

# 42 C.F.R. § 488.115

## Care guidelines.

§ 488.115 Care guidelines.

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<b>Resident Rights</b> F53 405.1021(a)(1) 10F 442.311(a) F54 405.1021(a)(1) 10F 442.311(a)(1)	Were is information concerning resident rights and responsibilities available in the facility?	Ask Resident: - How do you receive a copy of the Resident's Bill of Rights? Was it explained to you? - Were you told of any responsibilities you have in living here? - Were you given a chance to ask questions? - Did he/she receive a written copy of services and any additional services for these services?	Look for signed acknowledgment of receipt of Resident's Bill of Rights. Resident's ability to sign name may have their "duty" attached. Look for written statements of charges services. Social Work records may indicate patient rights with resident.	Because of the confusion surrounding admission to long term care facilities, it is important to give to a resident information on admission, information given at this time is often forgotten, therefore verify resident's recollection with staff interaction and written addresses. Services and costs must be given to the resident, responsibilities and resident's rights should be made available to patients and visitors, e.g., in resident lounge, or other area where residents and visitors could easily see and read them.	Notification of Admittance to Long Term Care 442.307 POLICIES POLICIES 442.300 442.309 442.310 442.305 Medical Records 485.113(b)(1)
F55 405.1021(a)(1) 10F 442.311(a) 1. Rights and Responsibilities F56 405.1021(a)(1) 10F 442.311(a) 2. Rules of Conduct F57 405.1021(b)(2) 10F 442.311(a) 3. Resident Acknowledgment	Where is information concerning resident rights and responsibilities available in the facility?	- How do you receive a copy of the Resident's Bill of Rights? Was it explained to you? - Were you told of any responsibilities you have in living here? - Were you given a chance to ask questions? - Did he/she receive a written copy of services and any additional services for these services?	Look for written statements of charges services. Social Work records may indicate patient rights with resident.	Because of the confusion surrounding admission to long term care facilities, it is important to give to a resident information on admission, information given at this time is often forgotten, therefore verify resident's recollection with staff interaction and written addresses. Services and costs must be given to the resident, responsibilities and resident's rights should be made available to patients and visitors, e.g., in resident lounge, or other area where residents and visitors could easily see and read them.	Notification of Admittance to Long Term Care 442.307 POLICIES POLICIES 442.300 442.309 442.310 442.305 Medical Records 485.113(b)(1)

**NOTE**  
To assure that the resident maintains, in so far as possible, these personal rights and responsibilities, the facility should, and including the right to personal dignity. Information concerning competent residents is given in 4. - Regulation of rights and responsibilities.

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>028 SRI 442-311(a)(12) ICF 442-311(a)(14) 4. Residents in witnessing of changes in services and coverage of services.</p> <p>028 SRI 442-1121(a)(12) ICF 442-311(a)(14) 9. Information of services res. covered by Medicaid and not covered in public rate.</p>		<p>Ask Residents: - If there are changes in services or costs fees, please explain them! Ask Administrators/Staff: - How do residents learn about changes in services? - How do they learn about any changes in the cost of services? - How do they learn about the rate?</p>			



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWS	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
68-68 (cont'd)				<p>However, except in an emergency situation force should never be used to restrain or administer treatment.</p> <p>Death is also a violation of resident rights, except in the case of a terminally ill resident diagnosed by the physician.</p> <p>Any resident participating in research studies should fully understand the implication of the study.</p> <p>The facility is not in compliance with the resident rights regulation if the resident consents to participate in a clinical study without full knowledge of the study, or if the resident consents to other medical studies may not require informed consent).</p>	



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F66-68 (cont'd)		<ul style="list-style-type: none"> <li>→ cost factors</li> <li>→ resident welfare</li> <li>→ resident's reason for requesting the move</li> <li>→ resident's financial situation</li> <li>→ whether the move would be beneficial or not for the resident.</li> </ul>			







CLERK AREA	DESCRIPTION	REMARKS	RETRO REVIEW	ENLIVEN FACTORS	CROSS REFERENCE	IMPROVEMENT	INTERVIEWING	REASONING FACTORS	OTHER REMARKS
<p>6. Privacy                      200-45-111(1)(b)                      107-462.711(b)</p>	<p>Obtain consent from                      resident and family                      for all services, including                      individualized care                      and treatment plans.</p> <p>- The do not call agency                      must be notified upon                      admission and prior to                      any services (200-45-111                      (1)(b) and 107-462.711(b))                      when personal care                      services are provided.</p> <p>- Are there steps for                      residents to opt out of                      services?</p>	<p>All residents have signed                      consent forms for all                      services. The do not call                      agency was notified upon                      admission and prior to                      any services. Residents                      are informed of their                      rights and the ability to                      opt out of services.</p>	<p>Review consent forms                      for all residents. Verify                      that all services are                      documented and that                      the do not call agency                      was notified upon                      admission and prior to                      any services.</p>	<p>Review consent forms                      for all residents. Verify                      that all services are                      documented and that                      the do not call agency                      was notified upon                      admission and prior to                      any services.</p>	<p>Review consent forms                      for all residents. Verify                      that all services are                      documented and that                      the do not call agency                      was notified upon                      admission and prior to                      any services.</p>	<p>Review consent forms                      for all residents. Verify                      that all services are                      documented and that                      the do not call agency                      was notified upon                      admission and prior to                      any services.</p>	<p>Review consent forms                      for all residents. Verify                      that all services are                      documented and that                      the do not call agency                      was notified upon                      admission and prior to                      any services.</p>	<p>Review consent forms                      for all residents. Verify                      that all services are                      documented and that                      the do not call agency                      was notified upon                      admission and prior to                      any services.</p>	<p>Review consent forms                      for all residents. Verify                      that all services are                      documented and that                      the do not call agency                      was notified upon                      admission and prior to                      any services.</p>











SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE	DEFINITIONS	RECORD REVIEW	COMPARISON FACTORS	CROSS REFERENCE	
<p><b>PHYSICIAN SERVICES</b></p> <p>F107 405.1123</p> <p><b>A. Medical History</b></p> <p>405.1123.01</p> <p>405.1123.02</p> <p>405.1123.03</p> <p>F108</p> <p>405.1123.04</p> <p>F109</p> <p>1. Have in the facility for to or at residents, which includes current medical history and orders from a physician for immediate care of the resident.</p> <p>F110</p> <p>2. Information about the resident's potential of</p>		<p><b>ASK STAFF:</b></p> <ul style="list-style-type: none"> <li>Are nursing staff notified of any transfer information and admission information?</li> <li>Are administrator and nursing staff notified when a resident arrives without sufficient medical information and/or</li> </ul>	<ul style="list-style-type: none"> <li>Review records of resident to determine that there is a referral form received in advance of admission to the facility.</li> <li>Review medical history, diagnosis, and orders to provide for the immediate care of the residents.</li> <li>At the medical orders, the residents attending physician, there are appropriate information on the emergency care physician.</li> <li>Information on the responsibility of the resident and a summary of treatment to be followed in the treating facility were transmitted within 48 hours of admission.</li> <li>The summary of treatment should include discharge instructions from the appropriate services when appropriate.</li> <li>For residents admitted directly from the</li> </ul>	<p>Examine medical records for residents who are admitted to the facility to determine if date of orders, medical data and information is the date of admission or within 48 hours of admission. The facility should have sufficient information and orders to provide care of all residents.</p>		<p><b>PHYSICIAN:</b></p> <ul style="list-style-type: none"> <li>Have in the facility for to or at residents, which includes current medical history and orders from a physician for immediate care of the resident.</li> </ul>	<p><b>DEFINITIONS:</b></p> <ul style="list-style-type: none"> <li>Medical history is the date of admission or within 48 hours of admission. The facility should have sufficient information and orders to provide care of all residents.</li> </ul>	<p><b>RECORD REVIEW:</b></p> <ul style="list-style-type: none"> <li>Review records of resident to determine that there is a referral form received in advance of admission to the facility.</li> <li>Review medical history, diagnosis, and orders to provide for the immediate care of the residents.</li> <li>At the medical orders, the residents attending physician, there are appropriate information on the emergency care physician.</li> <li>Information on the responsibility of the resident and a summary of treatment to be followed in the treating facility were transmitted within 48 hours of admission.</li> <li>The summary of treatment should include discharge instructions from the appropriate services when appropriate.</li> <li>For residents admitted directly from the</li> </ul>	<p><b>COMPARISON FACTORS:</b></p> <ul style="list-style-type: none"> <li>Compare medical records for residents who are admitted to the facility to determine if date of orders, medical data and information is the date of admission or within 48 hours of admission. The facility should have sufficient information and orders to provide care of all residents.</li> </ul>	



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F114 (cont'd)</p> <p>F115 3. A physician is available to provide the absence of any resident's physician.</p> <p>F116 4. Medical evaluation is done within 48 hours of admission unless done within 30 days prior to admissions and ICRs.</p> <p>F117 5. Each SNF resident is attended by their physician or physician's assistant every 30 days for the first 90 days after admission.</p>			<p>level of activity, emotional adjustment, evidence in care plans that physician's orders are being implemented.</p> <ul style="list-style-type: none"> <li>- Discrepancies in medication orders, including and outpatient records.</li> <li>- Evidence that an alternative plan of care is being implemented.</li> <li>- Progress notes by physician at least every 30 days for first 90 days.</li> <li>- ICR-at least every 60 days.</li> <li>- Documentation of medications and treatments every 30 days or 60 days if an illness has been approved.</li> <li>- Documentation of physician's actions and plans for treatment.</li> <li>- Justification for alternative schedule of visits.</li> </ul> <p>A few dated records include the residents' names and the residents were appropriately discharged by an order written by the physician or the physician. Also review</p>	<p>evidence of his evaluation of resident needs and supervise care. A physician is available to respond within a reasonable time when a resident needs medical attention.</p> <p>Although medical evaluation can be made as a condition of the previous HQR. A statement such as "no physician" is not acceptable with the status of the</p>	

LONG TERM CARE SURVEY

SUBJECT AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F117 (cont'd)</p> <p><b>Medicines:</b> If the resident is on any medication, the resident must be given the medication as prescribed unless otherwise directed by the attending physician.</p> <p>P118</p> <p>6. Each resident's total daily medication regimen, including over-the-counter medications, is reviewed during a visit by the attending physician at least once every 90 days and necessary.</p>			<p>Discharge plans to ensure continuity of care are developed and implemented.</p> <p>Verbal medication orders are investigated by a physician.</p> <p>Physician is reviewing all verbal orders every quarter.</p>	<p>resident on this admission is on medication, medical evaluation must be conducted with 48 hours.</p> <p>Verbal medication orders must be investigated with 48 hours.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>FIGURE 7. Progress notes are written and signed by the physician at the time of the visit, and all orders are signed by the physician.</p> <p>FIGURE 8. All medical orders are written and signed by the physician at the time of the visit, and all orders are signed by the physician.</p>					

LONG TERM CARE SURVEY

SUBJECT AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>R128 (cont'd)</p> <p>the medical return. These visits must occur every 60 days and apply to patients who are receiving rehabilitation services.</p> <p>Examination of records must be done every 60 days and are justified and documented by the attending physician.</p> <p>C. Emergency Services</p> <p>R121 SHF 485.11E5(c)1</p> <p>R122 Emergency services from a physician are available and consistent with resident who requires emergency care</p>		<p>Ask Staff:</p> <ul style="list-style-type: none"> <li>- Are you aware of physician reporting procedures to be followed during a fire emergency?</li> <li>- Do you know where names and telephone numbers of physicians to be called in case of emergency?</li> </ul>	<ul style="list-style-type: none"> <li>- If records document an accident or a medical emergency, was the physician notified promptly and can you who the physician notified promptly of the emergency?</li> <li>- Review physician's orders to see if special treatments were ordered to treat emergency situation if applicable.</li> </ul>	<ul style="list-style-type: none"> <li>- Screens verify that there are readily available written procedures for securing a physician in case of emergency.</li> <li>- Names and telephone numbers are posted or on rolodex.</li> <li>- An alternate physician is designated.</li> </ul>	<p>Status Change 485.11E5(c)1</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F122 (cont'd)</p> <p><b>NOTE:</b> To assure that a physician has assumed responsibility for the management and supervision of the residents care.</p>			<ul style="list-style-type: none"> <li>- Review physician pre-emergency and emergency situation was addressed.</li> </ul>	<ul style="list-style-type: none"> <li>- Have is physician fast?</li> <li>- Are there any other attending physician/ emergency and other responsible person.</li> <li>- Are there any other transportation.</li> <li>- Preparation of staff?</li> <li>- There is evidence in the medical records that proper procedure has been carried out.</li> <li>- Residents with sudden changes in condition have been called by the physician.</li> </ul>	



