Principles of Documentation Learning Activity—Long Term Care
Welcome

The Principles of Documentation Learning Activity—Long Term Care (PODLA/LTC) course is designed to provide an opportunity for experienced surveyors to apply and practice the knowledge acquired in the Basic Principles of Documentation (POD) course.

The Documenting the Investigation and Supporting the Documentation Effort modules give staff an opportunity to practice coaching a surveyor by using examples from poorly written deficient practice statements and findings.
Course Syllabus

Mission Statement

The mission of the Department of Health and Human Services (HHS) is to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves.

Background

The survey and certification of a health care facility that participates in the Medicare, Medicaid, or Clinical Laboratory Improvement Amendments is a process that must adhere to legal requirements. These programs are administered under extensive laws, regulations, operation manuals, and other guidelines. Surveys and the documentation from surveys become an important part of subsequent legal proceedings arising out of the certification process.

In order to maintain legal integrity, it is extremely important for survey staff to apply the Principles of Documentation when preparing deficiency citations.

Regional Office representatives approached the Survey & Certification Group Training Division with an identified training need for a Principles of Documentation application course. As a result, the Survey & Certification Training Group, in conjunction with a Regional Office Technical Expert Panel and the Division of Nursing Homes, has developed the Principles of Documentation Learning Activity—Long Term Care online course.

The Principles of Documentation Learning Activity—Long Term Care course is designed to provide an opportunity for experienced surveyors to apply and practice the knowledge acquired in the Basic Principles of Documentation course.

The Principles of Documentation Learning Activity—Long Term Care course is beneficial for surveyors to complete after successful completion of the Surveyor Minimum Qualification Test.

The prerequisites for this course include at least six months of survey experience and successful completion of the following:

- Basic Principles of Documentation for Long Term Care
- Basic Writing Skills for Survey Staff
- Basic Long Term Care
- Surveyor Minimum Qualification Test
Course Goal
Surveyors will properly document evidence that demonstrates specific regulatory noncompliance using language and format consistent with the Principles of Documentation. In addition, staff members who provide documentation reviews will practice the skills required to successfully guide new surveyors in applying proper documentation standards.

Course Description
This course provides opportunities to practice the application of the Principles of Documentation and coaching skills through the use of Long Term Care scenarios and exercises. The tags used in this course are data points for the exercises, not teaching points. The Division of Nursing Homes will be releasing new regulations and updating the Long Term Care Interpretive Guidelines shortly. The tags in this course will be updated after full implementation of the new regulation and interpretive guidance training.

Audience
This course is designed for Long Term Care surveyors permitted to survey independently, training coordinators, and staff who perform quality reviews of Form CMS-2567.

This is a required course for all Long Term Care surveyors and staff. It is highly recommended for all other staff.

The course is beneficial for surveyors to attend after successful completion of the Surveyor Minimum Qualification Test.

Course Objective
At the conclusion of this training, the surveyor will demonstrate the ability to write a legally defensible statement of deficient practice with 85 percent accuracy.

Module and Lesson Outline
The Principles of Documentation Learning Activity—Long Term Care course has two learning modules. The following outline contains all of the modules and lessons that learners will complete in this course:

Module 1: Documenting the Investigation
Lesson 1—Select the Appropriate Evidence
Lesson 2—Document the Evidence
Lesson 3—Quality Review
Lesson 4—Determine if the Plan of Correction is Acceptable

Module 2: Supporting the Documentation Effort

Lesson 1—Coaching to Improve Surveyor Documentation
Lesson 2—Document the Investigation Findings

Course Design

To successfully complete this course, learners must complete all of the required components within each module and pass the Post-Test with a minimum score of 85 percent. The required course components are:

- Course Pre-Test
- Learning modules with lesson and knowledge check questions
- Course Post-Test
- Course Evaluation

Online Course Progression

Each module in the Principles of Documentation Learning Activity—Long Term Care course contains two or more lessons. From the Surveyor Training Website, select Principles of Documentation Learning Activity—Long Term Care, and then select the Launch the Course button to begin. Each module is listed as a separate menu item within the course.

It is recommended that learners complete the modules in the order they appear. Once a module is selected, learners progress through each lesson within the module, as designated on the Module Menu frame.

Upon completion of each module, learners may exit and select the next module from the Surveyor Training Website.

The first task is to complete the course Pre-Test. Follow the course progression guidelines below:

- Do not study for the Pre-Test.
- After completing the Pre-Test, select the link for Module 1
- Progress through the lessons in Module 1 and Module 2
- Take the Post-Test.
Learning Modules

Each module is listed as a separate menu item within the course. It is recommended that learners complete the modules in the order they appear. Once a module is selected, learners progress through each lesson within the module, as designated on the Module Menu frame. Upon completion of each module, learners will exit the module and select the next module. After completing all modules, learners can select the course Post-Test from the Surveyor Training Website.

The Principles of Documentation Learning Activity—Long Term Care course is broken down into the following modules and lessons:

Module 1: Documenting the Investigation

- Lesson 1—Select the Appropriate Evidence
- Lesson 2—Document the Evidence
- Lesson 3—Quality Review
- Lesson 4—Determine if the Plan of Correction is Acceptable

Module 2: Supporting the Documentation Effort

- Lesson 1—Coaching to Improve Surveyor Documentation
Post-Test

Upon completion of both modules, learners will be able to take the course Post-Test.

Details about the Post-Test are provided below:

- The Post-Test is an open-book exam.
- Learners are allowed three attempts to pass the exam during the month they are enrolled.
- If the learner does not pass the exam with a minimum score of 85 percent on the first try, they may choose from the following options:
  - Take a break.
  - Review the lessons, knowledge check questions, and resource materials again.
  - Engage in additional self-study, as needed.
  - Talk with their Training Coordinator or supervisor to arrange time to review the material.
  - Retake the exam, when ready, up to two additional times during the enrollment month.
- If learners do not successfully pass the Post-Test within three attempts, they may enroll again and repeat the entire course.

Learners should contact the Help Desk if they encounter any technical problems.

Estimated Contact Time (To Complete the Online Course)

Estimated contact time (often referred to as “seat time”) refers to the amount of time the average learner requires to complete all of the course content and any other online activities. The estimated course completion time for the Principles of Documentation Learning Activity—Long Term Care is approximately six hours. Course times vary, depending on level of experience and learning style.

Learner Participation

In addition to reviewing the self-paced content in the course, learners will be prompted to participate in the instruction by responding to knowledge check questions, completing exercises, and accessing additional information through hyperlinks.
Knowledge Checks

Knowledge check questions are a type of interaction presented throughout each lesson. They help learners assess whether they have met the learning objectives for that lesson. After answering a knowledge check question, learners are provided with immediate feedback regarding the accuracy of their response.

For correct responses, learners are told that the response is correct and given the reason why. For incorrect responses, learners are told that the response is incorrect and will be given the correct answer(s).

Continuing Education Units (CEU)

CMS is authorized to issue 6.5 Continuing Education Units (CEU) for this course.

- You must:
- Take the Pre-Test.
- Complete all the learning modules.
- Pass the Post-Test with a score of 85 percent or higher.
- Complete the course evaluation.

You will be able to print your certificate from the LMS following successful completion of the Post-Test.
Course Structure

In order to successfully complete this course, learners must complete all of the required components within each module, and pass the Course Post-Test with a minimum score of 85 percent.

Required components include:

- Course Pre-Test
- Module 1
- Module 2
- Course Post-Test
- Course Evaluation

Learners must complete Basic Writing Skills for Survey Staff prior to completing the PODLA/LTC course.
Copyright

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Accessibility

Every attempt has been made to make this course material accessible for the disabled. With that in mind, here are several resources to accommodate particular disabilities:

For Hearing Disabilities:
All course files that contain audio are also accompanied by Closed Captioning or another text alternative.

For Visual or Mobility Disabilities:
The course files are HTML5 based. For disabilities that require a screen reader, we have created a duplicate of the entire course in a Portable Document Format (PDF) that works well with screen readers.
Resources

On this page, you will find information about resources referenced in the course. Links to web sites will open in a new browser window.

Course Syllabus
Principles of Documentation Learning Activity—Long Term Care Syllabus

