



WELCOME

GINA GAMBARO

Director of Marketing

Asking a question is easy!

- About the topic being presented —
 - ❖ Click on the **Q&A** icon at the bottom of your screen
 - ❖ Type your question & hit Enter
 - ❖ Questions will be answered at the program's end, or offline if time runs out

- About technical issues or CE credit —
 - ❖ Click on the **Chat** icon at the bottom of your screen
 - ❖ Type your question & hit Enter
 - ❖ Our team will reply to your question right away

Housekeeping notes

- ▶ This webinar is being recorded for on-demand access later, after the series' conclusion
- ▶ To earn CE, you must attend the entire session
- ▶ **For those sharing a computer**
 - Complete a manual sign-in sheet before the program ends
 - Go to **Chat** to access the link for the sign-in sheet
 - Each participant must complete an evaluation to obtain CE credit
 - Instructions will also be emailed to the program registrant

2024 WEBINAR SERIES

Surviving the Survey 2024

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Agenda

- ❖ Developing and implementing smart policies that can help you avoid pitfalls
- ❖ Hot survey topics and how to prepare for your surveys
- ❖ Strategies for managing the Survey Process and best practices to mitigate your penalties

Preparing for a Survey

Getting Ready for Survey

Are you in the window for your Annual survey?

Have you recently submitted an incident report to SSA?

Have you recently had an incident or confrontation with a resident's family?

Have you recently terminated or disciplined a problematic or disgruntled employee?

Getting Ready for a Survey

Review compliance for at least the past year, if not the past three to five years.

Identify problem areas and problem employees.

Confirm all prior Plans of Correction were completed.

Have routine jobs been done, and documented?

Are you staffs' licenses and certifications up-to-date?

Have your in-services been accomplished?

Are fire drills and alarm checks in the maintenance binder?

Have you investigated incidents/accidents and taken corrective actions?

Getting Ready for a Survey

Conduct a dress rehearsal or mock survey, including interviews of staff.

Drill staff on policies and procedures.
Can staff orally describe what they are supposed to do in certain situations?
Practice interviewing (Listen to questions, ask for clarification, stick to the facts, etc.)

Gather important documents and have them ready.

You have the incident report handy, how about the Nurses' Notes, follow-up assessments, revised Care Plan, new Physicians' Orders, etc?
In-service training forms.
Background' Licensure check reports.

Key Risk Areas

Abuse / Neglect

Elopements

Falls / Accident
Hazards

Incident
Investigations &
Reporting

Getting Ready for a Survey

❖ *Review the critical issues that surveyors focus on:*

- Abuse / Neglect
- Skin Breakdown
- Falls/Accident Hazards
- Elopements
- Resident-to-resident altercations
- Incident Investigations & Reporting

Review Your Policies

- ❖ You know those areas where you need to tightened up.
- ❖ Start with your policies for those issues.
- ❖ Let's explore how we can make sure your policies don't set you up for a deficiency or violation.

Smart Policies



Identify issues that should (and should not) be identified in policies.



Develop policies that will address the issues in a meaningful way.



Learn strategies for implementing policies in a way that solves problems and reduces liability.

Why Have Policies?

Required by law.

Give Guidance to staff.

Create consistency in practice.

Remove the chance for error.

Biggest Risk with Policies

Trap for the
unwary.

You set the
standard of care
and you couldn't
live up to it.

Automatic
violation.

Biggest Problems with Policies

Too elaborate.

Too strict.

Too many.

Contrary to practice.

Too secret.

Policy Do's

Clear.

One policy for an issue.

To the point – what is the take away?

Easy to carry out. If staff can't tell you the policy when you ask they probably aren't carrying it out.

Shared with residents and families as appropriate.

Known by everyone (or at least everyone who should know).

Do We Need a Policy?

Is it required by law or regulation?

Is it a problem in our community?

Do we have inconsistency on the issue?

Is consistency important?

What are the benefits?

What are the risks if there is no policy?

Is Our Existing Policy Bad?

- ▶ Can staff tell you succinctly from memory what the policy is? At least the nuts and bolts?
- ▶ How often do you have problems with the issue addressed by the policy?
- ▶ How often do staff fail to follow the policy?

Case Study: Abuse



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Top Five Errors with Abuse

- ▶ Staff fail to identify an incident or allegation of abuse.
- ▶ Staff fail to report an allegation of abuse.
- ▶ Once a report has been made, staff are not suspended pending investigation.
- ▶ Failure to conduct a thorough investigation.
- ▶ Failure to dig deeper.

Three Golden Rules

- ▶ Treat every allegation as if it were true and as if it were abuse.
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Staff Need to Know That Whenever They Have Any Concern at All They Must:



Immediately report it to the administrator.



Immediately suspend staff pending the investigation.



Initial report to State Agency within 24 hours.



Conduct a thorough investigation.



Send 5-Day Follow-Up Report.



Discipline any staff as necessary.