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F127 (cont'd)	<ul style="list-style-type: none"> <li>* Distances worn when appropriate and in good repair.</li> <li>* Good hygiene.</li> <li>- Blisters</li> <li>* Presence/absence of:               <ul style="list-style-type: none"> <li>* Body sores</li> <li>* Rash</li> <li>* Clear and free of rashes</li> <li>* Hair removal</li> <li>* Appropriate length</li> <li>- Clothing is appropriate, clean, and in good repair.</li> <li>* Extremities elevated as necessary while sitting or standing.</li> <li>* Appropriate toehygiene to prevent infection.</li> <li>* Use of whirlpool as a treatment modality appropriate and appropriate.</li> <li>* With resident's permission:                   <ul style="list-style-type: none"> <li>* Back</li> <li>* Lateral hip</li> <li>* Scapular area</li> <li>* Feet</li> <li>* Buttocks</li> <li>* Any prominences in contact with braces</li> </ul> </li> <li>* Especially diabetic</li> </ul> </li></ul>	<ul style="list-style-type: none"> <li>- resident is participating in dressing/retraining program?</li> <li>- Hygiene conducted at least 1x per day?</li> <li>- Distressing patient who frequently "borrows" items from others?</li> <li>- Removal may elicit colorimetric reaction?</li> <li>- Whether clothing is the most important issue in the care of these patients.</li> <li><b>Sub-BLEBS, LACK SKILL:</b> <ul style="list-style-type: none"> <li>- How do you choose what residents wear each day?</li> <li>- Do you have a specific protocol for washing residents' clothing?</li> <li>- How did you learn to bathe residents?</li> <li>- How do you learn to wash residents hair?</li> <li>- How did you learn to shave residents?</li> <li>- How do you learn to wait to wash dirty clothes, or disinfected clothes?</li> <li>- How much care do you let the residents do on their own?</li> </ul> </li> </ul>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORDED REVIEW	EVALUATION FACTORS	CRISIS REFERENCE
1122 (cont'd)	<p>Observe with residents' permission:</p> <ul style="list-style-type: none"> <li>- Condition of skin</li> <li>- Redness</li> <li>- Swelling</li> <li>- Rash/dry/rough etc.</li> <li>- Blisters/irritation</li> <li>- Pruritus</li> <li>- Free of abuse</li> <li>- Measures taken to prevent breakdown.</li> <li>- Pressure sores &amp;c.</li> <li>- Factors contributing to breakdown.</li> <li>- Overall cleanliness of skin</li> <li>- Skin care regimen (dry and wetted skin lubricated by lotion/foam/perfume)</li> <li>- Padding for pressure points and bony prominences</li> <li>- Proper gentle massage to bony areas several times a day.</li> </ul>	<p>Ask Resident:</p> <ul style="list-style-type: none"> <li>- How your feet usually feel?</li> <li>- Do you know what causes the swelling?</li> <li>- How do you do to alleviate it?</li> <li>- Is this discoloration normal for you?</li> <li>- Any itching?</li> <li>- Any sores?</li> <li>- Are the treatments done about the same time each day?</li> <li>- What staff person has looked at your skin recently?</li> </ul>	<p>Look at nursing notes and P.D.C. for evidence of:</p> <ul style="list-style-type: none"> <li>- Treatments/intervention</li> <li>- Wound healing</li> <li>- Evaluation of skin condition</li> <li>- Location of skin problem with severity, measurements</li> <li>- Progress or lack of same</li> <li>- Assessment/Reevaluation of interventions with alterations in plan</li> <li>- Appropriate nutritional plan</li> <li>- Methods to control edema of lower extremities</li> </ul>	<p>Preventable pressure sores are not occurring, treated on a routine basis according to P.D.C. Is skin clean? Is turning schedule adhered to? Are skin care and moisture cream and ointments used? Do pressure sores pre-exist? Are measurements taken? Has a nutritional assessment been done, and if so, are the dietary/dietary changes implemented?</p>	<p>Digitalis, Sclerites 405.1123(c)(1)(i) 405.3124(d)(1)(i)(1) 442.3124(c) 442.3124(d) 442.3124(e) 442.3124(f) 442.3124(g) 442.3124(h) 442.3124(i) 442.3124(j) 442.3124(k) 442.3124(l) 442.3124(m) 442.3124(n) 442.3124(o) 442.3124(p) 442.3124(q) 442.3124(r) 442.3124(s) 442.3124(t) 442.3124(u) 442.3124(v) 442.3124(w) 442.3124(x) 442.3124(y) 442.3124(z)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F126-129 (cont'd)	<ul style="list-style-type: none"> <li>• Regular assistance for resident to turn or shift weight (bed-frames, mattresses, linens)</li> <li>• Bed linen, clothing, underpads smooth and free of wrinkles</li> <li>• Elastic bandages or hose are smooth and free of wrinkles</li> <li>• Elastic bandages wrapped smooth with appropriate overlap, support for skin integrity. (See Observation 126-127)</li> <li>• Prevention of shearing force when repositioning is allowed by staff.</li> <li>• Turning and repositioning performed:</li> <ul style="list-style-type: none"> <li>• Turning and repositioning every two hours.</li> <li>• Alternative approach that is practiced by the staff.</li> </ul> </ul>	<ul style="list-style-type: none"> <li>• Ask Direct Care Staff:                             <ul style="list-style-type: none"> <li>- What can you tell me about repositioning techniques/ etc.?</li> <li>- What do you do for them?</li> </ul> </li> <li>• Ask Charge Nurse:                             <ul style="list-style-type: none"> <li>- How are call, lapses, etc.?</li> <li>- Are there any areas present further record?</li> <li>- What treatment is he/she receiving?</li> </ul> </li> </ul>			Resident Status 400-1121(B)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Wounds/ulcers Infection MR 485.1126(c)</p>	<ul style="list-style-type: none"> <li>- Condition of dressing i.e., clean, firmly secured unless contra- indicated</li> <li>- Source, if possible, and with resident's permission, a dressing is removed</li> <li>- Pre-dressing hand hygiene and hands washed</li> <li>- Dressing is: + Old dressing ab- sented for drainage? + Wound examined + Appropriate technique used for dressing? + Proper disposal of old dressing? + Pre-dressing hand hygiene and wash hands? + Return resident to position of comfort or previous activity?</li> </ul>	<ul style="list-style-type: none"> <li>- Ask Resident: - How often is the dress- ing changed? - Does it seem to be changed? - Are there any odors from the dressing? - Is the dressing clean and dry? - If not, what are the reasons? - Do you feel comfort? - Is the wound being treated? - What caused the ulcer, if any? - How often do you change the dressing? - Do you feel any pain? - How often do you change the dressing? - Do you feel any pain? - How often do you change the dressing? - Do you feel any pain?</li> </ul>	<ul style="list-style-type: none"> <li>- Physician orders for wound care</li> <li>- Progress notes detailing condition of wound and dressing</li> <li>- Treatment provided surrounding ulcers, other wounds</li> <li>- Plan of Care (POC) should address treatment, treatment to be performed, responsible staff, time, circumstances, materials, and documentation if present, outcomes and follow-up of treatment as well as any problems or concerns noted as a result of treatment.</li> </ul>	<ul style="list-style-type: none"> <li>- Physician orders, your observations, progress notes and POC should reflect the same infor- mation.</li> <li>- Treatment provided over time should be evaluated also with resident non-compliance, program notes address the "no improvement" problem.</li> <li>- Compliance is evidenced by: - treatment given accord- ing to doctor's orders and POC. - Lack of appropriate documentation for vesicle/changing dressing (e.g., follow up, written orders).</li> <li>- periodic evaluation of treatment process and needs of care plan as needed.</li> </ul>	<p>Resident Services 485.1122 485.1123 485.1124 485.1125 485.1126 485.1127 485.1128 485.1129 485.1130 485.1131 485.1132 485.1133 485.1134 485.1135 485.1136 485.1137 485.1138 485.1139 485.1140 485.1141 485.1142 485.1143 485.1144 485.1145 485.1146 485.1147 485.1148 485.1149 485.1150 485.1151 485.1152 485.1153 485.1154 485.1155 485.1156 485.1157 485.1158 485.1159 485.1160 485.1161 485.1162 485.1163 485.1164 485.1165 485.1166 485.1167 485.1168 485.1169 485.1170 485.1171 485.1172 485.1173 485.1174 485.1175 485.1176 485.1177 485.1178 485.1179 485.1180 485.1181 485.1182 485.1183 485.1184 485.1185 485.1186 485.1187 485.1188 485.1189 485.1190 485.1191 485.1192 485.1193 485.1194 485.1195 485.1196 485.1197 485.1198 485.1199 485.1200</p>