Exhibit 7A, Principles of Documentation

Exhibits Table of Contents

Medicare State Operations Manual (SOM) Appendix

Statement of Deficiencies and Plan of Correction, Form CMS-2567

Medicare State Operations Manual (SOM) Appendix

Survey & Certification – General Information

Surveyor Notes Worksheet, CMS-807
### Glossary

The following terms are used in the Principles of Documentation Learning Activity—LTC (PODLA/LTC) course.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td></td>
</tr>
<tr>
<td>Acronym</td>
<td>An abbreviation formed from initial letters.</td>
</tr>
<tr>
<td>Action Verbs</td>
<td>A verb that expresses action.</td>
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<tr>
<td>Active Voice</td>
<td>One of the two “voices” (see also passive voice) of verbs. When the verb of a sentence is in active voice, the subject is doing the acting.</td>
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<tr>
<td>PODLA/LTC</td>
<td>Advanced Principles of Documentation Learning Activity—Long Term Care</td>
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<td><strong>B</strong></td>
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<tr>
<td>BWS</td>
<td>Basic Writing Skills for Survey Staff</td>
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<tr>
<td><strong>C</strong></td>
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<tr>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>A Federal agency within the Department of Health &amp; Human Services (DHHS) that administers the Federal Medicare program and works in partnership with state governments to administer Medicaid.</td>
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<tr>
<td>CfC</td>
<td>Condition for Coverage</td>
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<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>CLIA</td>
<td>Clinical Laboratory Improvement Amendments</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>Coach</td>
<td>Someone who helps someone else (a new surveyor) learn something that he or she would not have learned very well, learned slowly, or not at all if left alone.</td>
</tr>
<tr>
<td>Code of Federal Regulations</td>
<td>This is a codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal government. It is divided into 50 titles that represent broad areas subject to Federal regulation.</td>
</tr>
<tr>
<td>Conditions for Coverage</td>
<td>CMS develops Conditions for Coverage (CfC) that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Conditions of Participation</strong></td>
<td>Minimum health and safety standards that providers and suppliers must meet in order to be Medicare and Medicaid-certified and receive Medicare reimbursement.</td>
</tr>
<tr>
<td><strong>CoP</strong></td>
<td>Condition of Participation</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td><em>Data Tag</em> A component of the State Operations Manual (SOM) Quality Review checklist that verifies the tag contains a Code of Federal Regulations (CFR)/Life Safety Code (LSC)/Clinical Laboratory Improvement Amendments (CLIA) requirement and a statement that the requirement is “Not Met.”</td>
</tr>
<tr>
<td><strong>Deficient</strong></td>
<td>This is a term used for not having enough of something that is important or necessary; not good enough; or not as good as others.</td>
</tr>
<tr>
<td><strong>Deficiency Citation</strong></td>
<td>A deficiency citation consists of (A) a regulatory reference, (B) a deficient practice statement, and (C) relevant findings.</td>
</tr>
<tr>
<td><strong>Deficient Practice Statement</strong></td>
<td>The statement of deficient practice is one component of the evidence. It includes: 1. The specific action(s), error(s), or lack of action (deficient practice); 2. Outcome(s) relative to the deficient practice, when possible; 3. A description of the extent of the deficient practice or the number of deficient cases relative to the total number of such cases; 4. The identifier of the individuals or situations referenced in the extent of the deficient practice; and 5. The source(s) of the information through which the evidence was obtained.</td>
</tr>
<tr>
<td><strong>DPS</strong></td>
<td>Deficient Practice Statement</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td><em>e-CFR</em> Electronic Code of Federal Regulations</td>
</tr>
<tr>
<td><strong>Evidence</strong></td>
<td>Something that furnishes proof or as testimony; something legally submitted to a tribunal to ascertain the truth of a matter.</td>
</tr>
<tr>
<td><strong>F</strong></td>
<td><em>Facility</em> This is something, such as a hospital, that is built, installed, or established to serve a particular designated purpose.</td>
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<td><strong>Fact</strong></td>
<td>A known occurrence; something known to exist or have happened.</td>
</tr>
<tr>
<td><strong>Findings</strong></td>
<td>Facts that support or illustrate an entity’s noncompliance with a requirement.</td>
</tr>
<tr>
<td>Form CMS-2567</td>
<td>This form is titled Statement of Deficiencies and Plan of Correction. It is the record of the survey wherein the survey team documents and justifies its determination of compliance and informs the provider or supplier of its state of compliance with the requirements for participation in Federal programs.</td>
</tr>
<tr>
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<tr>
<td>G</td>
<td>Generality</td>
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<tr>
<td>H</td>
<td>Homonyms</td>
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<tr>
<td>I</td>
<td>Identifiers</td>
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<tr>
<td></td>
<td>Inference</td>
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<td>J</td>
<td>Jargon</td>
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<td>K</td>
<td>LSC</td>
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<td>M</td>
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<td></td>
<td>O</td>
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<tr>
<td></td>
<td>Outcome</td>
</tr>
<tr>
<td></td>
<td>P</td>
</tr>
<tr>
<td><strong>Plain language</strong></td>
<td>Writing in a clear, concise manner to improve reader comprehension and surveyor credibility.</td>
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<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Plan of Correction</strong></td>
<td>One column in Form CMS-2567 for statements reflecting the facility’s plan to correct the deficiencies cited and the anticipated time of correction.</td>
</tr>
<tr>
<td><strong>POC</strong></td>
<td>Plan of Correction</td>
</tr>
<tr>
<td><strong>POD</strong></td>
<td>Principles of Documentation</td>
</tr>
<tr>
<td><strong>P&amp;P</strong></td>
<td>Policy and Procedure</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td>This will outline a goal-directed, interrelated series of actions, events, mechanisms, or steps and is one of three categories of Federal requirements for CMS participation or coverage.</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td>Quality review A systematic review of a deficiency citation to ensure it is understandable, defensible, and includes the required components.</td>
</tr>
<tr>
<td><strong>R</strong></td>
<td>Redundancy Excessive wordiness or needless repetition of words, phrases, or ideas.</td>
</tr>
<tr>
<td><strong>Regional Offices</strong></td>
<td>CMS has ten Regional Offices (RO) located throughout the United States that are responsible for assuring that health care providers and suppliers participating in the Medicare, Medicaid, and Clinical Laboratory Improvement Amendment (CLIA) programs meet applicable Federal requirements.</td>
</tr>
<tr>
<td><strong>Regulation</strong></td>
<td>A law, rule, or other order prescribed by authority, especially to regulate conduct.</td>
</tr>
<tr>
<td><strong>Regulatory reference</strong></td>
<td>Includes the following components: 1. A survey data tag number; 2. The CFR or LSC reference; 3. The language from that reference which specifies the aspect(s) of the requirement with which the entity was noncompliant; and 4. An explicit statement that the requirement was “NOT MET.”</td>
</tr>
<tr>
<td><strong>Relevant</strong></td>
<td>Facts or observations that tend to prove or disprove the subject at hand or that relate to a subject in an appropriate way.</td>
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<td><strong>RO</strong></td>
<td>Regional Office</td>
</tr>
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<td><strong>S</strong></td>
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<tr>
<td>Slang</td>
<td>Commonly known as informal, nonstandard vocabulary composed typically of coinages, arbitrarily changed words, and extravagant, forced, or facetious figures of speech.</td>
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<tr>
<td>SOD</td>
<td>Statement of Deficiencies</td>
</tr>
<tr>
<td>SOM</td>
<td>State Operations Manual</td>
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<tr>
<td>State Operation Manual</td>
<td>The regulatory authority for the state performance standards and protocols.</td>
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<tr>
<td>Structure</td>
<td>One of three categories of Federal requirements for CMS participation or coverage and pertains to specific initial conditions required for a facility.</td>
</tr>
<tr>
<td>T</td>
<td></td>
</tr>
<tr>
<td>Tags</td>
<td>A means to organize the components of the Conditions of Participation (CoPs) regulatory text in the Automated Survey Processing Environment (ASPEN), which supports the generation of survey reports. CMS breaks each hospital CoP into one condition-level tag and multiple standard-level tags. The number of standard-level tags does not usually correspond to the number of standards under a condition in 42 CFR Part 482. Generally, CMS breaks the regulatory standards down further into their separate and distinct requirements and assigns a tag number to each.</td>
</tr>
</tbody>
</table>

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Y

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Module 1: Documenting the Investigation
Module 1 Objective

Upon completion of this module, you will use the Principles of Documentation (POD), the electronic version of the Code of Federal Regulations (e-CFR), and the State Operations Manual (SOM) to document complete, clear, and concise investigative findings, using relevant evidence organized in the correct order. This includes a quality review of a Deficient Practice Statement (DPS) to determine which evidence meets the elements of the specific regulatory noncompliance, and if the Plan of Correction (POC) contained within Form CMS-2567 is acceptable.
Module Menu

This module is organized into four lessons, which will take approximately 3 hours and 30 minutes to complete.

Lesson 1—Select the Appropriate Evidence
Lesson 2—Document the Evidence
Lesson 3—Quality Review
Lesson 4—Determine if the Plan of Correction is Acceptable
Lesson 1—Select the Appropriate Evidence
Lesson 1 Introduction

In this lesson, we will look at the importance of identifying and selecting evidence to support deficient practices.

Selecting the correct evidence to support the deficiency is key to creating a defensible citation.
Objectives

Upon completion of this lesson, you will be able to:

• Identify and select the evidence required to support the specific deficient practice.
Lesson Overview

During this lesson you will be introduced to:

- Categories of Federal Requirements
- Elements of Evidence
Categories of Federal Requirements

In the Principles of Documentation (POD) course, you learned that Federal requirements for participation or coverage fall into three categories, and that these categories may also be combined based on the deficiency cited.

The three categories are:

- Structure
- Process
- Outcome

It is important for surveyors to know what categories the deficiency falls into so they can select the correct tag and the appropriate evidence to support the tag.
Structure Requirements

Let’s first look at structure requirements.

Structure requirements contain some of the initial conditions that a facility must have to participate in Medicare and Medicaid.

Structure not only implies a facility’s physical requirements (e.g., a bedroom’s measurements), but also the facility’s organizational structure (e.g., a nursing facility’s bylaws).
Evidence to Support Structure Requirements

Facilities must meet structure regulations in the absolute sense.

Some examples of structure evidence include:

- Rooms must have specific size requirements.
- Kitchen and food service areas must have specific requirements.
Knowledge Check

Which of the following is a structure requirement?

a. Policy for nursing documentation  
b. Rooms must have specific size requirements  
c. Pressure ulcer treatment guidelines  
d. Policy for medical records

Correct. Rooms must have specific size requirements is a structure requirement.

Incorrect. Policy for nursing documentation, policy for medical records, and pressure ulcer treatment guidelines are not structure requirements. The correct answer is rooms must have specific size requirements.
Process Requirements

In addition to structure requirements, it is also necessary to consider process. Process requirements are those that describe the ongoing manner of operations.

Examples of process requirements are:

- Policies and Procedures (P&P)
- Systems of quality assurance
- Systems of abuse prevention
Evidence to Support Process Requirements

Examples of process requirement deficiencies are:

- Nonexistent P&P
- Lack of documentation
- Noncompliance with the facility's own P&P

When reviewing process requirement evidence, look at the practice and compare it to the regulations.

Surveyors do not cite to facility’s P&Ps, but to the requirements of the regulation.

The facility's P&Ps may be used to support a finding of deficient practice.
Process Evidence

Some examples of process evidence include:

- Failed to update the care plan in a timely manner
- Failed to notify the physician regarding change in resident condition
- Failed to document the resident’s wishes regarding advance directives

Now let’s move on to the third major category—Outcome.
Outcome Requirements

Outcome requirements is a category of Federal requirements that:

- Have a likely cause and effect to the beneficiary
- Specify the results that must be obtained or events that must occur or not occur following an act
- Can be stated in either specific or general terms
Tips for Identifying Outcome Evidence

The following tips will help you when identifying outcome evidence:

• Look for negative outcomes and potential for negative outcomes.
• Look at outcomes first, then look back at the systems and processes.

Keep in mind that the evidence could result in citations for both outcome and process requirements.
Example of Outcome Evidence

Below are examples of outcome evidence deficiency statements:

The facility failed to...

- Implement a pressure ulcer prevention plan resulting in the resident developing a stage 3 pressure ulcer
- Monitor lab values for a resident receiving anticoagulant therapy resulting in the resident developing internal bleeding that required hospitalization

Notice how the evidence describes how the patient was affected, showing an outcome due to a failed process.
Surveyor Tips

In order to write a good citation, surveyors need to do the following during an investigation:

- Look for negative outcomes and potential for negative outcomes.
- Evaluate the processes and structures that may contribute to the negative outcome.
- Review the regulatory requirements to ensure the evidence gathered is sufficient to show deficient practice.
- Check for associated tags related to the deficient practice identified.
- ALWAYS document noncompliance!
Knowledge Check

Match the statements with the category.

Statement of Evidence
   1. Each bedroom measures...
   2. The plan of care was not...
   3. Resident #3 developed...

Category
   a. Outcome
   b. Process
   c. Structure

Correct. “Each bedroom measures” is evidence of a structure requirement, “The plan of care was not” is evidence of a process requirement, and “Resident #3 developed” is evidence of an outcome requirement.
Knowledge Check

Match each category to the finding below.

Category
   Structure
   Process
   Outcome
   Combination

Findings
The Thanksgiving turkeys were improperly cooled on Wednesday, resulting in numerous residents developing symptoms of foodborne illness.

The last pharmacy review for a resident who is receiving 23 medications was three years ago.

The James Nursing Home built in 1952 does not have a sprinkler system in place.

The facility’s routine quality improvement audits identified that the interdisciplinary team had not reviewed the resident’s Stage III pressure ulcer or revised the resident’s comprehensive care plan. The resident’s pressure ulcer worsened to a Stage IV.

Correct. “The James Nursing Home built in 1952 does not have a sprinkler system in place” is an example of a structure requirement.

Correct. “The last pharmacy review for a resident who is receiving 23 medications was three years ago” is an example of a process requirement.

Correct. “The Thanksgiving turkeys were cooked on Wednesday, resulting in numerous residents developing symptoms of foodborne illness” is an example of an outcome requirement.

Correct. “The facility’s routine quality improvement audits identified that the interdisciplinary team had not reviewed the resident’s Stage III pressure ulcer or revised the resident’s comprehensive care plan. The resident’s pressure ulcer worsened to a Stage IV” is an example of a combination requirement.
Determining Regulation Types

The next few slides will guide you through exercises where you will be given a set of surveyor notes and have access to the SOM.

You will then determine the regulation type and which elements or tags of evidence are required to show compliance with this regulation.

We will walk through the process together once and then you will be asked to complete one on your own.
Exercise

Review the surveyor notes on Form CMS-807 to prepare for the exercise questions.

