></td>
</tr>
<tr>
<td>12. Dessert portions, cake squares, cornbread squares, etc. are even/uniform sizes.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>13. A full compliment of utensils is provided unless the reason why not is appropriately documented.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>14. Given glass with milk unless straw requested.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>15. Condiments are available for those eating in their rooms. Appropriate condiments on the dining room table.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>16. Rehab. dining areas are designated and used.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>17. Staff sit while feeding residents.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>18. Residents’ faces are kept clean during meals and all residents are adequately assisted. Clothing protectors are available.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>19. There is no loud talking/arguing by staff during meal service.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>20. The dining area is quiet/clean/no odors.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>21. Disruptive residents do not create an unpleasant environment for alert, independent diners.</td>
<td>2 1 0</td>
<td></td>
</tr>
<tr>
<td>22. Food down halls is covered with hot &gt;120 degrees F.</td>
<td>2 1 0</td>
<td></td>
</tr>
<tr>
<td>23. There is adequate food to meet all resident needs at mealtimes.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>24. The dietary manager observes on the line and in all dining areas whenever possible.</td>
<td>4 2 0</td>
<td></td>
</tr>
<tr>
<td>25. Dining room service is completed within 20 minutes.</td>
<td>2 1 0</td>
<td></td>
</tr>
<tr>
<td>26. Residents’ meals are not rushed by clean-up crew.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>27. Employees visit with residents, not with each other.</td>
<td>2 1 0</td>
<td></td>
</tr>
<tr>
<td>28. Food has a good taste/regular food is seasoned/rolls are brushed with margarine/beverages have unmelted ice.</td>
<td>4 2 0</td>
<td></td>
</tr>
<tr>
<td>29. A monthly residents’ choice meal is provided.</td>
<td>3 1 0</td>
<td></td>
</tr>
</tbody>
</table>

**CIRCLE POINTS ACCORDING TO FINDINGS. COMMENT ON ALL COLUMN 3 FINDINGS.**

Column 1 = Excellent; Column 2 = Improvements needed; Column 3 = Unacceptable

**RECORD THE SUM OF ALL POINTS CIRCLED**

(THERE ARE 100 POSSIBLE POINTS.)

**A SCORE OF LESS THAN 75 REQUIRES FOLLOW-UP BY ADMINISTRATOR & MANAGER WITHIN 7 DAYS.**
<table>
<thead>
<tr>
<th>AREAS OF OBSERVATION</th>
<th>POINTS</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>1. FIRST IMPRESSION of dietary cleanliness from dietary entrance is favorable.</td>
<td>8 4 0</td>
<td></td>
</tr>
<tr>
<td>2. Floor is clear of trash and food particles.</td>
<td>4 2 0</td>
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<tr>
<td>3. Walls are free of splatters, damage, peeling paint, paper clutter, etc. Papers are all in covers on clean bulletin board(s).</td>
<td>4 2 0</td>
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<tr>
<td>4. Ceiling is in good repair and appears clean, with clean, unbroken light fixtures - all bulbs working/bulbs covered.</td>
<td>4 2 0</td>
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<tr>
<td>5. Hood is free of grease, operational, lights work, extinguisher nozzles free of grease/dust, filters clean.</td>
<td>4 2 0</td>
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<tr>
<td>6. In dry storage, food is off floor by 6”, on sanitizable shelves, 18” from ceiling, all food is in enclosed clean containers if opened. Food is neatly arranged/dated and FIFO. No empty boxes and damaged products are grouped for return.</td>
<td>4 2 0</td>
<td></td>
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<tr>
<td>7. In refrigerated/freezer storage, food is neatly arranged on clean shelving. Thermometers register less than 41 degrees F. or 0 degrees F. for freezer.</td>
<td>4 2 0</td>
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<tr>
<td>8. All opened food is labeled/dated, and covered.</td>
<td>4 2 0</td>
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</tr>
<tr>
<td>9. There are no smudges, fingerprints, dried food particles on refrig./freezer outside surfaces.</td>
<td>2 1 0</td>
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<tr>
<td>10. Nonfood and chemicals are stored away from food.</td>
<td>3 1 0</td>
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<tr>
<td>11. Walk-in, floors dry, clean fans, covered lighting.</td>
<td>2 1 0</td>
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</tr>
<tr>
<td>12. Inside and outside of all cooking equipment is clean.</td>
<td>4 2 0</td>
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</tr>
<tr>
<td>13. All work surfaces, under shelves and legs are free of food/dirt/dust/grease build-up.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>14. All surfaces are free of rust.</td>
<td>2 1 0</td>
<td></td>
</tr>
<tr>
<td>15. Prep. equipment/dishes/utensils are effectively sanitized and properly stored.</td>
<td>4 2 0</td>
<td></td>
</tr>
<tr>
<td>16. Food transport prevents contamination.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>17. Sewage and plumbing meet state or local law.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>18. All refuse containers are covered/clean/adequate.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>19. Frozen foods are thawed properly.</td>
<td>3 1 0</td>
<td></td>
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<tr>
<td>20. Safe water source with sufficient hot/cold water under pressure.</td>
<td>3 1 0</td>
<td></td>
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<tr>
<td>21. The can opener is clean/blade not badly worn</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>22. There are sufficient cleaning cloths in good condition.</td>
<td>2 1 0</td>
<td></td>
</tr>
<tr>
<td>23. The pot/pan sink is used properly.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>24. Hairnets are on/dress appropriate/no nail polish.</td>
<td>3 1 0</td>
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</tr>
<tr>
<td>25. All carts are clean – including wheels.</td>
<td>2 1 0</td>
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<tr>
<td>26. Manager’s office is free of clutter/organized.</td>
<td>3 1 0</td>
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<tr>
<td>27. Only NSF approved food storage containers are used for leftovers, opened items, etc.</td>
<td>3 1 0</td>
<td></td>
</tr>
<tr>
<td>28. Slicer and mixer bowl are covered when unused.</td>
<td>2 1 0</td>
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<tr>
<td>29. There is no sign of pest infestation.</td>
<td>3 1 0</td>
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<tr>
<td>30. All equipment is working properly.</td>
<td>3 1 0</td>
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</tr>
<tr>
<td>31. Mops are hung-up, brooms, etc. stored properly.</td>
<td>2 1 0</td>
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</tbody>
</table>