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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F138 (cont'd)	<p>rubbing and blistering or impeded circulation)</p> <ul style="list-style-type: none"> <li>- Body alignment and support: use of pillows, footboards, and wheels - chair footrests to reduce pressure</li> <li>- Positioning: posture, circulation, and to prevent skin injury or breakdown.</li> <li>- Periodic release and repositioning: include verbal cues, range of motion, massage, or other opportunities for motion (at least 10 minutes every 2 hours during day and evening hours).</li> <li>- Chemical restraints: residents appear drowsy throughout the day (may indicate sedation). Other drugs are being used to limit or control behavior for staff convenience).</li> </ul>	<p>restrained?</p> <ul style="list-style-type: none"> <li>- Was the resident given an option of restraint?</li> <li>- When were you taught the use of restraints?</li> <li>- If chemically restrained (excessively sedated) <ul style="list-style-type: none"> <li>+ Why is this done?</li> <li>+ Whether alternate means of restraint have been attempted (e.g., bath, repositioning, etc.)</li> <li>+ Continue, etc. This should elucidate from staff whether the chemical restraint is necessary, and if so, for what convenience by controlling resident behavior for permission before restraints are used.</li> <li>- How does the restrained resident receive assistance?</li> <li>- What is the usual timeframe for assistance to be provided to the restrained resident?</li> </ul> </li> </ul> <p>Ask Residents:</p> <ul style="list-style-type: none"> <li>+ Why are you restrained?</li> <li>+ How would you like if the restraint were removed?</li> <li>+ How do you use bed rails?</li> <li>+ What purpose do they serve?</li> <li>+ How do you gain assistance?</li> </ul>	<p>using the restraint.</p> <ul style="list-style-type: none"> <li>- Indication of assessment of factors which precipitate residents behavior which has warranted restraints and plans to intervene early to prevent occurrence.</li> <li>- Type, duration and frequency of exercise should be documented.</li> <li>- Assessment of why restraints are used should be documented.</li> </ul>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Beach and Bladder #13: SMC 405.1126(C) Each resident with a bladder problem should be provided with care necessary to ensure continence, including frequent toileting and appropriate use of absorbent pads for training.</p>	<p>- There should be a chart/record in the resident's room as well as in the program which the program is using to monitor the schedule of toileting. - If the room is located a distance from the toilet, the program should be providing a commode or ambulating, a commode may be present in the room. - Verify that a call light is available to the resident and that it is in the room. - Verify that the resident is able to use the toilet. - Are fluids available at all times? - Is there someone to assist with toileting?</p>	<p>With the resident and the staff, the program should be interviewed and should exhibit a good understanding of maintaining a regular schedule of toileting. The chart/record should be reviewed to determine whether they are appropriate for the resident's needs. - Verify that the resident is being monitored as a result of the program. - Are you involved in a program with a bladder problem? - If so, how does your program work? - Are you successful in toilet? - What does the staff do for you in this matter? - How long do you have to wait to get to the toilet?</p>	<p>Physician orders if required for facility policy. - Nursing notes for bladder management. - Documentation of techniques and progress. - Flowchart of the plan of care should be clearly addressed. - Is there a schedule for fluid intake? - Schedule for toileting. - Any limitations the resident may encounter as a result of the training program. - Program notes/physician orders. - Laboratory tests of urine/stool. - Treatment for diarrhea/constipation. - Success for treatment of continence. - Magnify advised and needs should be thoroughly assessed for as</p>	<p>- Are all incident or cause of incontinence addressed by a bowel training program or an incontinence management program? - Are all appropriate residents involved in bladder/bowel training? - Is there a schedule for fluid intake? - Is there evidence of staff training to all staff? - Are residents not on bowel/bladder training? - Are there specific measures for residents with a plan of care to address problems and maintain dignity?</p>	<p>Section 405.1126(C) 405.1126(D) 405.1126(E)</p>



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>1122 (cont'd)</p>	<p>lubing and drainage bag.</p> <ul style="list-style-type: none"> <li>- Color and consistency of urine being collected</li> <li>- Are the urine bags attached to the leg sheet if resident is ambulating.</li> <li>- Proper equipment for ambulation - leg bag if resident is ambulating.</li> <li>- Availability of fluids for indicated man-usable intake and output or conformance with physician orders.</li> <li>- How often are the residents are on catheter care?</li> </ul>	<p>Ask Residents, aide and Charge Nurse:</p> <ul style="list-style-type: none"> <li>- How do you routinely perform and secure catheters and drainage bags?</li> <li>- How often is each part changed?</li> <li>- What are the indications for insertion of the catheter, the facility's procedure for routine catheter care?</li> <li>- How do you observe for urine output and report to the facility's catheters?</li> <li>- How often are the facility's procedures for the cleaning and storage of reusable catheter receptacles?</li> <li>- How do you care for catheter tubing?</li> </ul>	<ul style="list-style-type: none"> <li>- Assessment should address:             <ul style="list-style-type: none"> <li>* Need for an indwelling catheter, problems or limitations.</li> <li>- Plan of Care should address:                 <ul style="list-style-type: none"> <li>* Type of catheter and type and frequency of care.</li> <li>* Indication, the type of catheter, the type of solution, amount, and frequency of use.</li> <li>* Frequency of symptoms which would precipitate catheter change.</li> <li>* Time frames of catheter change and responsible staff.</li> <li>* Frequency of catheter change in oral fluid intake.</li> </ul> </li> </ul> </li> <li>- Interventions should include:             <ul style="list-style-type: none"> <li>* How often the catheter was inserted and for what reason.</li> <li>* How often care provided.</li> <li>* New problems or changes.</li> <li>* How appropriately trained staff should deliver catheter care.</li> <li>* How often staff should insert.</li> </ul> </li> </ul>	<p>Infections (U.T.I.) and these should be reported and treated promptly.</p> <ul style="list-style-type: none"> <li>* The Center for Disease Control has developed standards for catheter care which may be used as a minimum requirement.</li> </ul>	

LONG TERM CARE SURVEY

SUBJECT AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F132 (cont'd)</p>			<ul style="list-style-type: none"> <li>+ Insulating catheter.</li> <li>+ The specific type and size of catheter used should be noted.</li> <li>+ Signs and symptoms of infection should be noted.</li> <li>+ The catheter should be secured to the patient's thigh (DIT) should be secured upon and secured as to follow.</li> <li>- Evaluation/Reevaluation               <ul style="list-style-type: none"> <li>The record should be reviewed for the following:                   <ul style="list-style-type: none"> <li>+ Is assessed for DIT.</li> <li>+ Has no abdominal pain.</li> <li>+ No redness or swelling.</li> <li>+ Holes should be checked.</li> <li>+ The color and odor of drainage should be noted.</li> <li>+ After insertion of catheter, the catheter is patent.</li> </ul> </li> </ul> </li> </ul>		