Facility Name: EVERGREEN ARVIN HEALTHCARE
Facility ID: 555170
Surveyor Name/ID: John Doe RNS
Care Area(s)/Activity: privacy/confidentiality of records

Enter the time, source, and documentation.

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Source and Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/18/13 at 10:30 AM</td>
<td>During the environmental tour with the Maintenance Supervisor (MS) and Housekeeping/Laundry Supervisor, I noted a detached storage unit on the north side of the building, past the paved parking area. The unit has a padlock. I asked if we could open the unit and the MS opened it with his keys. Inside the storage unit there was an unlocked, four-drawer metal cabinet. A label on the outside of the cabinet indicated it contained the medical records of discharged residents. During an interview with the MS, I asked him who else has the keys to this storage unit. He stated, “The Dietary Manager also has the keys to the storage unit.” I asked if that meant that the Dietary Manager could access this cabinet and its contents. He responded with, “Yes, the Dietary Manager can access the cabinet if he wanted to but probably would not want to.” The MS then urged us to move on.</td>
</tr>
</tbody>
</table>
What Tag Category Best Matches the Evidence Presented?

The tag that best matches the accompanying surveyor notes would be a process requirement.

Process requirements include a facility’s ability to maintain residents’ privacy and confidentiality.

The facility did not have a properly secured storage system for medical records to restrict unauthorized personnel access to medical records.
Does the Evidence Support Deficient Practice?

Tag F164 states:

§483.10(h) Privacy and Confidentiality

“The resident has the right to personal privacy and confidentiality of his or her personal and medical records.

(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.”

The interpretive guidance states:

“If there is information considered too confidential to place in the record used by all staff, such as the family’s financial assets or sensitive medical data, it may be retained in a secure place in the facility, such as a locked cabinet in the administrator’s office.”

Select the button below to view if the evidence collected supports a deficient practice.

Is there evidence of a deficient practice?

Yes, the survey notes state the date, time, details of the instance, and that the facility’s medical records were accessible by personnel other than the Medical Records designee.
Practice Scenario

Now that you have learned how to identify the requirement category using the correct elements of evidence, it is time for you to practice using these skills.

Next, we will introduce you to a real Form CMS-807 surveyor notes document. You will then be asked to do the following:

1. Identify the correct requirement category.
2. Determine if the correct elements of evidence have been recorded.
3. Identify the elements of evidence used to cite the tag.
Exercise

Review the surveyor notes on Form CMS-807 to prepare for the exercise questions.

**Facility Name:** EVERGREEN ARVIN HEALTHCARE

**Facility ID:** 555170

**Surveyor Name/ID:** John Doe RNS

**Care Area(s)/Activity:** Dignity

*Enter the time, source, and documentation.*

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Source and Documentation</th>
</tr>
</thead>
</table>
| 9/16/13 at 3:50 PM  | During an observation of R8’s room, many pages of paper and notebooks were observed on her bedside table. When asked about the papers, R8 stated, “I have been asking staff to write down when they provided incontinent care.” R8 stated, This was an effort on her part to document how long it took staff to provide this care and how often she was changed.  
R8 went on to explain that due to severe contractures in her hands, it is difficult for her to write this information down herself, and has asked staff to do it.  
R8 then said, “that the Director of Nursing (DON) told staff not to write this information down.”                                                                 |
| 9/16/13 at 3:50 PM  | Interview with R8: She said, “I have been a resident of the facility for about a year.” She indicated that she is incontinent of bowel and bladder, and often has to wait “1 to 2 hours” after activating her call light before staff assist her with incontinent care, which makes her “feel lousy.”  
I asked R8 the longest she has had to wait and she said, “6 hours, but waiting 1 or 2 hours was normal” and that, “I don’t like to sit in my own urine, or worse for the 1 or 2 hours it takes for the staff to help me.”  
While speaking with R8, she indicated she had been told by staff the multiple delays are due to a staffing shortage during staff break times or shift changes. I asked if this occurs during specific times of the day and if it happens during the weekdays or on weekends. She said, “Not any specific time, but mostly on the weekends.”  
R8 indicated that during the time the surveyors were at the facility, the staff had responded to her call lights immediately. |
During observation of R9, a series of complex treatments were observed. The DON, the Treatment Nurse (TN), Certified Nursing Assistant (CNA) 1, and a Health Facilities Evaluator Nurse (HFEN 27137) were present at the bedside.

The treatments involved dressing changes to the following areas:
1) A tube inserted through the lower abdominal wall into the bladder
2) Wound to the left great toe, the ankle, coccyx, and the left and right buttock

After each dressing, the TN removed her gloves and left the bedside to go into the resident's bathroom to wash her hands, dry them, and apply new gloves for the next dressing change.

R9 was not covered during the observation of the treatment by the TN, CNA 1, and DON in full view of the open doorway
<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Source and Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/17/13 at 9:40 AM</td>
<td>The resident was left exposed during the 25-minute duration. The resident was alert, oriented, and made eye contact with all observers in the room.</td>
</tr>
<tr>
<td>09/17/13 at 10:00 AM</td>
<td>During observation of R8 and R10, I observed that they activated their lights to obtain help with toileting. They were left unattended for over 15 minutes. Both residents were unable to wait for staff and sat in urine and feces waiting for staff to answer their lights.</td>
</tr>
<tr>
<td>09/17/13 at 11:40 AM</td>
<td>While reviewing the medical record for R8, the MDS, dated 8/1/13, indicated R8 was competent in making sound decisions, had no issues with memory, no signs or symptoms of delirium, and had no negative behavioral symptoms. The MDS also indicated R8 required “extensive assistance” and “one person to physically assist” her with toileting. The MDS also indicated R8 was “always incontinent” of bowel and bladder (has no control of these functions).</td>
</tr>
<tr>
<td>09/18/13 at 9:15 AM</td>
<td>While interviewing the TN, she stated, “R9's body should have been covered.”</td>
</tr>
<tr>
<td>09/18/13 at 10:45 AM</td>
<td>Document review of R10’s medical record included the Minimum Data Set (MDS) Assessment that was completed on 6/22/13. The resident scored 14 out of 15 possible points on the mental status exam. R10’s MDS assessment also indicates the resident is totally dependent on staff to assist her in and out of the wheelchair and is totally continent of bowel and bladder. The MDS also indicates the resident has left sided weakness.</td>
</tr>
<tr>
<td>09/18/13 at 11:00 AM</td>
<td>While reviewing the medical record for R9, the MDS, dated 1/19/13, indicated R9 was dependent on staff for his daily needs. His admitting diagnosis dated 8/18/13 indicated he had an above-the-knee amputation of his right leg.</td>
</tr>
</tbody>
</table>
| 09/18/13 at 11:00 AM | While interviewing the DON, she stated, “I did instruct staff to not write information down for R8.” She stated, “Nursing staff had come to her, concerned about this request from R8.” She said, “R8 had asked staff to document their name, date, and time procedures were done on paper, like ‘when I changed you, times medications were given.’ ”  

The DON said R8 stated the reason was so she “knows when things are done.” The DON told R8 to use her call light to ask for help, and after doing so, she can “make an appointment” with the Medical Records Department to see her medical record whenever she wished, to review when procedures were done and when medications were given. The DON stated she told R8 staff would not be writing this information down for her. The DON did not state that she had addressed the reason R8 was requesting staff to write the information down. |
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/18/13 at 1:45 PM</td>
<td>Interview of R10: She indicates this past Sunday (9/15/13), the (CNA) took over 45 minutes to answer her call light when she needed to go to the bathroom. She says that because she cannot transfer herself onto the toilet and because she was having problems with loose bowel movements, she did not receive help quickly enough which resulted in her having “an accident.” The staff did clean her up, which she states, “Is embarrassing.”</td>
</tr>
<tr>
<td>9/18/13 at 2:45 PM</td>
<td>Interview with the MDS Nurse and DON: I asked the MDS Nurse about R10’s continence. The MDS Nurse indicated the resident was totally continent of bowel and bladder but wore a brief “just in case.” Asked if the resident had an incontinent bowel episode this past Sunday (9/15/13) based on documentation, she stated, “I do not know because the CNAs did not need to document if residents have a continent or incontinent bowel movement.” The MDS Nurse did indicate R10 was oriented and able to carry conversation with others. Requested the DON supply survey staff with the call light policy. No further documentation was provided.</td>
</tr>
</tbody>
</table>
Knowledge Check

After reviewing the surveyor notes, answer the following question:

What tag category is best supported by the evidence presented?
   a. Structure
   b. Process
   c. Outcome

Correct. The process category is best supported by the evidence presented in the surveyor notes.

Incorrect. The evidence does not best support a structure or outcome tag category. The correct answer is process.
Knowledge Check

After reviewing the surveyor notes, answer the following question:

Is there adequate evidence to support a deficiency citation?
   a. Yes
   b. No

Correct. The correct elements of evidence are supported. The correct answer is yes.
Knowledge Check

After reviewing the surveyor notes, select the element of evidence that is missing in order to complete the citation.

a. Identifiers
b. Extent of deficient practice
c. Facts - Who, What, When, Where
d. Sources of evidence
e. Outcome
f. Findings – How

Correct. The extent of the deficient practice should be added to complete the citation.
Key Points

The key points to remember from this lesson include:

- The categories of Federal requirements for participation or coverage are structure, process, and outcome.

- Selecting the correct evidence to support the deficiency statement is key to creating a defensible citation.
Lesson 1 Summary

This lesson introduced you to the following:

• How to identify and select relevant evidence required to support the specific deficient practice.
Congratulations!

You have just completed this lesson. You may now select the next lesson in this module.
Module 1- Lesson 2

Document the Evidence
Lesson 2 Introduction

How confident would you be defending the last Form CMS-2567 you wrote in a legal proceeding?

- Extremely
- Very
- OK
- Not at all

That’s OK! Nobody is perfect. Hope you are able to make your Form CMS-2567 the best it can be after completing the lesson.

Hope you enjoy reviewing the lesson and are able to pick up a few tips.
Lesson 2 Objectives

Upon completion of this lesson, you will be able to:

- Document complete, clear, and concise investigative findings using relevant evidence.
- Present evidentiary information organized in the correct order or timeline.
Lesson 2 Overview

During this lesson, you will be introduced to:

• Key Components of a Deficiency Citation
• Relevant Facts and Findings
• Putting It All Together
Key Components of Citations

A deficiency citation consists of:

- A regulatory reference
- A Deficient Practice Statement (DPS)
- Relevant facts and findings
A Regulatory Reference

A regulatory reference includes the following components:

- A survey data tag number
- The language from that reference which specifies the aspect(s) of the requirement with which the provider was noncompliant
- An explicit statement that the requirement was NOT MET
Complete Citations

A complete deficiency citation includes:

- Sources of evidence
- What the facility did or failed to do
- Extent (universe) of the deficient practice
- Resident or patient identifiers
- Outcomes or potential outcomes, if applicable
Sources

A DPS begins with sources of evidence:
• Observations
• Interviews—staff, patient, family
• Record reviews

Information obtained from the sources must be clearly linked with the findings, e.g., if an interview is included here, it must also be discussed in the findings.
Failure

What the entity failed to do:

- Based on facts and events
- Substantiated by at least a source
- Describes noncompliance related to the regulation, not the interpretive guidelines

For example:

- Based on observation, interview, and record review the facility failed to administer medications as ordered for....
- Based on interview and record review, the facility failed to use safety precautions when using a propane-fueled fireplace.
Extent of deficient practice:

- How many were affected
- How many could be affected (universe)
- How many were in the sample

For example:
Based on observation, interview, and record review, the facility failed to administer medications as ordered for two of six residents (Resident 1 and Resident 3).
Identifiers

Identifiers:
• No individual’s names
• Indicate identifiers—letters, numbers or both

For example:
Based on observation, interview, and record review, the facility failed to administer medications as ordered for two of six sampled residents (Resident 1 and Resident 3).
Outcomes

Outcomes or potential outcomes:
• Is it relative to the deficient practice?
• Is there a psychosocial component?
• Is there a link or potential link between outcomes and processes?