CIRCLE POINTS ACCORDING TO FINDINGS. COMMENT ON ALL COLUMN 3 FINDINGS.

Column 1 = Excellent; Column 2 = Improvements needed; Column 3 = Unacceptable

RECORD THE SUM OF ALL POINTS CIRCLED _______________ (THERE ARE 100 POSSIBLE POINTS.)
A SCORE OF LESS THAN 75 REQUIRES FOLLOW-UP BY ADMINISTRATOR & MANAGER WITHIN 7 DAYS.
MEAL AUDIT TOOL

Date: ____________________________
Person assigned: __________________
Specific area to monitor: ____________
Time meal starts: B _______ L _________ D _______

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals are posted and served per menu.</td>
<td></td>
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<tr>
<td>Alternate is posted.</td>
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<tr>
<td>Residents are served in a timely manner.</td>
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<tr>
<td>Correct diets are served to the residents according to their meal card.</td>
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<tr>
<td>Staff are assisting residents with meals as needed and not talking over residents to other staff.</td>
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<tr>
<td>Meal started on time.</td>
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<tr>
<td>Staff washed hands before passing trays and as needed during meal service.</td>
<td></td>
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<tr>
<td>Residents are appropriately groomed and ready for meal service.</td>
<td></td>
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</table>
KITCHEN/FOOD SERVICE OBSERVATION

Facility Name: ___________________________ Surveyor Name: ___________________________
Provider Number: ___________ Surveyor Number: ___________ Discipline: ___________
Observation Dates/Times: ___________________________

Instructions:
Use the questions below to focus your observations of the kitchen and the facility's storage, preparation, distribution and service of food to residents. Initial that there are no identifiable concerns or note concerns and follow-up in the space provided. All questions relate to the requirement to prevent the contamination of food and the spread of food-born illness. (F371 This tag is not all inclusive.)

LIST ANY POTENTIAL CONCERNS FROM OFFSITE SURVEY PREPARATION: _____________

---

FOOD STORAGE
1. Are the refrigerator and freezer shelves and floors clean and free of spillage, and foods free of slime and mold?
2. Is the freezer temperature 0 degrees F or below and refrigerator 41 degrees F or below (allow 2-3 degrees variance)?
   Do not check during meal preparation.
3. Are refrigerated foods covered, dated, labeled, and shelved to allow air circulation?
4. Are foods stored correctly (e.g., cooked foods over raw meat in refrigerator, egg and egg rich foods refrigerated)?
5. Is dry storage maintained in a manner to prevent rodent/pest infestation?

---

FOOD PREPARATION
6. Are cracked eggs being used only in foods that are thoroughly cooked, such as baked goods or casseroles?
7. Are frozen raw meats and poultry thawed in the refrigerator or in cold, running water? Are cooked foods cooled down safely?
8. Are food contact surfaces and utensils cleaned to prevent cross-contamination and food-borne illness?

---

FOOD SERVICE/SANITATION
9. Are hot foods maintained at 140 degrees F or above and cold foods maintained at 41 degrees F or below when served from tray line?
10. Are food trays, dinnerware, and utensils clean and in good condition?
11. Are the foods covered until served? Is food protected from contamination during transportation and distribution?
12. Are employees washing hands before and after handling food, using clean utensils when necessary and following infection control practices?
13. Are food preparation equipment, dishes and utensils effectively sanitized to destroy potential food borne illness? Is dishwasher's hot water wash 140 degrees F and rinse cycle 180 degrees F or chemical sanitation per manufacturer's instructions followed?
14. Is facility following correct manual dishwashing procedures (i.e., 3 compartment sink, correct water temperature, chemical concentration, and immersion time)?

NOTE: If any nutritional concerns have been identified (such as weight loss) by observation, interviews or record review, check portion sizes and how that type of food is prepared (see guidelines at 483.35). If any concerns are identified regarding meals that are not consistent in quality see guidance at Task 5B and at 483.35.