LONG TERM CARE SURVEY

SUPERV AREA	OBSERVATION	INTERVIEWING	FIELD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
<p>Injections 133 SM 1326(c)</p>	<ul style="list-style-type: none"> <li>- Observe for preparation of medication (sterilization; correct dilution; preparation, etc.)</li> <li>- Observe injection site</li> <li>- Assess             <ul style="list-style-type: none"> <li>* Disinfection</li> <li>* Seebing</li> <li>* Observation for proper technique when injection is given</li> <li>* correct needle size</li> <li>* correct volume of medication</li> <li>* sterility maintained</li> </ul> </li> <li>- Resident is observed for any adverse reaction to medication</li> <li>- What is the disposal method for used needles or syringes?</li> </ul>	<p>Ask Nurse:</p> <ul style="list-style-type: none"> <li>- What is your plan for alternating injection sites? Show me how you alternate.</li> <li>- For and what are potential adverse reactions?</li> <li>- If there is an adverse reaction, what is the procedure?</li> <li>- Site of injection</li> <li>- Pain or itching</li> <li>- How do you clean the site or bump under?</li> <li>- How do you clean the skin?</li> <li>- If adverse reaction reported, what are they reported?</li> <li>- Could this be given by any other route?</li> </ul> <p>Suggested questions are:</p> <ol style="list-style-type: none"> <li>1. How do you alternate injection sites?</li> <li>2. Do you have pain or numbness at or around injection site?</li> <li>3. Who gives the injection?</li> <li>4. How do you clean after injection according to a schedule?</li> </ol>	<ul style="list-style-type: none"> <li>- Physician order sheet</li> <li>- Resident response to medication if appropriate</li> <li>- Any problems noted at injection site</li> <li>- Any other adverse reactions</li> <li>- Site of injection</li> <li>- Pain of care</li> <li>- Cleanliness of injection site</li> <li>- Care for any special problems related to injections</li> <li>- Reports for any infections associated with injections.</li> </ul>	<ul style="list-style-type: none"> <li>- Is the medication given in the order?</li> <li>- Are the physicians using the technique and administration included in the medication order?</li> <li>- Are the reports being made as expected?</li> <li>- If infection control reports show infections in injection sites, response to the medication noted in the progress notes?</li> </ul>	<p>44c - Reclaimment 442.316</p> <p>Infection Control 482.1125(b)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
Parenteral Fluids F133 SNF 485.1128(c)	<p>The caregiver should observe that parenteral fluids are administered with care, dignity, safety and comfort by the physician. Line and optimum hydration are optimum hydration of the resident.</p> <p>The caregiver should note the following items:</p> <ul style="list-style-type: none"> <li>- Labeling of bottles/bags</li> <li>- Date of infusion(cc/ml)</li> <li>- How long time started</li> <li>- Any signs of swelling</li> <li>- Any redness of skin</li> <li>- Site dressing is clean, dry and dated.</li> <li>- Alternate P.O. (permeable)</li> <li>- If initial (upward) is used, it is applied but not impeded circulation.</li> <li>- Positioning of I.V.</li> <li>- Comfort of restraint used to allow for movement of I.V. site.</li> </ul>	<p>Ask Resident:</p> <ul style="list-style-type: none"> <li>- Why do you have this tube in your (arm/leg)?</li> <li>- Is it comfortable? Would it be more comfortable if it were longer?</li> <li>- How long has it been in?</li> <li>- How long longer will it stay in?</li> </ul> <p>Ask Nursing Staff:</p> <ul style="list-style-type: none"> <li>- What are you doing receiving I.V. therapy?</li> <li>- What is the drip rate in cc/ml and how often is it checked?</li> <li>- How often the dressing is changed.</li> <li>- What are possible side effects of infusion site.</li> <li>- How often is the site checked?</li> <li>- How often is the site rate and the remaining volume to be administered?</li> </ul> <p>Ask Nursing Aide:</p> <ul style="list-style-type: none"> <li>- What are your responsibilities for a resident receiving IV fluids?</li> <li>- What training have you received?</li> </ul>	<p>Physician's order for parenteral therapy specifying type of fluid, rate of infusion, and, if available, any current, previous, or future record.</p> <p>Four hour log indicates physician's orders being followed.</p> <p>Any adverse reactions reported in the medical record indicates:</p> <ul style="list-style-type: none"> <li>- Reaction started by infusion</li> <li>- Time of time, rate of flow</li> <li>- Rate is made of observation of pain or distressing at infusion site.</li> <li>- Response to the therapy.</li> <li>- Problems and treatments.</li> <li>- The resident as a result of receiving parenteral fluids.</li> <li>- The plan of care should include rate of infusion (hour, and additions (if ordered).</li> </ul>	<ul style="list-style-type: none"> <li>- Is the parenteral fluid administered according to the physician's order and in accordance with practice?</li> <li>- Are infusions made before a log amount of fluid infusions?</li> <li>- Is the facility providing all patients with changes followed for all patients with problems and his/her response to the parenteral fluid?</li> <li>- Administration of IV fluids, were these preventable?</li> </ul>	<p>Resident Care Policies 485.1121(f) 485.1126(a) 485.1126(b) 485.1126(d) 485.1126(e) 485.1126(f) 485.1126(g) 485.1126(h) 485.1126(i) 485.1126(j) 485.1126(k) 485.1126(l) 485.1126(m) 485.1126(n) 485.1126(o) 485.1126(p) 485.1126(q) 485.1126(r) 485.1126(s) 485.1126(t) 485.1126(u) 485.1126(v) 485.1126(w) 485.1126(x) 485.1126(y) 485.1126(z)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F133 (cont'd)			<p>specific goals for center and responsible staff. Documentation must include: - Name of resident and by whom, the amount of fluid infused, and any other special care result of IV therapy (i.e., mouth care, skin care with dabs, etc.).</p> <p>The record must reflect: - Conditions of site and phlebotomy, etc., noted, along with appropriate action to correct these. - The resident's response to therapy - response to laboratory studies</p> <p>*Plan of care would not be modified for continuous IV infusion.</p>		
Colantony/Visitation F133 50F 405.114(c)	<p>The surveyor should ascertain that the appropriate nursing care to these residents who have had recent surgery or laceration. It is recommended that the surveyor, with the rest-</p>	<p><b>ASK SKILLED:</b></p> <ul style="list-style-type: none"> <li>- Why was the ostomy performed?</li> <li>- How do you feel about the ostomy?</li> <li>- Does it ever cause you any problems, such as skin problems, ulcers, accidents? If so, what</li> </ul>	<p>The surveyor should determine that: - Colostomy irrigations, if ordered, are performed as per nursing protocol by properly trained staff. - In the case of stoma care, ostomy repair or replacement are</p>	<p>Compliance would be indicated if residents are physically and mentally able to manage the ostomy with minimal or no skin problems. Residents with the ostomy are having skin or other problems, the facility</p>	<p><b>Patient Care Manual</b> 405.114(c)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Colostomy/Prostomy F33 (cont'd)</p>	<p>Oral sanitation, observe care being given to determine that proper technique is being used. The stoma should be taken to assure that proper ostomy care is being provided.</p> <ul style="list-style-type: none"> <li>- The ostomy dressing should be changed or changed if it is not properly secured and thoroughly cleaned promptly after each voiding.</li> <li>- The peristomal skin should be cleaned with more frequently if more frequently.</li> <li>- The peristomal skin should be dried and appropriate measures taken to prevent infection and irritation.</li> <li>- The resident's privacy should be considered.</li> <li>- The resident should be provided with information on self-care at the appropriate level of understanding.</li> <li>- The resident should be observed for signs of dehydration, disport, or other problems which may be related to his/</li> </ul>	<p>What does the staff generally do with or for the stoma? Are they using proper technique? Has staff talked to you about giving some of the residents a try? If not, is this something you're planning to do? What are the staff's concerns about?</p> <p>Ask staff:</p> <ul style="list-style-type: none"> <li>- How did you learn to care for colostomy?</li> <li>- How do you do if the skin around the colostomy becomes red or sore?</li> <li>- Do you ever teach the residents to care for their own colostomy?</li> <li>- If nurse (RN or LPN) is not available, what is the procedure if the ostomy comes constipated?</li> </ul> <p>Ask Sign: Working Staff:</p> <ul style="list-style-type: none"> <li>- Is there a facility procedure for ostomy care?</li> <li>- Do you have skin problems with your</li> </ul>	<p>Documented as outlined break schedule. - Diet, fluid intake, exercise, and the use of laxatives, suppositories, and/or irrigations. - Record of the resident's description of the stoma. - Problems in irregularity, skin breakdown, or other concerns reported to the physician. - Documentation indicates that nursing measures are taken to assist the resident to understand and/or accept the presence of the stoma. - Documentation of nursing measures to maintain stoma integrity. - Assessment: - Needs, problems, and limitations as a result of an ostomy. - Specific degree of</p>	<p>Should be according to the plan and corrected. Care plans should indicate links to problems and specific interventions. The resident's goals. Terminal therapy nurse should be involved in the plan for residents with urinary and intestinal stoma.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Education/History F123 (cont'd)</p>	<p>the accuracy of the observations. - The surveyor should observe the staff and verify that the proper technique is used.</p>	<p>History incidents? - Was teaching used? - Was teaching as you observe? - What is general to the response to this teaching?</p>	<p>Records performed - Special skills case - Special skills case - Special skills case - Educational support. - Medication and treatment. - Plan of Care The plan of care should clearly address the problem(s) identified or improve the problem(s) identified. - Methods to accomplish the goal (training, assistance, support, emotional support). - Services necessary and how they will be performed. - Time frame for accomplishing goals.</p>		<p>Social Security 442-354(11)</p>