For example:
Based on interview and record review, the facility failed to use safety precautions when using a propane-fueled fireplace. This failed practice resulted in 2 of 80 residents (Resident 2 and Resident 16) suffering a second-degree burns.
Deficient Practice Statement Activity #1

Review the statements. If a statement is written correctly, indicate so with a checkmark. If the statement is written poorly, indicate so with an X.

Statement 1
Based on interviews, the facility failed to administer medications as ordered for R2.

Statement 2
Based on observations, the facility failed to administer medications as ordered for Mr. Jones.

Statement 3
Based on observation, interview, and record review, the facility failed to use safety precautions when storing toxic and poisonous substances. This had the potential to expose all 100 residents in the facility to toxins, causing sickness or adverse health conditions.

Statement 4
Based on interviews, the facility failed to administer medications as ordered for 2 of 6 sampled residents.

Statement 5
Based on observation, interview, and record review, the facility failed to institute pressure ulcer prevention measures for 2 of 6 sampled residents (R2 and R6), which resulted in R2 and R6 developing a stage 3 pressure ulcer.

Statement 6
Based on observation, interview, and record review, the facility failed to administer medications as ordered for 1 of 6 sampled residents (R1).

Findings:

Review of the medical record revealed that the facility failed to administer Sinemet as ordered by the physician for R1.

Review of R1’s medical record on 4/1/2016 at 10:00 AM revealed a physician order dated 10/3/15 to administer Sinemet 25-100mg (milligrams) one tablet by mouth three times daily at (10:00 AM, 2:00 PM, and 6:00 PM). Sinemet is a medication used to treat Parkinson’s disease.

Further review of the medical record revealed the MAR (Medication Administration Record) indicated that Sinemet was not administered on 11/5/2015 at 2:00 PM, and 11/10/2015 at 2:00 PM.

During an interview with the Director of Nurses on 4/1/16 at 3:00 PM, the findings were verified.
Statement 7
Based on observation and interviews, the facility failed to maintain privacy during personal care for 3 of 6 sampled residents.

Statement 8
Based on observation, interview, and record review, the facility failed to provide the necessary care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care for 2 of 8 sampled residents (R3 and R5).

Answer
Only Statements 3, 5, and 6 are correctly written.

Statement 1 lacks universe and also indicates only one source of evidence making this already questionable from a defensibility standpoint.

Statement 2 personally identifies the resident, only one source of evidence is stated, and the statement does not include the universe.

Statement 4 lacks identifiers, has only one source of evidence, and does not include an outcome.

Statement 7 does not include identifiers, does not include details pertaining to specific personal care needs (e.g., failed to maintain privacy during bathing, dressing, or brushing teeth), and also does not include an outcome.

Statement 8 merely repeats the regulation and verbiage from the SOM, does not indicate what actually happened, and does not include an outcome.
Relevant Facts and Findings

After the DPS, a complete deficiency citation also provides relevant facts and findings:

• Who?
• What?
• Where?
• When?
• How?
Facts

A fact is a known occurrence, something known to have happened or exist. Facts are findings in a citation.

Failure to include pertinent findings may prevent the provider from understanding what contributed to the deficient practice.
Findings

The findings support or illustrate a provider’s noncompliance with a requirement.

Cite only findings attributable to each issue referenced.

A finding is a discrete item of information observed or discovered (fact) during the survey about a facility's practices.
Putting it All Together

Once all the findings and other components have been gathered, it is time to put everything together on Form CMS-2567.

1. Regulatory Reference
   Includes:
   - A survey data tag number
   - The CFR or LSC reference
   - The language from that reference which specifies the aspect(s) of the requirement with which the entity was noncompliant
   - An explicit statement that the requirement was “NOT MET”

2. Deficient Practice Statement
   Includes:
   - The specific action(s), error(s), or lack of action (deficient practice)
   - Actual or potential outcome(s) relative to the deficient practice
   - A description of the extent of the deficient practice or the number of deficient cases relative to the total number of such cases and the universe (the total number of residents/patients/clients who could have been affected)
   - The identifier of the individuals or situations referenced
   - The source(s) of the information through which the evidence was obtained

3. Relevant Facts and Findings
   The facts and findings relevant to the deficient practice include answers to the following questions:
   - Who?
   - What?
   - Where?
   - When?
   - How?

   They illustrate the entity’s noncompliance with the requirement or regulation.
Organization of Findings

For each deficient practice:

- Begin with the most relevant background facts
- Followed by events in chronological order
  - Group related facts and findings
Statement of Deficiencies Activity #2
Review the Deficient Practice Statements (DPS) below. If the statement belongs in the DPS indicate so with a checkmark. If the statement does not belong in the DPS, indicate with an X. The answers are on the following page.

Statement 1
A review of medical records for Resident 13 on 9/18/13, revealed a previous medical history of Cerebrovascular Accident with left side hemiplegia (stroke with left side paralysis).

Statement 2
F246 483.15(e)(1): A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health and safety of the individual or other residents would be endangered.

Statement 3
This requirement is NOT MET as evidenced by:

Statement 4
Based on observation on 5/24/14 at 11:00 AM, the facility failed to provide wheelchairs for transportation to and from the dining room for 5 of 15 sampled residents (Resident 2, Resident 5, Resident 7, Resident 8, and Resident 10).

Statement 5
F241 483.15(a) Dignity and Respect of Individuality: 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.
Answers:
Statement 1
Statement 1 does not belong in the DPS because dates and times of observation are findings and not part of a DPS.

Statement 2
Findings Statement 2 should not be included in the DPS because the statement included a regulatory reference, so it would not be included in the DPS.

Statement 3
Findings Statement 3 should not be included in the DPS.

Statement 4
Statement 4 should be included in the DPS because the statement provides what the facility failed to do, an extent/universe, and an outcome.

Statement 5
Findings Statement 5 should not be included in the DPS.

Statement of Deficiencies Activity #2—Deficient Practice Statements
Statement of Deficiencies Activity #3—Findings

Review the findings statement. If the statement contains sufficient relevant facts to support the deficient practice, indicate so with a checkmark. If the statement does not sufficiently support the deficient practice, indicate so with an X.

Statement 1
The physician’s orders were reviewed for R1. A physician’s order was noted to treat the pressure ulcer to the coccyx.

Statement 2
During an interview with R1 on 9/19/2013 at 11:15 AM, R1 stated, “My daughter comes to visit me after work on Tuesdays and Fridays. We have asked the staff several times to please see that I have my shower before she comes but the girls are busy and do it when it’s convenient for them.”

Statement 3
During a review of the shower list schedule for the residents and concurrent interview with the Treatment Nurse (TN) on 9/17/13 at 11:45 AM, it was noted that R1 was scheduled to receive a shower every Tuesday and Friday afternoon. The TN indicated the Certified Nursing Assistants (CNA) should complete a shower form each time the resident is showered. A review of shower schedule for August 2013 revealed that R1 did not receive a shower for 4 out of the 8 days scheduled.

Statement 4
A 75-year-old female was admitted from the hospital to Unit 2 for therapy on September 1, 2013 with a diagnosis of heart failure and stroke.

Answers

Findings Statement 1 should not be included in the SOD. In Statement 1, the physician’s order is not complete and the statement lacks the details of the treatment order, which would not support deficient practice.

Findings Statement 2 should be included in the SOD. The statement includes sufficient details to support the deficient practice.

Findings Statement 3 should be included in the SOD. The statement includes sufficient details to support the deficient practice.

Findings Statement 4 should not be included in the SOD. Statement 4 contains too much identifying information and not enough relevant facts and findings to support the deficient practice.

Statement of Deficiencies Activity #4—Complete Deficiency Citation
After reviewing the statements, place the statement into its correct order.

Statement 1
This requirement is NOT MET as evidenced by:

Statement 2
Based on interview, observation, and record review, the facility failed to ensure call lights were within the resident’s reach for 2 of 15 sampled residents (R6 and R13) and two random sampled residents (R21 and R22), which had the potential to result in unmet care needs.

Statement 3
A review of the R13’s medical record indicated that R13 has a diagnosis of Cerebrovascular Accident with left side hemiplegia (stroke with left side paralysis).

Statement 4
F246 483.15(e)(1): A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health and safety of the individual or other residents would be endangered.

Statement 5
During an environmental tour with the Maintenance Supervisor (MS) on 9/18/13, which started at 8:45 AM, R6, R21, and R22 were in their beds. Each of their call lights was on the floor and not within reach.

Statement 6
During an observation on 9/18/13 at 3:14 PM in R13’s room, the call light was found on his right elbow side. When asked if he could reach his call light, R13 stated, “I can’t get it, I had a stroke last year.”

Statement 7
During an interview with the Charge Nurse (CN1) on 9/18/13 at 11:15 AM, the charge nurse confirmed that R6, R21, and R22 were all dependent residents who needed to use the call bell to get assistance with care.

Statement 8
A review of the “Resident Call Bell Policy” on 9/18/13 at 4:00 PM with the Director of Nursing (DON) indicated that call bells must be in an accessible place for all residents.

Statement 9
During an interview on 9/18/13 at 3:30 PM with CNA2 who cared for R13, she stated, “I usually put the call light on his chest.”

The correct order of the statements is Statement 4, 1, 2, 5, 7, 6, 3, 9, and 8.
Statement of Deficiencies Activity #4—Correct Deficiency Statement

Below is a correctly written deficiency statement based on the findings.

Correct Deficiency Statement

F246 483.15(e)(1): A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health and safety of the individual or other residents would be endangered.

This requirement is NOT MET as evidenced by:

Based on interview, observation, and record review, the facility failed to ensure call lights were within the resident’s reach for 2 of 15 sampled residents (R6 and R13) and two random sampled residents (R21 and R22), which had the potential to result in unmet care needs.

The Findings include:

A review of R13’s medical record indicated that R13 has a diagnosis of Cerebrovascular Accident with left side hemiplegia (stroke with left side paralysis).

During an environmental tour with the Maintenance Supervisor (MS) on 9/18/13, which started at 8:45 AM, R6, R21, and R22 were in their beds. Each of their call lights was on the floor and not within reach.

During an interview with the Charge Nurse on 9/18/13 at 11:15 AM, the charge nurse confirmed that R6, R21, and R22 were all dependent residents who needed to use the call bell to get assistance with care.

During an observation on 9/18/13 at 3:14 PM in R13’s room, the call light was found on his right elbow side. When asked if he could reach his call light, R13 stated, “I can’t get it, I had a stroke last year.”

During an interview on 9/18/13 at 3:30 PM with CNA2 who cared for R13, she stated, “I usually put the call light on his chest.”

A review of the “Resident Call Bell Policy” on 9/18/13 at 4:00 PM with the Director of Nursing (DON) indicated that call bells must be in an accessible place for all residents.
Additional Information

Take a few moments to think about the following questions:

• What additional information might be useful in writing a stronger statement?
• How might you obtain this additional information?
Key Points

The key points to remember from this lesson include:

- A deficient practice statement includes:
  - Sources of information
  - What the facility failed to do
  - Extent of deficient practice
  - Resident or patient identifiers
  - Outcomes or potential outcomes

- Gather relevant facts and findings as evidence for your deficiency statement by answering the questions who, what, where, when, and how.