LADLES:
- 1/4 C = 2 oz., 1/2 C = 4 oz., 3/4 C = 6 oz., 1 C = 8 oz.

SCOOPS:
- #6 = 1/3 C., #8 = 1/2 C., #10 = 2/3 C., #12 = 1/3 C., #16 = 1/4 C.

THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS: (Init.)

Document concerns and follow-up on back of page.

---

Form CMS-804 (7-95)
**KITCHEN/FOOD SERVICE OBSERVATION**

<table>
<thead>
<tr>
<th>Tag/Concerns</th>
<th>Source*</th>
<th>Surveyor notes (including date/time)</th>
</tr>
</thead>
<tbody>
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*Source: 0 = Observation, RR = Record Review, I = interview*
SOCIAL SERVICES
### SOCIAL SERVICES AUDIT

<table>
<thead>
<tr>
<th>Date:</th>
<th>Unit #:</th>
<th>Signature:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Room #</th>
<th>CPR Status</th>
<th>PASSR or Equivalent</th>
<th>CPR Status On PO</th>
<th>Admission Assessment Completed</th>
<th>Quarterly Notes Present</th>
<th>D/C Plans Identified</th>
<th>D/C Care Planned</th>
<th>POA or Equivalent Identified</th>
<th>Ack. of Advance Directive in Chart</th>
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QUALITY OF LIFE ASSESSMENT OBSERVATION OF NON-INTERVIEWABLE RESIDENT

1. Special items to observe:

2. RESIDENT AND ENVIRONMENT:
   Physical condition of resident (comfort, positioning, etc.)
   Appearance (grooming and attire) (F241)
   Physical environment (comfort, safety, privacy, infection control, stimulation, personal belongings, homelike) (F164, 246, 252, 441, 444, 459)
   Level of assistance received. Note instances of too much or too little and resulting problem (e.g., violation of dignity). (F241, 309–312)
   Privacy afforded when care is given (F164)
   Use of restraints and/or other restrictions on behavior (F221)
   Do staff intervene to assist resident if there is a problem and the resident tries to indicate this? (F312)

3. DAILY LIFE:
   The agreement of the daily schedule and activities with assessed interests and functional level (Note during activities if cues/prompts and adapted equipment are provided as needed and according to care plan.) (F242, 255)
   Restriction of choices that the resident can make (e.g., resident reaching out for a drink or pushing away food or medication and facility response) (F155, 242)
   Consistency of TV or radio being on or off with assessed interests (F242, 280)

4. INTERACTIONS WITH OTHERS:
   Do staff individualize their interactions with this resident, based on her/his preferences, capabilities, and special needs? (F241, 246)
   What is the resident's response to staff interactions (smiling, attempting to communicate, distressed, anxious, etc.)? (F241, 246)
   Do staff try to communicate in a reassuring way? (Note staff tone of voice and use of speech.) While staff are giving care, do they include resident in conversation or do staff talk to each other as if resident is not there? (F241, 223)
   Evidence of a roommate problem that could be addressed by the facility (F250)
   Consistency of opportunities for socializing with regard to assessed interests and functional level (Note time and situations when isolated.) (F174, 242, 248, 250)
   Location of resident: segregated in some way, in a special unit, or fully integrated with other residents (Note any adverse consequences for resident.) (F223)

Use the Resident Review or Surveyor Notes Worksheet to follow-up on any concerns. Share any concerns with the team.

Form CMS-806C (07/95)
QUALITY OF LIFE ASSESSMENT RESIDENT INTERVIEW

Facility Name: ________________________________  Resident Name: ________________________________
Provider Number: ____________________________  Resident Identifier: _____________________________
Surveyor Name: ______________________________  Interview Dates/Times: _________________________
Surveyor Number: ____________________________  Discipline: _________________________________

Instructions:
For question 1, if you are meeting with the resident in a location away from the resident's room, visit the room before the interview and note anything about the room that you want to discuss. For question 7, review the RAI to determine the ADL capabilities of this resident.

Introduce yourself and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically to assure that all residents receive good care. While we are here, we make a lot of observations, review the nursing home's records, and talk to residents to help us understand what it's like to live in this nursing home. We appreciate your taking the time to talk to us.”

“We ask certain questions because we want to know whether you have a say in decisions affecting your nursing and medical care, your schedule and the services you receive at this facility. We want to know how you feel about your life here and whether the facility has made efforts to accommodate your preferences.”

“If it is all right with you, I'd like to meet with you again later. That will give you time to think things over and to provide additional information later.”

In asking the following questions, it is not necessary to use the exact wording. However, do use complete questions, not one-word probes.

Get the resident to talk about actual situations and examples by using open-ended probes, such as: “Can you tell me more about that?” or “How is that done here?” Avoid asking leading questions which suggest a certain response.

If a resident gives a response to any question that indicates there may be a concern with facility services, probe to determine if the resident has communicated the problem to facility staff and what their response was.

1. **ROOM:** (F177, 201, 207, 242, 250, 252, 256, 257)
   A good approach for initiating this discussion is to make a comment about something you have noticed about the resident's room, for example, “I notice that you have a lot of plants in your room.”