LONG TERM CARE SURVEY

SAFETY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F13 SMF 486.1120(c)	<ul style="list-style-type: none"> <li>Respiratory Compressor or IPPV Inflowmeter (Respiratory Therapy) - determine that the facility is providing a respiratory compressor or IPPV inflowmeter as ordered by the physician. Observe for this indicator while the resident is in order to ensure that the necessary equipment is available, the surrogate staff is trained and capable of providing IPPV therapy. Check the respiratory compressor and inflowmeter for clean and operable.</li> <li>Taking - If tubing is not attached to the inflowmeter, check that it is stored dry and in its original container for cleanliness.</li> <li>Nebulizer Cup - should be attached to the inflowmeter with either the prescribed medicine or sterile water. If it should be used, it should not be</li> </ul>	<ul style="list-style-type: none"> <li>While interviewing the resident, observe for sounds of rattles and moist breath.</li> <li>ASK-BREATH: (ask short questions)               <ul style="list-style-type: none"> <li>- If you feel short of breath?</li> <li>- If yes, what is done about it?</li> <li>- How often is your doctor helping you to feel better?</li> <li>- Are there any problems with your breathing?</li> <li>- If so, how does the staff respond?</li> <li>- How often is the inflowmeter checked?</li> <li>- How often is the tubing checked?</li> <li>- How often is the nebulizer cleaned?</li> <li>- How often is the nebulizer checked for cleanliness?</li> <li>- How often is the nebulizer checked for operability?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The surveyor should determine that:               <ul style="list-style-type: none"> <li>- Respiratory compressors and IPPV inflowmeters administered by appropriately trained staff.</li> <li>- The inflowmeter is specific as to the type of therapy.</li> <li>- The inflowmeter is for use for therapy.</li> <li>- The inflowmeter should specify for what type of therapy it is used.</li> <li>- Any information gathered from resident or staff is verified in the assessment.</li> <li>- The assessment should include the inflowmeter and any problem or malfunction with the inflowmeter for therapy.</li> <li>- Plan of Care</li> <li>- The surveyor should take the size, amount, frequency, and/or duration of therapy based on the physician's order.</li> <li>- The surveyor should observe for any other any identified</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Only qualified (licensed) personnel should administer therapy.</li> <li>The effectiveness of the therapy should be regularly evaluated and therapy revised as needed.</li> <li>Effectiveness of control measures must be documented for the inflowmeter and in writing order.</li> </ul>	<ul style="list-style-type: none"> <li>Staff Manual</li> <li>482.314 (b)</li> <li>482.314 (c)</li> <li>482.314 (d)</li> <li>482.314 (e)</li> <li>482.314 (f)</li> <li>482.314 (g)</li> <li>482.314 (h)</li> <li>482.314 (i)</li> <li>482.314 (j)</li> <li>482.314 (k)</li> <li>482.314 (l)</li> <li>482.314 (m)</li> <li>482.314 (n)</li> <li>482.314 (o)</li> <li>482.314 (p)</li> <li>482.314 (q)</li> <li>482.314 (r)</li> <li>482.314 (s)</li> <li>482.314 (t)</li> <li>482.314 (u)</li> <li>482.314 (v)</li> <li>482.314 (w)</li> <li>482.314 (x)</li> <li>482.314 (y)</li> <li>482.314 (z)</li> </ul>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy P15 (cont'd)	<p>slowly. If it is tubing, ask to see it. The nebulizer is attached to the nebulizer cap. The nebulizer also has a check that it is checked.</p> <ul style="list-style-type: none"> <li>- Oxygen therapy</li> <li>- The nebulizer must be checked with the resident when the nebulizer is used. Have wall outlet checked.</li> <li>- There are enough cylinders for oxygen delivery.</li> <li>- There should be cylinders for tanks in use.</li> <li>- A nebulizer should be checked by a nurse or therapist.</li> <li>- If using large carrier since these tanks cannot be transported without it.</li> <li>- The cylinder at the nebulizer should be checked either the air</li> </ul>	<ul style="list-style-type: none"> <li>- (ratory equipment) use in the use of this equipment?</li> <li>- nebulizer emergency response report?</li> </ul>	<p>problems and/or accomplish the goals of the program (e.g., etc.).</p> <ul style="list-style-type: none"> <li>- Who is responsible to assist in accomplishment of goal.</li> <li>- The resident should play a role in the plan of care.</li> <li>- The therapy was administered in accordance with the specified reasons for an appropriate change in medication and treatment is documented and reflected.</li> <li>- The resident's response to therapy, accessible, evidence of their interest in any program, determination, or effectiveness of the program.</li> </ul>		<p>English Assessment 406-134-133 Medical Records 406-134-132 442-318</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Respiratory Therapy #123 (cont'd)</p>	<p>the carrier, sitting on the floor, or otherwise secured.                      + There should be other available such as hand sanitizer, masks, gowns, gloves, and eye protection. All should be dry and clean when used.                      + Check to see that all bed-head residents are not limited to the room when using oxygen portable units.                      + Water reservoir is appropriately filled and changed on a regular basis.                      + Check to make certain that all tanks are labeled as such.                      + The room should be kept at a temperature of 68-72 degrees Fahrenheit.                      + Residents on respiratory: alarm system                      + Alarm on</p>	<p>Respiratory Therapist - Interviewed - Had in starting log</p>	<p>+ Based on the above information, the classification of parts.</p>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Respiratory Therapy 1135 (cont'd)</p>	<ul style="list-style-type: none"> <li>• Is sufficient depth supply available?</li> <li>• Is the ventilator accessible to all?</li> <li>• Is the resident in a location that allows for direct observation by staff?</li> <li>• How does the resident communicate with staff?</li> <li>• What level of staff (CNA, LPN, RN) caring for the resident?</li> <li>• Is tech equipment in place?</li> <li>• What is the condition of the resident's skin (blisters, redness, ulcers/trachecomy)?</li> <li>• Does the care given meet the resident's needs for the techniques in caring of the patient?</li> </ul>	<ul style="list-style-type: none"> <li>• Residents on respirators?</li> <li>• Can you show me how the alarm system works?</li> <li>• How do you ensure for respiratory care?</li> <li>• What is your procedure for when there is an alarm?</li> <li>• How often do you check the water reservoir and power gas off?</li> </ul>			