- Organize your information together in a citation according to the following order:
  1. Regulatory Reference
  2. “Not Met” Statement
  3. A DPS
  4. Relevant Facts and Findings
Lesson 2 Summary

This lesson introduced you to the following:

• How to document complete, clear, and concise investigative findings using relevant evidence
• How to present evidentiary information in an organized, correct order
Congratulations!

You have just completed this lesson. You may now select the next lesson in this module.
Module 1 - Lesson 3
Quality Review
Lesson 3 Introduction

Review the deficiency citation below to prepare for the lesson that follows. Keep this citation in mind as you progress through the lesson and learn how to conduct a quality review.

F156 Give each resident a notice of rights, rules, services and charges. Tell each resident who can get Medicaid benefits about 1) which items and services Medicaid covers and which the resident must pay for.

This requirement is NOT MET as evidenced by:

Based on record review and interview, the facility failed to provide appropriately completed Notice of Medicare Provider Non-Coverage documents to 2 of 3 (Resident 37 and Resident 12) sampled residents reviewed for Liability Notices & Beneficiary Appeal Rights Review.

The findings include:

Review on 10/31/14 of Resident 37’s medical record and documents provided by the Director of Social Services (DSS) revealed that the resident was admitted to the facility on 08/12/2014 and was discharged home on 08/26/2014. The resident received a Notice of Medicare Provider Non-Coverage that indicated, “Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current skilled services after the effective date indicated above.” According to the form, the date is 8/26/14. The resident signed the form on 8/22/14. The form indicated that the resident could request an immediate appeal from a Quality Improvement Organization (QIO); however, the facility failed to include the telephone number for the QIO.

Review on 10/31/14 of Resident 12’s medical record and documents provided by the DSS revealed that the resident was admitted to the facility on 05/01/14 and was discharged home on 05/29/2014. The resident received a Notice of Medicare Provider Non-Coverage that indicated, “Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current skilled services after the effective date indicated above.” According to the form, the date is 5/26/14. The resident signed the form on 5/26/14. The form indicated that the resident could request an immediate appeal from QIO; however, the facility failed to include the telephone number for the QIO.

During interviews conducted on 10/31/14 at 10:17 AM and 11:58 AM, the DSS acknowledged that the forms failed to include the QIO’s telephone number. Without access to the QIO’s telephone number, the resident was not given the opportunity to appeal the decision regarding their notice of non-coverage.

Lesson 3 Objectives
Upon completion of this lesson, you will be able to:

- Determine that the Deficient Practice Statement (DPS) and findings meet the Principles of Documentation (POD).
Lesson 3 Overview

This lesson includes the following topics:

- What is a quality review?
- Example case studies demonstrating how to conduct a quality review
What is a Quality Review?

A quality review is a systematic review of a deficiency citation to ensure it is understandable, defensible, and includes the required components.

A quality review checks for the following:

- The questions Who, What, Where, When & How
- Sequencing of events in chronological order
- Minimal use of medical terminology and abbreviations
- Medical/technical jargon and/or abbreviations may be used in the write-up, as long as they are defined
- All components are there
- Clearly written
Why is a Quality Review Necessary?

A quality review helps to:

- Ensure the provider and the public can easily understand what deficient practices surveyors found.
- Ensure that all aspects of the POD are applied.
- Ensure Form CMS-2567 is legally defensible.
Components of a Quality Review

Exhibit 7A—Principles of Documentation, located within the State Operations Manual (SOM), includes a checklist (Appendix A) to help you verify that your citation contains all the required components.

A complete quality review must contain the following components:

- A data tag
- Evidence
- Facts and Findings

Is the Deficiency Citation...

- Applicable to requirement cited?
- Written in plain language?
- Free of extraneous remarks and advice?

Appendix A - Components to be Documented in A Deficiency Citation

<table>
<thead>
<tr>
<th>COMPONENTS TO BE DOCUMENTED IN A DEFICIENCY CITATION</th>
<th>Data Tag</th>
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</thead>
<tbody>
<tr>
<td>In CFR/LSC/CLIA order</td>
<td></td>
</tr>
<tr>
<td>CFR/LSC/CLIA Reference</td>
<td></td>
</tr>
<tr>
<td>CFR/LSC/CLIA Requirement</td>
<td></td>
</tr>
<tr>
<td>Statement that requirement is “Not Met”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence: Each Statement of deficient practice with corresponding findings (repeat each practice)</th>
<th>YES(Y)</th>
<th>NO (N)</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Extent of deficient practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifiers (confidential)</td>
</tr>
<tr>
<td>Description of violation of regulation</td>
</tr>
<tr>
<td>Source of evidence</td>
</tr>
<tr>
<td>State/local code reference, if applicable</td>
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<td>Findings/Facts:</td>
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<td>Where</td>
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<td>How</td>
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<td>-----------------------------------</td>
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<tr>
<td>Record/document reviews: date(s), record type</td>
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<tr>
<td>Sequential organization of facts</td>
</tr>
<tr>
<td>Is the Deficiency Citation...</td>
</tr>
<tr>
<td>Applicable to requirement cited?</td>
</tr>
<tr>
<td>Written in plain language?</td>
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<tr>
<td>Free of extraneous remarks and advice</td>
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</tbody>
</table>
Data Tag

The data tag section of the checklist verifies that the tag:

- Contains a CFR/LSC/CLIA reference
- Contains a CFR/LSC/CLIA requirement
- Includes a statement that the requirement is “Not Met!”
Evidence

The evidence section of the checklist verifies that the evidence:

- States the extent of the deficient practice
- Contains confidential identifiers
- Includes a description of the violation
- Lists sources
Facts and Findings

The facts and findings section of the checklist verifies that the facts and findings include:

- Who, What, When, Where
- How
  - Outcome
  - Detailed observations
  - Specific documents and records reviewed
  - Sequential organization of facts
Is the Deficiency Citation...

The deficiency citation section of the checklist verifies whether the deficiency citation is:

- Applicable to the requirement cited
- Written in plain language
- Free of extraneous remarks and advice
Activity—Deficiency Citation F156

Now that you have learned about the steps to conducting a quality review, take a few moments to study the deficiency citation from the lesson introduction and prepare for the exercise questions.

F156 Give each resident a notice of rights, rules, services and charges. Tell each resident who can get Medicaid benefits about 1) which items and services Medicaid covers and which the resident must pay for.

This requirement is NOT MET as evidenced by:

Based on record review and interview, the facility failed to provide appropriately completed Notice of Medicare Provider Non-Coverage documents to 2 of 3 (Resident 37 and Resident 12) sampled residents reviewed for Liability Notices & Beneficiary Appeal Rights Review.

The findings include:

Review on 10/31/14 of Resident 37’s medical record and documents provided by the Director of Social Services (DSS) revealed that the resident was admitted to the facility on 08/12/2014 and was discharged home on 08/26/2014. The resident received a Notice of Medicare Provider Non-Coverage that indicated, “Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current skilled services after the effective date indicated above.” According to the form, the date is 8/26/14. The resident signed the form on 8/22/14. The form indicated that the resident could request an immediate appeal from a Quality Improvement Organization (QIO); however, the facility failed to include the telephone number for the QIO.

Review on 10/31/14 of Resident 12’s medical record and documents provided by the DSS revealed that the resident was admitted to the facility on 05/01/14 and was discharged home on 05/29/2014. The resident received a Notice of Medicare Provider Non-Coverage that indicated, “Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current skilled services after the effective date indicated above.” According to the form, the date is 5/26/14. The resident signed the form on 5/26/14. The form indicated that the resident could request an immediate appeal from QIO; however, the facility failed to include the telephone number for the QIO.

During interviews conducted on 10/31/14 at 10:17 AM and 11:58 AM, the DSS acknowledged that the forms failed to include the QIO’s telephone number. Without access to the QIO’s telephone number, the resident was not given the opportunity to appeal the decision regarding their notice of non-coverage.
Activity—Deficiency Citation F156: Sequence

After reviewing the case study, notice the sequence of the components of the citation. When writing the citation, the surveyor took special care to verify and record the information in a clear, concise manner that included the major components as follows:

1. A reference or requirement tag
2. A “Not Met” statement
3. The extent of the deficient practice
4. Confidential identifiers
5. A description of violation
6. Sources of evidence listed
7. Findings
8. Outcomes
Activity—Deficiency Citation F156: Key Components

Review the key components included by the surveyor in the case study.

A reference or requirement tag

F156 Give each resident a notice of rights, rules, services and charges. Tell each resident who can get Medicaid benefits about 1) which items and services Medicaid covers and which the resident must pay for.

A “Not Met” statement

This requirement is NOT MET as evidence by:

The extent of the deficient practice
2 of 3 sampled residents (Resident 37 and Resident 12)

Confidential identifiers
Resident 12, Resident 37

A description of violation
the facility failed to provide appropriately completed Notice of Medicare Provider Non-Coverage documents

Sources of evidence listed
Based on record review and interview

Findings
During interviews conducted on 10/31/14 at 10:17 AM and 11:58 AM, the DSS acknowledged that the forms failed to include the QIO’s telephone number.

Outcomes
Without access to the QIO’s telephone number, the resident was not given the opportunity to appeal the decision regarding their notice of non-coverage.
Activity—Deficiency Citation F176

Using the deficiency citation checklist, complete a quality review of deficiency citation F469 to prepare for the exercise questions.

F176 An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.

This requirement is NOT MET as evidenced by:

Based on observation, interview, and record review, the facility failed to assess Resident 135’s ability to self-administer medications which resulted in overmedication.

The findings include:

During a Medication administration observation conducted on 10/29/14 beginning at 8:59 AM, LPN (Licensed Practical Nurse) 1 prepared Resident 135’s medications. LPN 1 administered the oral medications and then gave the resident Nasonex Nasal Spray (given to treat allergies) with no instructions for use; the resident took the spray and self-administered three sprays to each nostril.

An interview with LPN 1 immediately following the medication administration observation and review of the physician’s order confirmed that Resident 135 was prescribed two sprays to each nostril.

A review of Resident 135’s medical record revealed a physician’s order dated 10/20/14 for Nasonex Nasal Spray, two sprays to each nostril daily. Further review of the medical record revealed that the resident did not have a physician’s order or an assessment for self-administration of medications. As a result, the resident overmedicated themselves by administering three sprays instead of two sprays, as ordered by the physician.

An interview with the Director of Nursing (DON) on 10/29/14 at approximately 9:30 AM revealed that the facility’s practice is to obtain a physician’s order for medication self-administration. The DON acknowledged that Resident 135’s medical record did not have a physician’s order for self-administration of medications.

A review of the facility policy titled, “Self-Administration of Medications” on 10/29/14 at 10:00 AM, indicated that a physician’s order must be obtained and an interdisciplinary team skills assessment must be completed.
Activity—Deficiency Citation F176: Standards

Having completed a quality review of deficiency citation F176, does the citation meet quality review standards?

a. No
b. Yes

The deficiency citation does not meet quality review standards. The correct answer is no. Please review the statements again to prepare for the next activity.
Activity—Deficiency Citation F176: Requirements

Having completed a quality review of deficiency citation F176, which of the following requirements is the citation lacking to meet quality standards? Select all that apply.

a. The extent of the deficient practice  
b. A reference tag  
c. Sources of evidence  
d. Confidential Identifiers  
e. Findings  
f. Outcome

Correct. The deficiency citation includes a reference tag, confidential identifiers, sources of evidence, findings, and an outcome, but is lacking a statement of extent. The statement does not provide a total number of cases for the universe. For example: The facility failed to assess the resident's ability to self-administer medications for 1 of 6 residents (Resident 2).
Activity—Deficiency Citation F176: Matching

Match the following statements and standards.