Conduct a Thorough Investigation

Must be more than your determination as to what was the most likely cause.

Interview everyone who might know something.

- Staff on duty at the time;
- Roommate;
- Family;
- Other residents.

Review prior notes.

Interview staff for any other concerns.

Abuse Survey Response File — Key Components

Original State Agency report.

Facility Abuse Policy.

Summary of investigation.

5 Day follow-up report to State Agency.

Inservice training documentation.

Copies of updated care plans if applicable.

The Hallmarks of an Effective Abuse Policy



Short.



Focused on reporting anything that could be a problem.



Identifies who takes action when a report is made.



Describes the process for responding to an allegation

“*My preferred abuse policy for training staff:*

You must report anything that you see or hear about that makes you feel uneasy or just doesn't seem right. You will never get disciplined for reporting something like [this](#) but you will be disciplined if you fail to do so.

”

Now What?

- ▶ Does your staff know the policy?
- ▶ Is your staff following the policy?
- ▶ Have your investigations been thorough?
- ▶ Can you demonstrate compliance with your policy?



Abuse Plan of Removal

Alleged perpetrator
suspended or
barred from facility.

All staff in-service
on abuse policy
and reporting
responsibility.

Report to IDPH.

Initiate
comprehensive
investigation.

Contact family and
physician.

Discharge of
perpetrator
resident.

Repeat in-
servicing.

Case Study: Elopement



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Elopement

Elopement is presumed to be an Immediate Jeopardy / Violation.

The assessment is critical. Is it accurate and updated?

Initial assessment upon admission. Risks are high during initial days of admission.

Does the initial care plan address the wander/elopement risk?

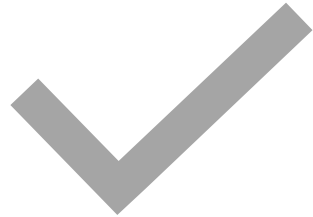
Elopement Issues

- ▶ Failure to monitor main entrance exit visually if door is not alarmed.
- ▶ Failure to respond to door alarm.
- ▶ Disabling of alarms.
- ▶ Failure to maintain alarms in working order.
- ▶ Staff are not aware that a resident has left the building.
- ▶ Failure to follow a resident's care plan regarding wandering.
- ▶ Failure to have a care plan for behavior.

Elopement Response

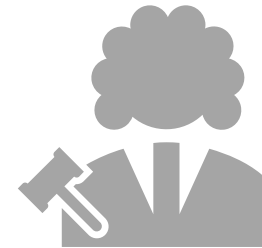
- ▶ Find the resident.
- ▶ Assess the resident.
- ▶ Check all other residents.
- ▶ Test all door alarms / repair if necessary.
- ▶ Document everything you did.
- ▶ Review resident care plan.
- ▶ At a minimum pass out your elopement policy immediately and remind staff.
- ▶ Inservice staff immediately.
- ▶ Prepare your survey response file.
- ▶ Thoughtfully draft your incident report.

Elopement



Conducting the investigation

- Interviews
- Floor plans
- Pictures
- Weather conditions
- Mental condition



Documenting the investigation

Decide what you write very carefully. (Ask a lawyer!?) You will have to live with what you write.

Elopement Policy Concerns

What does your policy say about testing alarms?

- Daily
- Monthly

Documentation of testing?

How do staff respond to door alarms?

“Went to door. Didn’t see anyone. So I reset the alarm.”

Can your door alarms be disabled by staff?

Are they disabled?

Elopement Survey Response File

- ▶ Care plan.
- ▶ Documentation that resident was assessed.
- ▶ Documentation of any changes that were made – new interventions to care plan.
- ▶ Copies of alarm testing documentation.
- ▶ Policies on elopement and alarm testing.
- ▶ Instructions to staff.
- ▶ Reports sent to state.
- ▶ Inservice documents.

Elopement Plan of Removal

Individual's care plan is updated.

Door alarms are repaired (if appropriate).

Elopement Policy has been reviewed and revised as necessary.

Staff in-serviced.

Additional alarms installed.

Case Study: Falls

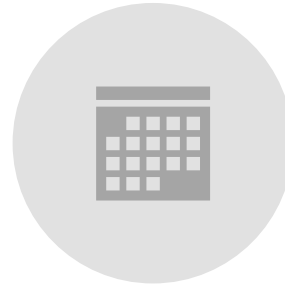


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Excessive Falls



Any resident experiencing a significant number of falls will be looked at.



Could be frequency over time (one fall every other month).



Could be recent episodes of frequent falls.



Focus is on the facility's response to the falls.

“I find that once R2 had shown a risk for falling, the facility had an obligation to do everything practicable to keep her safe from further falls. Petitioner failed to submit evidence that additional practicable measures to better ensure R2’s safety were unavailable.”

“Several of R2’s falls occurred when she tried to get out of bed. Yet, Petitioner submitted no evidence that it considered switching her to the use of a low bed or placing soft mats beside her bed...I find it amazing that the facility made no changes in care planning to prevent further falls after this resident broke her hip.”