LONG TERM CARE SURVEY

SUBJECT AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Tracheostomy Care F13 SAC 485.11201(c)</p>	<p>Satisfactory tracheostomy care is a procedure which promotes airway patency and the integrity of the tracheostomy. The surveyor should determine whether: - Adequate supplies are available for the care of the tracheostomy such as tracheostomy tubes, sterile water, suction catheters, gloves, and clean dressings. - Dressings are changed when soiled or difficult to apply. - The tracheostomy tube is clean and intact; the cannula is clean, in position, and secured. - The skin surrounding the stoma is clean and dry with no signs of inflammation. - The resident has adequate hydration. - An extra tube the same size as the one in</p>	<p>Resident interventions must be guided by the resident's communication ability. <b>Ask Staff:</b> - How long will you have for yourself? - What care can you do when do you need help? - Who helps you? - Is someone always available to help with the tube? - Is the suction equipment always available in the room? - Is the dressing kept clean and comfortable? - Are the dressings changed as needed? - How often are the tubes changed? - Are the cannulas changed as needed? - How often is the resident's mouth suctioned? - Are the resident's needs/heights/weight taken into account? - How often are your tracheostomy care? <b>Ask Staff:</b> - Why does resident have</p>	<p>The supervisor should determine that tracheostomy care is done as scheduled and as needed per the procedure. - Any special situations that may arise should be addressed in the physician's orders. - Assessment of the need for tracheostomy care was assessed in accordance with: - Frequency - Skin integrity - Monitoring the tracheostomy - Suctioning - Infection - Pain - Breathing - Coughing - Secretions - Skin integrity - Specific times of tracheostomy care and the primary trained person performing this task. - Specific situations relating to skin and breathing as well as the goals set to overcome these situations. - Listing the appropriate personnel responsible for resolving problems.</p>	<p>Time and surrounding condition and if not, there should be a procedure for resolving this problem. All staff caring for the tracheostomy should be trained and emergency procedures must be known. All needed equipment must be available in the working order. Resident must at all times have access to the staff in an emergency.</p>	<p>Evaluation Critical 485.11201 (b) 485.11201 (h) 442.214 442.214 485.11201 (f) 485.11201 (g) 485.11201 (i) 485.11201 (j) 485.11201 (k) 485.11201 (l)</p>