Quality Standard

Extent (DPS)
Outcome
Confidential identifiers
Facts and findings
A description of violation
Sources of evidence

Statement from Deficient Practice

A. “1 of 4 sampled residents (Resident 135).”
B. “the resident took the spray and self-administered three sprays to each nostril”
C. “Based on observation, interview, and record review”
D. “Resident 135, LPN 1, DON”
E. “the facility failed to assess residents’ ability to self-administer medications”
F. “As a result, the resident overmedicated themselves by administering three sprays instead of two sprays as ordered by physician.”

The DPS matches with statement A; the outcome matches with statement F; the confidential identifiers match with statement D; the facts and findings match with statement B; the description of violation matches with statement E; and sources of evidence match with statement C.
Activity—Deficiency Citation F469

Using the deficiency citation checklist, complete a quality review of deficiency citation F469 to prepare for the exercise questions.

F469 Effective Pest Control Program to determine if the facility has maintained an effective pest control program so that it remains free of pests and rodents. Determine whether there is evidence of roaches, ants, flies, mice, etc. in food storage, preparation and service areas.

This requirement is NOT MET as evidenced by:

Based on observation, interview, and record review, it was determined that the facility failed to maintain an effective pest control program to ensure that the facility is free of pests in food production, storage areas, and the main dining room where Resident 4, 6, and 7 were eating lunch.

The findings include:

During observations on 10/29/14 at 1:00 PM, surveyors noted numerous flying insects in the kitchen food service area and the main dining room, where Residents 4, 6, and 7 among others were eating lunch.

An interview with the Director of Maintenance on 10/29/14 at 1:30 PM indicated that there is currently a fly issue within the facility and that a new pest control company has been contracted to provide services at the facility.

A review of the pest control records revealed that the facility had been treated for a “Large Fly Problem” on 07/10/2014, 08/14/2014, 09/11/2014, 10/11/2014, and 10/20/14.

During an interview with the Director of Nursing (DON) on 10/30/14 at 1:00 PM, the DON confirmed that there had been numerous resident complaints regarding the fly/pest problem in the facility.

During an interview with the Director of Maintenance and the Administrator on 10/30/14 at 2:00 PM, they acknowledged that the current Pest Control Program is not effective.
Activity—Deficiency Citation F469: Standards

Having completed a quality review of deficiency citation F0469, does the citation meet quality review standards?

a. No
b. Yes

The deficiency citation does not meet quality review standards. The correct answer is no. Please review the statements again to prepare for the next activity.
Activity—Deficiency Citation F469: Requirements

Having completed a quality review of deficiency citation F469, which of the following requirements is the citation lacking to meet quality standards? Select all that apply.

a. The extent of the deficient practice
b. A reference tag
c. Sources of evidence
d. Confidential Identifiers
e. Findings
f. Outcome

The deficiency citation includes a reference tag, findings, confidential identifiers, and sources of evidence, but is lacking the extent of the deficient practice and outcome. The citation does not indicate the number of residents affected, nor does it identify the actual or potential harm to the resident.
Match the following statements and standards.

Activity—Deficiency Citation F469: Matching

Quality Standard

Extent DPS
Regulatory reference
A description of violation
Findings

Statement from Deficient Practice

A. “F469 Effective Pest Control Program to determine if the facility has maintained an effective pest control program so that it remains free of pests and rodents.”
B. “Based on observation, interview, and record review it was determined that the facility failed to maintain an effective pest control program to ensure that the facility is free of pests in food production, storage areas, and the main dining room where resident 4, 6, and 7 were eating lunch.”
C. “During an interview with the Director of Maintenance on 10/29/14 at 1:30 PM he indicated that there is currently a fly issue within the facility and that a new pest control company has been contracted to provide services at the facility.”
D. “the facility failed to maintain an effective pest control program"

The DPS matches with statement C; the regulatory reference matches with statement A; the description of violation matches with statement E; facts and findings matches with statement D; and outcome matches with statement F.
Key Points

The key points to remember from this lesson include:

- The components of a deficiency citation consist of a regulatory reference, a deficient practice statement, and relevant findings.

- The questions to be answered while conducting a quality review are:
  1. Is the who, what, where, when & how answered?
  2. Is the sequencing of events in chronological order?
  3. Is there minimal use of medical terminology and abbreviations?
  4. Does the citation make sense?
  5. Is there adequate evidence?
Lesson 3 Summary

This lesson introduced you to the following:

• How to determine that a Deficient Practice Statement (DPS) and findings meet the Principles of Documentation (POD)
Congratulations!

You have just completed this lesson. You may now select the next lesson in this module.
Module 1 Lesson 4

Determine if the Plan of Correction is Acceptable
Lesson 4 Introduction

In response to any and all Deficient Practice Statements (DPS) contained in Form CMS-2567, the entity must submit a well-written and comprehensive Plan of Correction (POC). While it is not the surveyor’s responsibility to compose or edit this document, it is necessary to determine if the POC is complete and acceptable.

In this lesson you will use the examples from Lesson 3 to review the important points when determining if a POC is acceptable.
Lesson 4 Objectives

Upon completion of this lesson, you will be able to:

• Determine if the POC contained within Form CMS-2567 is acceptable.
Lesson 4 Overview

This lesson includes the following topics:

• Determine if the POC is acceptable

During this lesson, you will review what is included in a well-written, acceptable POC and practice reviewing a POC for acceptability.
Does the POC state how the corrective action will be accomplished?

When reviewing a POC for acceptability the first thing to ask is, "Does the POC state how the corrective action will be accomplished?"

To evaluate the POC you should ensure the plan addresses the five required elements.

Element 1: How the corrective action will be accomplished for those residents found to have been affected by the deficient practice;

Element 2: How the facility will identify other residents having the potential to be affected by the same deficient practice;

Element 3: What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;

Element 4: Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;

Element 5: Include dates when corrective action will be completed.
Element 1: How the action will be accomplished

Element 1 identifies individuals affected by the deficient practice and how the action will be accomplished for those who have been affected.

Facilities must state what they have done to address the deficient practice for the identified individuals.

If the deficient practice is systemic and no individuals are identified in the citation, then facilities must state what they have done to correct the deficient practice and solve the problem that has the ability to affect all residents.
Element 2: How to identify others affected

To meet Element 2, the facility must address:

• How it evaluated or will evaluate other individuals who may be affected by the deficient practice; and
• What actions it has taken or will take to protect individuals identified by the facility from the same negative outcome.

For example:
All current residents (who are Medicare beneficiaries) will be given a new amended copy of the Notice of Medicare Non-Coverage which would include the current Quality Improvement Organization (QIO) phone number prior to discharge.
Element 3: Measure of system changes

To meet Element 3, the facility must address:

• What it has done and will continue to do to prevent the deficient practice from happening again.
• Whether they need to develop or modify a system to prevent the practice from recurring.
Element 4: How to monitor facility performance

To meet Element 4, the facility must:

- Address how its monitoring system will ensure the deficient practice will not happen again.

- Develop a monitoring system that:
  - Includes who will conduct the monitoring
  - Indicates how often the monitoring will be done
  - Continues after the deficient practice has been corrected
  - Does not contain a completion date
Element 5: A date the actions must be completed by

The facility must provide the date by which they plan to be back in compliance with the regulation. The date can be no later than 60 days after the exit date provided on Form CMS-2567.
Exercise F156 POC

Now that you have learned about the elements of a Plan of Correction (POC), take a few moments to review the POC below for deficiency citation F156.

Below is a Plan of Correction (POC) as it would appear in the right column of Form CMS-2567.

F156

§483.10(b)(6) -- The facility must inform each resident before, or at the time of admission, and periodically during the resident’s stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility’s per diem rate.

Statement: The facility will ensure that all forms provided to residents are current and complete with all applicable information within ten days.

Element 1: How the corrective action will be accomplished for individuals found to have been affected by the deficient practice.

- Resident 12 was discharged on 05/29/2014 and Resident 37 was discharged on 08/26/2014.
- The Quality Improvement Organization (QIO) phone number will be added to all forms of the Notice of Medicare Non-Coverage.
- All current residents (who are Medicare beneficiaries) will be given a new amended copy of the Notice of Medicare Non-Coverage which would include the current QIO phone number prior to discharge.

Person responsible:
- Director of Social Services (DSS)

Element 2: How the facility will identify other individuals who have the potential to be affected by the same deficient practice and how the facility will act to protect individuals in similar situations.

- All residents who receive Medicare services that will end prior to exhausting the Medicare-covered days will be identified and will be provided a Notice of Medicare Non-Coverage.

Person responsible:
- DSS

Element 3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur.

- All current paper copies of the Notice of Medicare Non-Coverage will be destroyed.
• All digital copies of the notice will be deleted and replaced with the amended notice that includes the QIO phone number.

Person responsible:
  • DSS

Element 4: How the facility will monitor actions/performance to ensure the deficient practice has been corrected and will not recur (i.e., what program will be put into place to monitor the continued effectiveness of the systematic change to ensure that the solutions are permanent).
  • A review of the discharge process audit tool will be completed for one hundred percent of the discharge planning records for three months. An ongoing review of the discharge planning process and records will be conducted for an additional three months by the Director of Nursing Services (DNS) or designee.
  • The Quality Improvement Committee (QIC) will review audit findings monthly for six months, after which the team will re-evaluate the continued need for the audit.

Person responsible:
  • Facility director
  • DSS

Element 5: Date of Compliance
01/01/2015
Exercise F156 POC—Sequence

When reviewing the Plan of Correction (POC), the surveyor took special care to ensure that the information was in a clear, concise manner and included the major elements as follows:

1. How the action is to be accomplished
2. How to identify others affected
3. Measure of system changes
4. How to monitor facility performance
5. A date the actions must be completed by
Exercise F156 POC—Key Components

Review why the specific element included by the surveyor in the Plan of Correction (POC) is acceptable.

How the action is to be accomplished
These statements are correct because the facility put measures into place that will prevent this from happening again.

How to identify others affected
This statement is correct because the facility identified all residents receiving Medicare services whose services may be ending prior to them exhausting their Medicare covered days, and require a Notice of Medicare Non-Coverage, then implemented the corrective action.

Measure of system changes
These statements are correct because they address the immediate problem, and identify all residents affected.

How to monitor facility performance
These statements are correct because the facility will be monitoring to verify that all corrective actions identified have been carried out and the improvement is sustained.

A date the actions must be completed by
The facility must meet the regulatory requirements for completion of the plan of correction. The PIC date is within 60 days of exit date.
Exercise F176 POC

Review the Plan of Correction (POC) below for deficiency citation F176 to prepare for the exercise questions.

Below is a Plan of Correction (POC) as it would appear in the right column of Form CMS-2567.

F176

An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.

Statement: The facility will ensure that all residents who self-administer medications are properly assessed.

Element 1: How the corrective action will be accomplished for individuals found to have been affected by the deficient practice.

- The facility will obtain a physician’s order for Resident 135 and all other residents and will also have a skill assessment completed prior to any future self-administration of medications for all residents.

Person responsible:

- Unit manager

Element 2: How the facility will identify other individuals who have the potential to be affected by the same deficient practice and how the facility will act to protect individuals in similar situations.