   **Please tell me about your room and how you feel about it. Do you enjoy spending time in your room?**
   **Is there enough light for you?**
   **Is the room temperature comfortable?**
   **Have you lived in a different room in the facility?**
   (If yes) **What was the reason for the room change?**

   **Did you have a choice about changing rooms?**
   **Where was your other room? What was it like?**
   **Is there anything you would like to change about your room?**
   (If yes) **Have you talked to the facility about this? How did they respond?**
2. **ENVIRONMENT**: (F252, 258)
I realize that being in a nursing home is not like being in your own home, but do staff here try to make this facility seem homelike?
We've already talked about your room. How about other places you use, like the activities room and dining room? Do they seem homelike to you?

- Is there anything that would make this facility more comfortable for you?
- Is it generally quiet or noisy here?
- What about at night?
- Is the facility usually clean and free of bad smells?

3. **PRIVACY**: (F164, 174)
Are you a person who likes to have privacy sometimes? Are you able to have privacy when you want it?
Do staff and other residents respect your privacy? Do you have a private place to meet with visitors?

(If no phone in room) Where do you make phone calls? Do you have privacy when you are on the phone? (If the resident indicates any problems with privacy, probe for specific examples. Ask if they talked to staff and what was their response.)

4. **FOOD**: (F365)
Tell me about the food here.
Do you have any restrictions on your diet?
How does your food taste?
Are you served foods that you like to eat?
Are your hot and cold foods served at a temperature you like?

Have you ever refused to eat something served to you? (If yes) Did the facility offer you something else to eat? (If the resident refused a food and did not get a substitute) Did you ask for another food? What was the facility's response?

5. **ACTIVITIES**: (F242, 248)
How do you find out about the activities that are going on?
Are there activities available on the weekends? Do you participate in activities?
(If yes) What kinds of activities do you participate in?
(If resident participates) Do you enjoy these activities?

(If resident does not participate, probe to find out why not.) Is there some activity that you would like to do that is not available here? (If yes) Which activity would you like to attend? Have you talked to anybody about this? What was the response?
<table>
<thead>
<tr>
<th>6. <strong>STAFF:</strong> (F223, 241)</th>
<th>Has any resident or staff member ever physically harmed you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell me how you feel about the staff members at this facility. Do they treat you with respect?</td>
<td>Has any resident or staff member ever taken anything belonging to you without permission?</td>
</tr>
<tr>
<td>Do you feel they know something about you as a person? Are they usually willing to take the time to listen when you want to talk about something personal or a problem you are having?</td>
<td>(If yes) Can you tell me who did this?</td>
</tr>
<tr>
<td>Do they make efforts to resolve your problems?</td>
<td>Has a staff member ever yelled or sworn at you?</td>
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<td>(If yes) Please describe what happened.</td>
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<tr>
<td></td>
<td>Can you tell me who did this? Did you report this to someone?</td>
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<td></td>
<td>(If yes) How did they respond?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. <strong>ADLs:</strong> (F216, 311, 312)</th>
<th>Do you feel that you get help when you need it?</th>
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<tbody>
<tr>
<td>(Tailor this question to what you have observed and what is noted in the MDS about ADL capabilities of this resident.) For example: I see that your care plan calls for you to dress with a little help from staff. How is that working for you?</td>
<td>Do staff encourage you to do as much as you can for yourself?</td>
</tr>
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<tr>
<th>8. <strong>DECISIONS:</strong> (F154, 242, 280)</th>
<th>If you are unhappy with something, or if you want to change something about your care or your daily schedule, how do you let the facility know?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Here at this facility, are you involved in making choices about your daily activities?</td>
<td>Do you feel the staff members listen to your requests and respond appropriately?</td>
</tr>
<tr>
<td>Are you involved in making decisions about your nursing care and medical treatment?</td>
<td>If the staff are unable to accommodate one of your requests, do they provide a reasonable explanation of why they cannot honor the request?</td>
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<tr>
<td>(If not, probe to determine what these choices and decisions are, and relate this information to necessary restrictions that are part of the resident's plan of care.)</td>
<td>Can you choose how you spend the day?</td>
</tr>
<tr>
<td>Do you participate in meetings where staff plan your activities and daily medical and nursing care?</td>
<td>Have you ever refused care or treatment (such as a bath or certain medication)?</td>
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<td>(If yes) What happened then?</td>
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</table>
RESIDENT INTERVIEW

9. MEDICAL SERVICES: (F156, 163, 164, 250, 411, 412)
   Who is your physician?
   Did you choose your physician yourself?
   (If no, probe for details about who selected the physician
    and why the resident did not do it.)
   Are you satisfied with the care provided by your
   physician?
   Can you see your doctor if you need to?

   Do you see your physician here or at the office?
   (If they say here) Where in the facility does your doctor
    see you?
   Do you have privacy when you are examined by your
   physician?
   (If they say they go to the office) How do you get to the
    office?
   Do facility staff help you make doctor's appointments
   and help you obtain transportation?
   Can you get to see a dentist, podiatrist, or other
   specialist if you need to?

10. (Write here any special items not already discussed that you have noted about this resident or about the facility
    that you would like to discuss with the resident.)