- ALJ Interpretation of compliance obligation related to falls

Key to Avoiding a Citation for Falls

- ▶ Documentation that you assessed issue.
- ▶ Documentation that you were communicating with MD.
- ▶ Documentation that you were constantly trying new approaches.
- ▶ OR
- ▶ Documentation that you considered other approaches and why you did not / could not implement them.

Falls Survey Response File



Care Plan showing that new approaches were considered and/or implemented following each fall.



Documentation showing that the falls were reviewed to determine if there was a trend and to identify possible causes.



Policy on falls.

Excessive Falls Plan of Removal

- ▶ Update of care plan for each resident identified.
- ▶ Review of care plans for all residents with falls in the past three months to ensure that they are up to date and adequately address risk.
- ▶ Review of all falls within the past two months by DON and administrator.
- ▶ Inservice staff.

Managing the Survey



During the Survey

- ▶ Command Central
- ▶ Escorts (monitor the surveyors as closely as possible)
- ▶ Runners
- ▶ Give and take (and always copy)
- ▶ Did I really say that?
 - ▶ If possible, correct misunderstandings and provide documents
 - ▶ Document discussions and get statements from staff.
- ▶ Getting ready for day 2, day 3, ...exit.

Immediate Jeopardy

- ▶ If an IJ is called, #1 priority is to get it abated/removed (save arguments of why it should not be an IJ for later).
- ▶ Submit a Plan of Abatement/Removal to State survey agency.
- ▶ Confirm that IJ has been removed.
- ▶ Even when IJ is “removed,” you are still considered to be out of compliance and must submit a POC after receiving the 2567. An In-site revisit will need to be done.

Removal / Abatement

- ❖ The facility should begin immediate removal of the risk to individuals and immediately implement corrective measures to prevent repeat Jeopardy situations. (Removal / Abatement Plan)
- ❖ This should be your top priority regardless of whether you feel the citation is justified.
- ❖ Plan should be specific and contain specific dates for each action.
- ❖ Not a plan of correction, rather what actions are you taking to get rid of the immediate threat.
- ❖ Staff training takes the most time.
- ❖ Be very careful with removal dates. Days = \$

During the *Bad*Survey, You Might Want To

1

Use your daily exits to recap, clarify and supplement information with the surveyors

2

If necessary, get Springfield supervisors involved in discussions

3

Address problems as they arise

4

Recap with staff daily to review status, issues, and concerns

5

Start collecting documents

Mitigating your Survey Penalties



State v. Federal

One Survey, Two Agencies & Parallel Tracks

The Key:

Look at all
correspondence

Watch for deadlines

Make sure you respond
to both the federal and
the state issues

Correct once – get credit
for it twice!

Step 1: Correct

POC Required Elements:

- ❖ Measures to address resident(s) specifically identified in the survey.
- ❖ Identify other resident(s) having the potential to be affected by the same alleged deficient practice.
- ❖ Measures the facility will take or systems the facility will alter to ensure that the alleged problem will not recur.
- ❖ Quality assurance plan to monitor facility performance and make sure that corrections are achieved and are permanent.
- ❖ Completion date.

Completion Date Strategy

Date of completion \neq Date of compliance.

- ❖ Date of completion on POC – the anticipated date when you believe you will have completed your POC.
- ❖ Date of compliance – when you have corrected the POC.
- ❖ State will assume your date of completion on the POC is the

If you can prove earlier compliance, you can avoid DPNA and per day CMPs.

- ❖ Documentation of compliance may become critical.
- ❖ Correct as quickly as possible.

Step 2: Refute

Refuting the survey – chance to argue that the tag is wrong

- Keep this out of the POC.

Explain “why is the surveyor wrong?”

Provide documentation

- Did the surveyor miss it?
- Is there new information?

Show staff and physicians the 2567 – are they accurately quoted?

Q & A

About CE credit

Administrator credit

This program has been approved for one total participant hour of continuing education credit by the National Continuing Education Review Services (NCERS) of the National Association of Long-Term Care Administrator Boards (NAB).

Approval #20250827-1-A105905-DL

Nursing credit

This program has been approved for one total participant hour of continuing education credit by The Illinois Board of Nursing, an approved sponsor of continuing education by the Illinois Department of Professional Regulation.

Obtaining CE credit

- ▶ Complete the evaluation at the conclusion of this program:
 - In your web browser
 - Also emailed immediately following this program
- ▶ For those sharing a computer to view the webinar:
 - Submit your sign-in sheet to the email address listed on the form
 - Each participant will then be emailed a link to the evaluation
 - Each person must complete an evaluation to receive CE credit
- ▶ CE certificates should be **emailed in the next 30 days**

Want more CE after this?

Stay tuned for our upcoming webinars:

[ForumPharmacy.com](https://www.ForumPharmacy.com)

November 21, 2024

To Be Announced Soon

THANK YOU!