- A record review of all residents who currently self-administer medications will take place to ensure their records contain a physician’s order and a skills assessment.
- A review of all new residents’ assessments will be conducted prior to self-administration of medication.

Person responsible:

- Unit manager

Element 3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur.

- All Licensed Practical Nurses (LPN) will be trained on the facility’s self-administration of medications policy.

Person responsible:

- Unit manager
Element 4: How the facility will monitor actions/performance to ensure the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic change to ensure that the solutions are permanent.

- The Director of Nursing (DON) or Designee will conduct an audit of all residents who currently self-administer medications to ensure proper procedure is followed. Audits will occur monthly and results will be reported to the Quality Improvement Committee (QIC).
- Staff will be trained on assessing resident’s ability to self-administer medication.

Person responsible:
- Director of Nursing (DON)

Element 5: Date of Compliance
12/01/2014
Exercise F0176 POC—Acceptability

After reviewing the Plan of Correction (POC) for deficiency citation F176, is the plan acceptable?

a. No
b. Yes

The PoC is not acceptable. The correct answer is no.
Exercise F176 POC—Element Acceptability (1 of 2)

After reviewing the Plan of Correction (POC) for deficiency citation F0176, which of the following elements of the plan is incomplete or unacceptable? Select all that apply.

Element 1: How the action is to be accomplished
Element 2: How to identify others affected
Element 3: Measure of system changes
Element 4: How to monitor facility performance
Element 5: A date the actions must be completed by

Element 3 is unacceptable.
Elements 1, 2, 4, and 5 are acceptable.
Exercise F176 POC—Element Acceptability (2 of 2)

Why is Element 3: Measure of system changes in the Plan of Correction (POC) unacceptable? Select all that apply.

a. Does not identify everyone that might be affected  
b. Does not address the immediate problem  
c. Does not provide ample time for action to be corrected  
d. Does not correct the systemic problem

Element 3: Measure of system changes is not acceptable because training is not enough to correct the systemic problem, nor does the statement include how the facility will monitor/assess staff knowledge of how to assess a resident who wishes to self-administer or facility policy. A better statement would have included:

- All nursing and medical staff will be trained on the facility’s self-administration of medications policy.
- Before initiating self-administration of medication, the nurse will verify that a physician’s order has been obtained and that a skills assessment for the resident was completed.
- Physicians will order self-administration of medication only after all assessments have been completed.
Exercise F469 POC

Review the Plan of Correction (POC) below for deficiency citation F469 to prepare for the exercise questions.

F469

§483.70(h)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.

Statement: The facility will maintain an effective pest control program to ensure that the facility is free of pests in food production, storage areas, and resident common areas.

Element 1: How the corrective action will be accomplished for individuals found to have been affected by the deficient practice.

- The facility will research pest control companies and contract with a pest control company that will effectively meet the facility’s needs.
- The Director of Maintenance (DOM) will conduct daily checks of the food production areas, storage areas, and common areas to ensure they are pest-free until this current issue is resolved.

Person responsible:
- DOM

Element 2: How the facility will identify other individuals who have the potential to be affected by the same deficient practice and how the facility will act to protect individuals in similar situations.

- All residents have the potential to be affected by this issue.

Person responsible:
- Facility administrator

Element 3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur.

- Environmental rounds will be conducted and documented weekly by the DOM to ensure that the pest problem does not reoccur.
- If pest issues are reported by staff or residents, the DOM will contact the pest control company within 24 hours.

Person responsible:
- Facility administrator
Element 4: How the facility will monitor actions/performance to ensure the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systematic change to ensure that the solutions are permanent.

- Audit of the record of the environmental rounds which includes any issues found and accompanying corrective actions will completed weekly x4 by the environmental safety committee. The administrator will be informed of any unresolved pest control issues.

Person responsible:
- Facility administrator

Element 5: Date of Compliance
12/01/2014
Exercise F469 POC—Acceptability

After reviewing the Plan of Correction (POC) for deficiency citation F469, is the plan acceptable?

   a. No
   b. Yes

The POC is not acceptable. The correct answer is no.
Exercise F469 POC—Element Acceptability (1 of 2)

After reviewing the Plan of Correction (POC) for deficiency citation F469, which of the following elements of the plan is incomplete or unacceptable? Select all that apply.

Element 1: How the action is to be accomplished
Element 2: How to identify others affected
Element 3: Measure of system changes
Element 4: How to monitor facility performance
Element 5: A date the actions must be completed by

The correct answer is Element 4: How to monitor facility performance.

Elements 1, 2, 3, and 5 are acceptable.
Exercise F469 POC—Element Acceptability (2 of 2)

Why is Element 4: How to monitor facility performance in the Plan of Correction (PoC) unacceptable? Select all that apply.

a. Does not provide ample time for action to be corrected
b. Does not indicate that an action was taken
c. Does not identify everyone that might be affected
d. Does not prevent deficient practice from happening again
e. Does not correct systemic problem

Element 4 is unacceptable because the environmental rounds were only completed for four weeks and do not show continuing monitoring. Better statements would be; The Director of Maintenance (DOM) will notify the facility administrator of any further pest control issues reported or noted on the weekly environmental rounds and the corrective action taken. The DOM will communicate regularly with the pest control company regarding any issues or changes to the regular maintenance plan. Audit of the record of the environmental rounds will be completed monthly by the environmental safety committee.
Key Points

The key points to remember from this lesson include:

- The five elements of an acceptable Plan of Correction (POC) are:
  - Element 1: How the action is to be accomplished
  - Element 2: How to identify others affected
  - Element 3: Measure of system changes
  - Element 4: How to monitor facility performance
  - Element 5: A date the actions must be completed by

During this lesson you reviewed the five elements to be included in a well written acceptable POC and practiced reviewing a POC for acceptability.
Lesson 4 Summary

This lesson introduced you to the following:

• How to determine if the POC contained within Form CMS-2567 is acceptable.
Congratulations!

You have just completed this lesson. You may now select the next module in the course.
PODLA/LTC Module 2 – Introduction

Supporting the Documentation Effort
Module Objective

Upon completion of this module, you will identify coaching techniques to help surveyors improve writing skills and proper documentation standards that must be met to accurately complete Form CMS-2567.
Module Menu

This module is organized into two lessons, which will take approximately 1 hour and 40 minutes to complete.

Lesson 1—Coaching to Improve Surveyor Documentation
Lesson 2—Document the Investigation Findings
PODLA/LTC Module 2 Lesson 1

Coaching to Improve Surveyor Documentation
Lesson 1 Introduction

In this lesson, we will look at coaching techniques a preceptor may use to assist surveyors with identifying relevant evidence that supports a deficient practice when completing Form CMS-2567.
Lesson 1 Objectives

Upon completion of this lesson, you will be able to:

• Identify coaching techniques to help surveyors improve writing skills associated with writing Form CMS-2567.
Lesson 1 Overview

During this lesson, you will be introduced to:

• What a preceptor is
• Coaching methods
• Coaching tips
What is a Preceptor?

A preceptor is a coach who helps someone else (new surveyors) learn something that he or she would not have learned very well, learned slowly, or not at all if left alone.

As a preceptor, you are acting as a coach for your new surveyor.

Being a coach takes more than just being able to do your job well. A coach must have the ability to share knowledge and skills effectively.
Coaching Competencies

Effective coaches exhibit specific competencies, which can be organized into four clusters:

- Communication
- Relationships
- Performance improvement
- Execution
Communication

Communication is key to coaching. A good coach can communicate not only through their voice but also through other methods.

Speaking is only one of the forms of communication that a good coach will use.

Body language, facial cues, and voice inflection can say more than words depending on the situation. Many times, it is not the words you use but the way they are said that convey meaning. The same words may be spoken, but depending on body language and voice inflection, they carry very different meanings.
Communication—Listening Skills

A preceptor does not just communicate corrections to a surveyor the best coaches are also the best listeners.

Pay careful attention to what a surveyor asks or says—by doing so, you will be able to dig deeper into the problem.

Listen closely for what the surveyor does not say as well. This may provide you clues to a surveyor’s knowledge deficit or other issues.
Feedback is the facet of team communication in which learning occurs. Effective feedback is:

- Timely
- Respectful
- Specific
- Directed
- Considerate
Feedback: Timely and Respectful

Timely and respectful feedback is key to good coaching.

If you wait too long, facts are forgotten and the feedback loses its “punch.” Feedback is most effective when the behavior being discussed is still fresh in the mind of the receiver.

Feedback should not be personal and it should not be about personality. It should be about behavior. Never attribute a team member’s poor performance to internal factors (e.g., intelligence or mental state) because such destructive feedback lowers one’s belief in their ability to succeed and hinders subsequent performance.
Feedback: Directed and Considerate

Feedback should be specific and directed, allowing the learner to set goals for improvement.

Feedback should relate to a specific situation or task. Imagine that you are receiving feedback from a peer who tells you that your surveying techniques need work. That statement is too general to use as a basis for improvement. Proper feedback indicates which techniques need work, so the surveyor can focus on those specific skills.

The person receiving feedback will be better able to correct or modify performance if specific actions are mentioned during feedback.
Positive Feedback

A preceptor’s feedback should be considerate of team members’ feelings. Remember to praise good performance.

A feedback message will seem less critical if you provide information on the positive aspects of a person’s performance as well as how the person may improve.

Generally, fairness and respect will cushion the effect of any negative feedback.
Relationship Building

Effective preceptors must be able to build relationships with those they coach. Below are the four coaching competencies related to relationship building:

- **Build rapport and trust**
  - Build trust by showing respect for others, acting with integrity and honesty, and easily forming bonds with others.

- **Motivate others**
  - Encourage others to achieve desired results.

- **Work with personal issues**
  - Listen with empathy and without judgment and offer emotional support for personal difficulties.

- **Confront difficult situations**
  - Raise uncomfortable topics that are affecting task accomplishment.
Performance Improvement

The four coaching competencies related to performance improvement are:

• Set performance goals
  • Collaborate with others to establish short- and long-term goals for performance on particular tasks.

• Reward improvement
  • Use a variety of means to provide positive reinforcement to others to make progress on the accomplishment of important tasks.

• Deal with failure
  • Work with others to encourage them when they do not meet expectations.

• Assess strengths and weaknesses
  • Identify root causes of performance through keen observation and effective definition and articulation of performance issues.
Execution

The final competency relates to a preceptor’s skill in executing their role as a coach. The two coaching competencies related to execution are:

• Respond to requests
  • Consult with others on an as-needed basis. Respond to requests in a timely manner.

• Follow through
  • Keep your commitments. Monitor outcomes of the coaching process and provide additional assistance when necessary.
Knowledge Check

True or False? A coach is someone who helps someone else learn something that he or she would not have learned very well, learned slowly, or not at all if left alone.

a. True
b. False

The correct answer is True. A coach is someone who helps someone else learn something that he or she would not have learned very well, learned slowly, or not at all if left alone.
Coaching Methods

The One-Minute Preceptor is a coaching method developed to help preceptors coach surveyors through new content quickly and efficiently. The method consists of six short steps:

- Step One: Get a Commitment
- Step Two: Probe for Supporting Evidence
- Step Three: Reinforce What Was Done Well
- Step Four: Give Guidance About Errors and Omissions
- Step Five: Teach A General Principle
- Step Six: Conclusion
Step One: Get a Commitment

When coaching a surveyor through a case it is best to get a verbal commitment to an aspect of the case. The act of stating a commitment pushes the learner to move beyond their level of comfort and makes the teaching encounter more active and more personal. This can show respect for the learner and fosters an adult learning style.