11. Is there anything else you would like to talk about regarding your life here?

Thank the resident. Review your notes from this interview and determine if there are any concerns you
need to investigate further. Share any problems you have found with the team so they may keep them in
mind during the remainder of the survey.

5.94
QUALITY OF LIFE ASSESSMENT FAMILY INTERVIEW

Facility Name: ___________________________  Resident Name: ___________________________
Provider Number: ___________________________  Resident Identifier: ___________________________
Surveyor Name: ___________________________  Person Interviewed: ___________________________
______________  Discipline: _________  Relationship to Resident: ___________________________
Surveyor Number: _________  Method of Contact: In person ☐  Phone ☐  Interview Dates/Times: ___________________________

Instructions:
This interview is intended to be conducted with a person (family, friend or guardian) who is the one acting on behalf of the resident and authorizing care. Prior to the interview, complete as many questions as you can through review of the resident assessment, care plan and any activities or social service assessment. Adapt these questions and probes as necessary to make them applicable to this resident.

Introduce yourself and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically to assure that residents receive quality care. While we are here, we make observations, review the nursing home’s records, and talk to residents and family members or friends who can help us understand what it's like to live in this nursing home. We appreciate your taking the time to talk to us.

“We ask these questions because we want to know about your opportunity for involvement in decision about ________’s care and schedule, your views on services he/she receives here, and in general, what you think of the facility. We want to know if the facility has obtained information about ________’s past and current preferences in order to provide the highest quality of care. We also want to find out about the admission process and what the facility discussed with you about costs and payment for ________’s stay here.

Question 1 below screens the family member to see if she/he knows the resident well enough to complete the rest of the interview. Based on answers to question 1, decide whether you can complete the interview, complete it partially if the family member knows some things, or conclude the interview. If you decide you must conclude this interview, ask a general question that lets the family member say what they wish to say about the facility such as: “Is there anything you would like to tell me about this facility and how your relative is treated?”.

I. (Ask about the nature and extent of the relationship between interviewee and resident both prior to and during nursing home residence):

With whom did your relative/friend live before coming to the nursing home? (If the resident did not live with this person) About how often did you see her/him?

How often do the resident and you see each other now?

Are you familiar with ________’s preferences and daily routines when he/she was more independent and more able to make choices and express preferences? (If the resident has had a lifelong disability, ask about choice and preferences prior to moving to this facility. Adapt question 2 and 3 also.)
FAMILY INTERVIEW

To the extent that the interviewee is knowledgeable about the resident's past life, ask the following:

2. I have some questions about _________'s life-style and preferences when she/he was more independent and able to express preferences. Would you tell me about:

<table>
<thead>
<tr>
<th>Did he/she enjoy any particular activities or hobbies?</th>
<th>Eating habits, food likes and dislikes;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was she/he social or more solitary?</td>
<td>Sleeping habits, alertness at different times of the day;</td>
</tr>
<tr>
<td>Types of social and recreational activities;</td>
<td>Religious/spiritual activities;</td>
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<tr>
<td></td>
<td>Work, whether in or out of the home;</td>
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<tr>
<td></td>
<td>Things that gave him/her pleasure.</td>
</tr>
</tbody>
</table>

3. The next questions are about the resident's lifelong general personality. How would you describe:

<table>
<thead>
<tr>
<th>General manner; for example, was she/he thought to be quiet, happy, argumentative, etc.?</th>
<th>Characteristic ways of talking — was she/he talkative or usually quiet, likely to express herself/himself or not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How she/he generally adapted to change, prior to the current disability. How, for example, did the resident react to moving to a new residence, to losing a loved one, and to other changing life situations?</td>
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</tbody>
</table>

4. Have any of the preferences and personality characteristics that you told me about changed, either due to a change in her/his condition or due to relocation to this facility?

Have her/his daily routines and activities changed in a substantial way since moving here? (If yes) Please describe these differences.
FAMILY INTERVIEW

5. (For all the items below: If the family member describes any problems, probe for specific information. Ask if they have talked to staff, and what was the facility's response. If the resident's payment source changed from private pay or Medicare to Medicaid, inquire if there were any changes in any of the following after the payment source changed.)

Please share with me your observations, either positive things or concerns, about all of the following items. If you have no information about these issues that is OK.

- Meals and snacks (F242, 310, 365, 366, 367)
- Routines and activities (F242, 245, 248)
- Visitor policies and hours, privacy for visits when desired (F164, 172)
- Care by nursing home staff (F241, 309–312)
- Noise level of the facility (F258)
- Privacy when receiving care (F164)
- Transfers (F177, 201, 203–207)
- Security and personal property (F159, 223, 252)
- Cleanliness and odor (F252–254)

6. Did you participate in the admission process?
   (If yes) Were you told anything about using Medicare or Medicaid to pay for ________’s stay here?
   (If yes) What did they tell you?
   (If resident's care is being paid by Medicaid) Were you asked to pay for any extras above the Medicaid rate? (If yes) What were these? Did you have a choice about receiving these services?
   When your relative/friend moved here, did the facility ask you to pay out of your savings or your relative's savings? (F156, 208)

7. Are you the person who would be notified if ________’s condition changed. (If yes) Have you been notified when there have been changes in your relative's condition? Are you involved in ________’s care planning? (F157)

8. “Is there anything else that I have not asked that is important to understand about _________’s everyday life here?”

When finished: “Thank you for your help. You will be able to examine a copy of the results of this survey in about _____ days.”
## QUALITY OF LIFE ASSESSMENT GROUP INTERVIEW

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Surveyor Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Number:</td>
<td>Surveyor Number:</td>
</tr>
<tr>
<td>Interview Dates/Times:</td>
<td>Discipline:</td>
</tr>
</tbody>
</table>

### Residents Attending:

<table>
<thead>
<tr>
<th>Name of Resident</th>
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**Instructions:**

Introduce yourself to the group and explain the survey process and the purpose of the interview using the following concepts. It is not necessary to use the exact wording.

“[Name of facility] is inspected by a team from the [Name of State Survey Agency] periodically as one part of a process in which we evaluate the quality of life and quality of care in this facility.

While we are here, we make observations, look over the facility's records, and talk to residents about life in this facility.

We appreciate you taking the time to talk to us.

We would like to ask you several questions about life in the facility and the interactions of residents and staff.”

---

### RULES: (F151, 242, 243)

1. **Tell me about the rules in this facility.**
   - Do you as a group have input into the rules of this facility?
   - Does the facility listen to your suggestions?

   For instance, rules about what time residents go to bed at night and get up in the morning?

   Are there any other facility rules you would like to discuss?

---

### PRIVACY: (F164, 174)

1. **Can you meet privately with your visitors?**
   - Does the facility make an effort to assure that privacy rights are respected for all residents?

   Can you make a telephone call without other people overhearing your conversation?
GROUP INTERVIEW

3. ACTIVITIES: (F242, 248)
Activities programs are supposed to meet your interests and needs. Do you feel the activities here do that?
(If no, probe for specifics.)
Do you participate in the activities here?
Do you enjoy them?
Are there enough help and supplies available so that everyone who wants to can participate?
Do you as a group have input into the selection of the activities that are offered?
How does the facility respond to your suggestions?

Is there anything about the activities program that you would like to talk about?
Outside of the formal activity programs, are there opportunities for you to socialize with other residents?
Are there places you can go when you want to be with other residents?
(If answers are negative) Why do you think that occurs?

4. PERSONAL PROPERTY: (F252)
Can residents have their own belongings here if they choose to do so?
What about their own furniture?
How are your personal belongings treated here?
about this? What was their response?

Does the facility make efforts to prevent loss, theft, or destruction of personal property?
Have any of your belongings ever been missing?
(If anyone answers yes) Did you talk to a staff member

5. RIGHTS: (F151, 153, 156, 167, 168, 170, 280)
How do residents here find out about their rights — such as voting, making a living will, getting what you need here?
Are you invited to meetings in which staff plan your nursing care, medical treatment and activities?
Do you know that you can see a copy of the facility’s latest survey inspection results?
Where is that report kept here?

Do you know how to contact an advocacy agency such as the ombudsman office?
Do you know you can look at your medical record?
Have any of you asked to see your record? What was the facility’s response?
Has anyone from the facility staff talked to you about these things?
Tell me about the mail delivery system here.
Is mail delivery prompt? Does your mail arrive unopened daily?

6. DIGNITY: (F223, 241)
How do staff members treat the residents here, not just yourselves, but others who can’t speak for themselves?
Do you feel the staff here treat residents with respect and dignity?
staff about this? How did they respond?

Do they try to accommodate residents’ wishes where possible?
(If answers are negative) Please describe instances in which the facility did not treat you or another resident with dignity. Did you talk to anyone on the
GROUP INTERVIEW

7. ABUSE AND NEGLECT: (F223)
Are you aware of any instances in which a resident was abused or neglected?
Are you aware of any instances in which a resident had property taken from them by a staff member without permission?
(If yes) Tell me about it. How did you find out about it?
Are there enough staff here to take care of everyone?
(If no) Tell me more about that.

We are willing to discuss any incidents that you know of in private if you would prefer. If so, just stop me or one of the other surveyors anytime, and we'll listen to you.

8. COSTS: (F156, 207)
Are residents here informed by the facility about which items and services are paid by Medicare or Medicaid and which ones you must pay for?
If there was any change in these items that you must pay for, were you informed?

Are you aware of any changes in the care any resident has received after they went from paying for their care to Medicaid paying?
(If answers suggest the possibility of Medicaid discrimination, probe for specific instances of differences in care.)

9. BUILDING: (F256, 257, 258, 463, 465, 483)
I'd like to ask a few questions about the building, including both your bedroom and other rooms you use such as the dining room and activities room.
Is the air temperature comfortable for you?
Is there good air circulation or does it get stuffy in these rooms?
(If yes) Tell me about it.

What do you think about the noise level here? Is it generally quiet or noisy? How about at night?
Do you have the right amount of lighting in your room to read or do whatever you want to do?
How is the lighting in the dining rooms and activity rooms?
Do you ever see insects or rodents here?