By selecting an appropriate question, the coach can take a learner at any stage and encourage them to move further along in their skills and stretch beyond their current comfort level.
Step Two: Probe for Supporting Evidence (1 of 2)

The next step is to explore what the basis for the surveyor’s opinion is.

The educational setting often rewards a lucky guess to the same degree as a well-reasoned, logical answer. In the clinical setting, it is important to determine that there is an adequate basis for the answer and to encourage an appropriate reasoning process.

By the same token, it is important to identify the “lucky guess” and to demonstrate the use of appropriate supporting evidence.

By asking a question that seeks to understand the rationale for their answer, the reward for a lucky guess is removed. The question you ask will depend on how the surveyor has responded to your request for a commitment.
Step Two: Probe for Supporting Evidence (2 of 2)

Some helpful questions to ask the learner would be:

- What factors did you consider?
- How do they relate to the concern identified?
- What other pieces of information would be helpful?

These types of questions force the surveyor to use critical thinking skills to provide evidence to support their opinion.
Step Three: Reinforce What Was Done Well

In order for the surveyor to improve, they must be made aware of what they did well.

When coaching surveyors, your comments should include specific items that demonstrate the knowledge, skills, or attitudes you value as a preceptor.

With a few sentences, you can reinforce positive skills and increase the likelihood that they will be incorporated into further clinical encounters.

Some helpful phrases would be:

- Your diagnosis was well supported by...
- Your presentation was well organized. You had...
- You included...
Step Four: Give Guidance about Errors and Omissions

Just as it is important for the surveyor to hear what they have done well, it is important to tell them what areas need improvement. This step also fosters continued growth and improved performance by identifying areas of relative weakness.

In framing comments, it is helpful to avoid extreme terms such as “bad” or “poor.” Expressions such as “not best” or “it is preferred” may carry less of a negative value judgment while getting the point across.

Comments should also be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.

The balance between positive and constructive criticism is important.
Step Five: Teach a General Principle

One of the key but challenging tasks for the surveyor is to take information and data gained from an individual learning situation and accurately and correctly generalize it to other situations.

Because of time limitations, it is not practical to do a major teaching session at every teachable moment, but a statement or two outlining a relevant and practical teaching point can have a significant impact on the surveyor.

Examples of how to help a surveyor relate previously learned information include:

- “If you recall from the previous survey, all residents must be identified in the deficiency citation using confidential identifiers.”

- “When documenting a citation, write clearly, objectively, and in a manner that is clearly understood.”
Step Six: Conclusion

Time management is a critical function in clinical teaching.

This final step serves the very important function of wrapping up the teaching interaction and defining what the role of the surveyor will be in the next events.

There will always be future teachable moments. Spending too much time on any one lesson may detract from the overall learning experience. Surveyors will retain more information when presented in smaller portions, rather than one large lesson. There is no need for a formal conclusion, but both the surveyor and the coach should feel that the issue has been resolved.
Knowledge Check

Which of the One-Minute Preceptor steps ensures that the student did not make a lucky guess?

- Step One: Get a Commitment
- Step Two: Probe for Supporting Evidence
- Step Three: Reinforce What was Done Well
- Step Four: Give Guidance About Errors and Omissions
- Step Five: Teach a General Principle
- Step Six: Conclusion

The correct answer is Step Two: Probe for Supporting Evidence ensures that the surveyor did not make a lucky guess.
Coaching

Remember that all reviews contain teachable moments. Below are some points to assist you while coaching:

• Ask questions rather than supply answers.
  • “How could this have been phrased more clearly?”

• Encourage critical thinking.

• Be careful of tone and delivery.

• Do not rush.
  • Allow time to work through questions and potential issues.
Coaching Tip # 1

When coaching, make sure to highlight how the issue meets or does not meet a specific component of the Principles of Documentation (POD), which are:

- Plain Language
- Deficient Practice Statement (DPS)
- Relevant fact and findings
- Relevant deficiency citations
- Cross-references
Coaching Tip # 2

Help the surveyor identify relevant facts and findings by asking for answers to the following questions:

- **Who?**
  - Who was impacted by the deficient practice?

- **What?**
  - What did the facility fail to do?

- **Where?**
  - Where did the deficient practice occur?

- **When?**
  - When was the Director of Nursing (DON) interviewed?

- **How?**
  - How did the deficient practice impact the resident or other residents?
Coaching Tip # 3

Assist the surveyor with organizing information by helping them:
- Decide which information is relevant
- Place events in chronological order
- Sort findings by criticality
Key Points

The key points to remember from this lesson include:

• The characteristics of a preceptor
• Tips that can be applied when coaching
• Coaching methods
Lesson 1 Summary

This lesson introduced you to the following:

• How to use coaching techniques to help surveyors improve writing skills associated when submitting Form CMS-2567.
Congratulations

You have just completed this lesson. To continue, select the next lesson in the module.
Module 2 – Lesson 2

Document the Investigation Findings
Lesson 2 Introduction

In this lesson, we will look at techniques for coaches to use when helping surveyors document complete, clear, and concise evidence on Form CMS-2567.
Lesson 2 Objectives

Upon completion of this lesson, you will be able to:

• Identify optimal coaching techniques to support surveyors in proper documentation standards using Form CMS-2567.
Lesson 2 Overview

During this lesson, you will be introduced to:

- The key components of a deficiency citation
- Coaching techniques to coach a new surveyor on how to document relevant evidence in a clear and concise manner
Key Components of Citations

An effective technique to use when coaching a surveyor is to divide the content into small manageable chunks.

Dividing the deficiency statement into three sub-parts allows the surveyor to not be overwhelmed by the process.

The three parts of a deficiency citation are:

- A regulatory reference
- A Deficient Practice Statement (DPS)
- Relevant facts and findings
Regulatory Reference

Like the deficiency citation, a regulatory reference can be subdivided into the following components making it easier to write a thorough citation:

- A survey data tag number
- The language which specifies the noncompliant aspect(s) of the requirement
- An explicit statement that the requirement was NOT MET

Surveyors should make sure the appropriate tag has been selected and identify any associated tags.
Deficient Practice Statement

Supplying a surveyor with a simple graphic or checklist can be a valuable coaching tool.

A graphic can be used to assist a surveyor by reminding them what types of items are required to be included in a complete DPS.

Remind surveyors of the following components of the DPS:
- Sources of information
- What the entity did or failed to do
- Extent (universe) of the deficient practice
- Resident or patient identifiers
- Outcomes or potential outcomes
Form CMS-2567

A graphic can be used to assist a surveyor by reminding them what types of items are required when completing Form CMS-2567.

As a coach, having tools available to offer your surveyors will assist them as they enhance their skill in applying the Principles of Documentation (POD).
Coaching Activity—Instructions

The next exercise will give you an opportunity to practice coaching a surveyor using a poorly written Deficient Practice Statement (DPS).

After reading the DPS, you will be asked to select the best coaching response. Correct coaching responses should follow the one-minute preceptor coaching method and good communication skills.
Coaching Activity—Coaching Methods

Read responses below to the different coaching methods. Then, read the response that provides the best coaching solution by placing a check mark below it based on the following DPS.

“Based on interviews, the facility failed to administer medications as ordered for Resident 2.”

Coach’s Response 1:
“Well done. You used identifiers instead of the resident’s name and included a source of evidence. Is there anything else that could be added to make this a stronger statement?”

Coach’s Response 2:
“This deficient practice statement is missing several pieces even though you included an identifier and a source of evidence, but a citation like this should have more than one source of evidence and should also include the universe describing the extent of the citation.”

Coach’s Response 3:
“This statement is OK. Maybe you could think about strengthening it a little bit.”

Feedback Response 1:
This coaching response does a good job of reinforcing what was done well and probing for supporting evidence. The coach’s tone is comforting yet authoritative.

Feedback Response 2:
This coaching response does a good job of giving guidance about errors and concluding the lesson but it does not reinforce what was done well, probe for supporting evidence, or teach a general principle. The coach’s tone is aggressive when providing guidance, appearing as if she is verbally attacking the surveyor.

Feedback Response 3:
This coaching response does not tell the surveyor what they did right. This coach did not probe or investigate the surveyor’s knowledge in any way. Guidance about errors is not provided, a general principle is not taught, or the lesson concluded. The coach’s tone is slightly demeaning.
Coaching Activity—Coach’s Reply (1 of 2)

Read the surveyor’s response to the correct coaching method from the previous question.

Surveyor Response:
“Thanks for the help, I am sorry I was in a hurry and just forgot to document the other sources of evidence. I am not sure what else I could have missed though? I stated the violation and was sure to not identify the resident.”

Response 1:
“It’s good that you recognized the missing sources of evidence. You also want to be sure to include the extent and universe. When writing a DPS, step back and try to look at it as if you had to defend it in court. This will allow you to discover any missing pieces. I also have a job aid for completing a DPS which can help assure all the pieces are present.”

Response 2:
“You need to go back to your surveyor notes and reread them. Just because you checked an item off the list when writing your DPS does not mean you can’t revisit it later and add more details.”

Response 3:
“You are certainly on the right track here. Email me your notes so I can add the universe and extent to the DPS. Good Job!”

Feedback Response 1:
The coach’s response affirms the surveyor’s work and gives guidance for improvement. It is also calming to the surveyor who appears to be frustrated and in a hurry. The preceptor gives advice that can be applied to this situation as well as others that may pop up in the future.

Additional Note: The coach has been given information regarding the surveyor’s knowledge base and potential issues regarding time. Is there an unusually heavy surveyor workload? Understaffing? Time management issues? The coach can use this information as one data point to contribute to quality improvement processes in the agency.

Feedback Response 2:
The coach did not address the missing item or give any useful information. Also, the tone indicates a lack of respect.

Feedback Response 3:
The coach clearly wants to be supportive, however, is not actually helping the surveyor improve his or her performance.
Coaching Activity—Coach’s Reply (2 of 2)

Select the best surveyor’s response to the correct coaching method from the previous question.

Surveyor Response:
“I read through this three times. I'm really not sure what else I can do to make it any clearer. I cited my source, I indicated what the violation was, and I used an identifier instead of the resident’s name.”

Response 1:
“Please do not get defensive. These reviews are meant as a learning opportunity. Each mistake you make can be used as a learning tool. So why don’t you double-check your surveyor notes and try again and we can meet again tomorrow.”

Response 2:
“I can hear your frustration. Let’s take a look at this together. You are correct that you cited a source in the DPS. Was that the only source found in your surveyor notes? You also cited Resident 2 as being affected by the violation, but was Resident 2 the only one that was or could have been affected? Let’s take a look at the components of the DPS together and review, OK?”

Response 3:
“Well maybe you need to look at it a fourth time. This is not nursery school and no one is going to hold your hand here. So deal with it.”

Feedback Response 1:
The coach does offer some good advice about double-checking the surveyor notes, but does not provide any other guidance. The surveyor has a clear knowledge deficit, which needs to be addressed.

Feedback Response 2:
The coach acknowledged the surveyor’s frustration and recognized the surveyor’s knowledge deficit. The coach also affirmed what the surveyor did right and set the stage for further learning.

Feedback Response 3:
The coach’s responses are not helpful and move a conversation regarding work product into a personal attack on the surveyor.
Key Points

The key points to remember from this lesson include:

- The required components of a deficiency citation
- Coaching techniques to support a new surveyor when documenting relevant evidence in a clear and concise manner
Lesson 2 Summary

This lesson introduced you to the following:

- How to identify optimal coaching techniques to support surveyors in proper documentation standards using Form CMS-2567.
Congratulations!

You have just completed this module.