10. FOOD: (F364, 365, 367)
The next questions are about the food here.
Is the flavor and appearance of your food satisfactory?
Outside of the dietary restrictions some of you may have, do you receive food here that you like to eat?
If you have ever refused to eat a particular food, did the facility provide you with something else to eat? (If no, probe for specifics.)
Is the temperature of your hot and cold foods appropriate?
Are the meats tender enough?

About what time do you receive your breakfast, lunch, and dinner?
Are the meals generally on time or late?
What are you offered for a bedtime snack?
If you ever had a concern about your food, did you tell the staff? What was their response?
GROUP INTERVIEW

11. COUNCIL: (F243)  
(If you are speaking with a resident council)  
Does the facility help you with arrangements for council meetings?  
Do they make sure you have space to meet?  
Can you have meetings without any staff present if you wish?  

How does the council communicate its concerns to the facility?  
How does the administrator respond to the council's concerns?  
If the facility cannot accommodate a council request, do they give you a reasonable explanation?

12. GRIEVANCES: (F165, 166)  
Have any of you or the group as a whole ever voiced a grievance to the facility?  
How did staff react to this? Did they resolve the problem?  

Do you feel free to make complaints to staff? If not, why not (probe for specific examples)?

13. Identify here any issues you would like to discuss with the group that have not been covered in the questions above.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

14. Is there anything else about life here in the facility that you would like to discuss?

Thank the group for their time. After the interview, follow up on any concerns that need further investigation. Document your follow up on Resident Review or Supervisor Notes Worksheets. Share these concerns with the team.
RESIDENT COUNCIL MEETING AUDIT

1. Arrange for a Resident Council Meeting with interviewable residents.
2. Use probe questions to ascertain if issues are met/not met.
3. Circle potential deficiencies.
4. Facility staff should not be present at this meeting.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TAG#</th>
<th>QUESTIONS/PROBES</th>
<th>MET</th>
<th>NOT MET</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>F-364</td>
<td>How does the food taste?</td>
<td></td>
<td></td>
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<tr>
<td>Quality</td>
<td>F-367</td>
<td>Are you on a special diet?</td>
<td></td>
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<tr>
<td>Snacks</td>
<td>F-364</td>
<td>Are you served food you like to eat?</td>
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<tr>
<td>Temps</td>
<td>F-364</td>
<td>Are your hot foods hot?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Temps</td>
<td>F-364</td>
<td>Are your cold foods cold?</td>
<td></td>
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</tr>
<tr>
<td>Mealtime</td>
<td>F-366</td>
<td>Have you ever refused to eat something? Did the facility offer you something else?</td>
<td></td>
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<tr>
<td>Snacks</td>
<td>F-368</td>
<td>Are you offered snacks in the evening?</td>
<td></td>
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<tr>
<td>Privacy</td>
<td>F-164</td>
<td>Do you like your privacy? Do you get it?</td>
<td></td>
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<tr>
<td>Visitors</td>
<td>F-172</td>
<td>Do you have a private place to meet with visitors?</td>
<td></td>
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</tr>
<tr>
<td>Phone</td>
<td>F-174</td>
<td>Where do you make a phone call? Is it private?</td>
<td></td>
<td></td>
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<tr>
<td>Possessions</td>
<td>F-223</td>
<td>Has anyone taken anything of yours without permission?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mail</td>
<td>F-170</td>
<td>Is your mail delivered when received? Is your mail delivered unopened?</td>
<td></td>
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<tr>
<td>Privacy</td>
<td>F-460</td>
<td>Do you have privacy when examined by a physician?</td>
<td></td>
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<tr>
<td>Choice</td>
<td>F-246</td>
<td>Tell me about your room and how you feel about it.</td>
<td></td>
<td></td>
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<tr>
<td>Environment</td>
<td>F-252</td>
<td>Do you enjoy spending time in your room?</td>
<td></td>
<td></td>
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<tr>
<td>Individual</td>
<td>F-256</td>
<td>Is there enough light for you?</td>
<td></td>
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<tr>
<td>Choice</td>
<td>F-256</td>
<td>Is the temperature comfortable?</td>
<td></td>
<td></td>
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<tr>
<td>Transfer</td>
<td>F-201</td>
<td>Have you ever lived in a different room in the facility?</td>
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<td></td>
<td>F-155</td>
<td>Did you have a choice about room changes? Where was your other room?</td>
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<tr>
<td>Choice</td>
<td>F-246</td>
<td>Is there anything you would like to change about your room?</td>
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<td>F-242</td>
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<td></td>
<td>F-465</td>
<td>Have you asked the facility? Is it quiet or noisy?</td>
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<tr>
<td></td>
<td>F-253</td>
<td>Does the staff try and make it homey? Can you choose how you spend the day?</td>
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<td></td>
<td>F-252</td>
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<tr>
<td>Choice</td>
<td>F-155</td>
<td>Have you refused a medication or treatment?</td>
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<td></td>
<td></td>
<td>What happened then?</td>
<td></td>
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<tr>
<td>Physician</td>
<td>F-163</td>
<td>Who is your physician?</td>
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<tr>
<td></td>
<td></td>
<td>Did you choose your physician yourself?</td>
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<tr>
<td>Adv. Dir</td>
<td>F-156</td>
<td>Did you choose to do Advanced Directives?</td>
<td></td>
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</tr>
<tr>
<td>Activities</td>
<td>F-248</td>
<td>Are there activities on the weekends? How do you find out about activities?</td>
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<td></td>
<td>F-246</td>
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<tr>
<td>Dignity</td>
<td>F-246</td>
<td>Are you treated with respect?</td>
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<td></td>
<td></td>
<td>Does the staff know you as a person?</td>
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<tr>
<td>Grievance</td>
<td>F-165</td>
<td>Are they willing to listen to you if you have a problem?</td>
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<td></td>
<td>F-166</td>
<td>Do they try to solve your problems?</td>
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<td>Abuses &amp; Neglect</td>
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<td>F-223</td>
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<td>F-165</td>
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<tr>
<td>Has anyone physically harmed you?</td>
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<td>Has any staff member yelled or swore at you?</td>
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<tr>
<td>Did you tell anyone?</td>
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<tr>
<td>What happened?</td>
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<tr>
<td>If you are unhappy with something, how do you let the facility know?</td>
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<td>Does the staff listen and respond to your requests?</td>
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<tr>
<td>If they can't honor your request, do they give you a reasonable explanation?</td>
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<table>
<thead>
<tr>
<th>Call lights</th>
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<tbody>
<tr>
<td>F-241</td>
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<tr>
<td>Does the staff answer your call bell/light when you put it on?</td>
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<tr>
<th>Care needs met</th>
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<tbody>
<tr>
<td>F-311</td>
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<td>F-310</td>
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<tr>
<td>F-328</td>
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<tr>
<td>Do you get help when you need it?</td>
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<tr>
<td>Does the staff encourage you to do as much as you can for yourself?</td>
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<tr>
<td>How about your nursing care and treatment?</td>
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<tr>
<td>Do you participate in meetings where your care plan is discussed?</td>
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<tr>
<td>If not, does someone discuss your plan of care with you?</td>
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<thead>
<tr>
<th>Medical Condition</th>
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<tbody>
<tr>
<td>F-385</td>
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<tr>
<td>F-387</td>
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<tr>
<td>F-411</td>
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<tr>
<td>Are you satisfied with the care provided by your physician?</td>
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<tr>
<td>Can you see a doctor if you need to?</td>
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<tr>
<td>Do you see the doctor here or at the office?</td>
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<tr>
<td>How do you get to the doctor’s office? Does the facility help you make appointments and arrange transportation? Can you see the podiatrist, dentist, optometrist or other specialist if you need to?</td>
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<thead>
<tr>
<th>Finance Charges</th>
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<tbody>
<tr>
<td>F-156</td>
<td></td>
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<tr>
<td>F-162</td>
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<tr>
<td>Do you know how to get in touch with the Medicaid &amp; Medicare office about your bill? Does the facility explain charges to you?</td>
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<thead>
<tr>
<th>Trust Fund</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>F-159</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you get money from your trust fund when you need it?</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ombudsman</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>F-168</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know how to call the Ombudsman?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>F-169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you seen the facility’s survey results?</td>
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</table>

<table>
<thead>
<tr>
<th>Rights</th>
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</thead>
<tbody>
<tr>
<td>F-151</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have an opportunity to vote in the last election?</td>
<td></td>
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</tr>
</tbody>
</table>

**GENERAL COMMENTS:**

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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__________________________________________________________________________________________

5.103
<table>
<thead>
<tr>
<th>Area of Review</th>
<th>Resident ID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>Timely, within 14 days</td>
<td></td>
</tr>
<tr>
<td>Thorough</td>
<td></td>
</tr>
<tr>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td><strong>Care Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Modified as needed</td>
<td></td>
</tr>
<tr>
<td>Goals discontinued appropriately</td>
<td></td>
</tr>
<tr>
<td><strong>MDS</strong></td>
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<tr>
<td>Section F</td>
<td></td>
</tr>
<tr>
<td><strong>Progress Notes</strong></td>
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<tr>
<td>Quarterly</td>
<td></td>
</tr>
<tr>
<td>Evidence assessment reviewed</td>
<td></td>
</tr>
<tr>
<td><strong>Reassessments</strong></td>
<td></td>
</tr>
<tr>
<td>Significant change</td>
<td></td>
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<tr>
<td>Annual</td>
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<tr>
<td><strong>Activity Participation Record</strong></td>
<td></td>
</tr>
<tr>
<td>Maintained</td>
<td></td>
</tr>
<tr>
<td>Separate record each resident</td>
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</tr>
<tr>
<td><strong>In-Room Activities</strong></td>
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</tr>
<tr>
<td>3x a week for those unable to leave their room</td>
<td></td>
</tr>
<tr>
<td>1x per week for those who refuse group activities</td>
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</tr>
<tr>
<td>Therapeutic goals documented</td>
<td></td>
</tr>
<tr>
<td><strong>Discharge Summary</strong></td>
<td></td>
</tr>
<tr>
<td>Completed / Interdisciplinary</td>
<td></td>
</tr>
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</table>