LONG TERM CARE SURVEY

SURVEY AREA	DEVIATION	INTERVENING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F131 (L0676)	<ul style="list-style-type: none"> <li>- Place, is available at</li> <li>- Does resident have an</li> <li>- adequate method of</li> <li>- communicating with the</li> <li>- staff?</li> <li>- Does staff allow enough</li> <li>- time for residents to</li> <li>- communicate?</li> </ul>	<ul style="list-style-type: none"> <li>- Tracheostomy?</li> <li>- given to resident who</li> <li>- care for tracheostomy?</li> <li>- What is the procedure</li> <li>- How often is the tube</li> <li>- changed?</li> <li>- How often do if the</li> <li>- tube comes out?</li> <li>- May I watch you do a</li> <li>- dressing change?</li> <li>- How do you communicate</li> <li>- with tracheostomized</li> <li>- residents?</li> </ul>	<ul style="list-style-type: none"> <li>- listed to goals.</li> <li>- assessment of</li> <li>- priorities of resi-</li> <li>- dents see staff care</li> <li>- nursing assuming more</li> <li>- responsibility as</li> <li>- appropriate. The sur-</li> <li>- veyor should look for</li> <li>- documentation of</li> <li>- program adminis-</li> <li>- tration, including re-</li> <li>- sponsible personnel,</li> <li>- time, date, and</li> <li>- effects.</li> <li>- Any problems or</li> <li>- conditions (e.g.,</li> <li>- restlessness, pulling,</li> <li>- tracheal obstruction),</li> <li>- which require to</li> <li>- tracheostomy.</li> <li>- Evaluation/Re-evalua-</li> <li>- tion: If there are</li> <li>- benefits from trach</li> <li>- care and skin care.</li> <li>- If problems are noted,</li> <li>- evaluate and modify</li> <li>- plans for care that</li> <li>- indicate changes in</li> <li>- tracheostomy</li> <li>- care.</li> <li>- Resident's emotional</li> <li>- response to care of</li> <li>- the tracheostomy</li> <li>- should be evaluated.</li> </ul>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Tracheostomy Care F133 (cont'd)</p> <p>Suctioning F133 SM 005-1334(C)</p>	<p>Suctioning is necessary for any resident who is unable to cough up secretions and are obstructed by secretions. Suctioning may occur via the oral or nasal route, and suctioning may be done with sterile technique. Attempts should be made to observe a resident and suctioning should be done such as opportunity arises. If so, observe the resident and suctioning technique is observed throughout and that the resident tolerated the suctioning. If not, suctioning should not be done. Suctioning, or bronchitis, or pneumonia, or other respiratory tract infection, or other condition, or frequency of pre-cough, etc.</p> <p>Resident observations which indicate need for suctioning are:</p> <ul style="list-style-type: none"> <li>- Secretions are draining from a resident's mouth or trach, and the resident is unable to</li> </ul>	<p><b>Ask Resident:</b></p> <ul style="list-style-type: none"> <li>- How are you feeling now after the suctioning?</li> <li>- How do you feel about the suctioning team?</li> <li>- Has staff explained to you the need for suctioning?</li> <li>- How do you feel about the suctioning?</li> <li>- How often?</li> <li>- How often? Do you feel safe with the suctioning?</li> <li>- Does everyone do it about the same way?</li> </ul> <p><b>Ask Staff:</b></p> <ul style="list-style-type: none"> <li>- When and where did you suction?</li> <li>- Tell me what procedure you use when you suction?</li> <li>- Do residents have enough suction machines and catheters?</li> <li>- How often do you suction?</li> <li>- What provisions do you have for suctioning if the electricity is lost?</li> </ul>	<p>Since this may require additional care planning.</p> <ul style="list-style-type: none"> <li>- Assessment - The record should reflect that:           <ul style="list-style-type: none"> <li>- quantify observed for</li> <li>- any limitations a resident has as a result of suctioning</li> <li>- needs should be specifically noted,</li> <li>- any problems resulting from suctioning</li> <li>- Plan of Care should include:               <ul style="list-style-type: none"> <li>- resident's suctioning needs, goals, approaches, and re-approaches, and re-approaches needed to improve the problem or at least do what is present.</li> <li>- status without further intervention. Clearly indicate specific approaches towards:                   <ul style="list-style-type: none"> <li>- respiratory care</li> <li>- problems noted the</li> <li>- teach if one exists.</li> </ul> </li> <li>- Connection of any existing this pre-</li> </ul> </li> </ul> </li></ul>	<ul style="list-style-type: none"> <li>- All equipment must be available and in working order.</li> <li>- All staff caring for the resident must know what to do in an emergency.</li> <li>- All suctioning accepted standards of care must be maintained.</li> </ul>	<p>Identifying Critical 005-1334(C)</p> <p>Relating Care 005-1334(C)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Suctioning F133 (cont'd)</p>	<p>rough or clear sputum. - There are audible crackles or wheezes made throughout the suctioning. - The resident is dyspneic. - There is a change in vital signs. - There may also be an indication that suctioning is needed. - The resident is coughing above the level of the suction. - The resident is unable to breathe. - The resident is unable to speak. - The resident is unable to swallow. - The resident is unable to eat. - The resident is unable to drink. - The resident is unable to take medications. - The resident is unable to take oral care. - The resident is unable to take eye care. - The resident is unable to take ear care. - The resident is unable to take dental care. - The resident is unable to take hair care. - The resident is unable to take skin care. - The resident is unable to take linen care. - The resident is unable to take room care. - The resident is unable to take safety care. - The resident is unable to take social care. - The resident is unable to take spiritual care. - The resident is unable to take family care. - The resident is unable to take community care. - The resident is unable to take cultural care. - The resident is unable to take religious care. - The resident is unable to take ethical care. - The resident is unable to take legal care. - The resident is unable to take financial care. - The resident is unable to take insurance care. - The resident is unable to take tax care. - The resident is unable to take estate care. - The resident is unable to take probate care. - The resident is unable to take will care. - The resident is unable to take trust care. - The resident is unable to take power of attorney care. - The resident is unable to take advance directives care. - The resident is unable to take end-of-life care. - The resident is unable to take palliative care. - The resident is unable to take hospice care. - The resident is unable to take bereavement care. - The resident is unable to take grief care. - The resident is unable to take death care. - The resident is unable to take funeral care. - The resident is unable to take burial care. - The resident is unable to take cremation care. - The resident is unable to take organ donation care. - The resident is unable to take tissue donation care. - The resident is unable to take eye donation care. - The resident is unable to take kidney donation care. - The resident is unable to take liver donation care. - The resident is unable to take heart donation care. - The resident is unable to take lung donation care. - The resident is unable to take pancreas donation care. - The resident is unable to take small intestine donation care. - The resident is unable to take stomach donation care. - The resident is unable to take duodenum donation care. - The resident is unable to take spleen donation care. - The resident is unable to take gallbladder donation care. - The resident is unable to take bladder donation care. - The resident is unable to take prostate donation care. - The resident is unable to take testis donation care. - The resident is unable to take ovary donation care. - The resident is unable to take uterus donation care. - The resident is unable to take fallopian tube donation care. - The resident is unable to take vagina donation care. - The resident is unable to take cervix donation care. - The resident is unable to take breast donation care. - The resident is unable to take skin donation care. - The resident is unable to take bone donation care. - The resident is unable to take cornea donation care. - The resident is unable to take heart valve donation care. - The resident is unable to take heart and lung donation care. - The resident is unable to take liver and kidney donation care. - The resident is unable to take pancreas and small intestine donation care. - The resident is unable to take stomach and duodenum donation care. - The resident is unable to take spleen and gallbladder donation care. - The resident is unable to take bladder and prostate donation care. - The resident is unable to take testis and ovary donation care. - The resident is unable to take uterus and fallopian tube donation care. - The resident is unable to take vagina and cervix donation care. - The resident is unable to take breast and skin donation care. - The resident is unable to take bone and cornea donation care. - The resident is unable to take heart valve and heart and lung donation care. - The resident is unable to take liver and kidney and pancreas and small intestine donation care. - The resident is unable to take stomach and duodenum and spleen and gallbladder donation care. - The resident is unable to take bladder and prostate and testis and ovary donation care. - The resident is unable to take uterus and fallopian tube and vagina and cervix donation care. - The resident is unable to take breast and skin and bone and cornea donation care. - The resident is unable to take heart valve and heart and lung and liver and kidney and pancreas and small intestine donation care. - The resident is unable to take stomach and duodenum and spleen and gallbladder and bladder and prostate and testis and ovary donation care. - The resident is unable to take uterus and fallopian tube and vagina and cervix and breast and skin and bone and cornea donation care. - The resident is unable to take heart valve and heart and lung and liver and kidney and pancreas and small intestine and stomach and duodenum and spleen and gallbladder and bladder and prostate and testis and ovary donation care. - The resident is unable to take uterus and fallopian tube and vagina and cervix and breast and skin and bone and cornea and heart valve and heart and lung and liver and kidney and pancreas and small intestine and stomach and duodenum and spleen and gallbladder and bladder and prostate and testis and ovary donation care.</p>	<p>- What are the emergency electrical outlets? - What is the procedure for disposing of the suctioning? - How often does the suctioning occur? - How often does the suctioning occur? - How often does the suctioning occur? - How often does the suctioning occur?</p>	<p>- Absence of good oral hygiene including a rigid oral care regimen. - Care, schedule, or procedures for maintaining room equipment as well as disposal of used (dirty) equipment. - Skills of suctioning (i.e., oral/nasal). - Information - The record should indicate clearly that the suctioning is being performed. - The number of times the resident is suctioned for a specific reason, and by whom. - Suctioned. - Treated. - Resident re-served in compliance with suctioning.</p>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Feeding 1153 (part 4)	- Staff use proper technique in administering tube feeds. - Staff check for placement of tube prior to each feeding and that tubing	If the resident is able to be interviewed, up-tilted questions may be: <ul style="list-style-type: none"> <li>• Do you (s) comfortably perform the feeding?</li> <li>• Who performs the feeding?</li> </ul>	(i.e., oral care, etc.); <ul style="list-style-type: none"> <li>- Evaluation/Reevaluation of resident should take into account:                             <ul style="list-style-type: none"> <li>• How well the resident tolerates suctioning</li> <li>• Any blood aspirate, cardiac arrhythmia, cyanosis, or bronchospasm, or bronchospasm</li> <li>• Further interventions utilized to overcome above symptoms</li> <li>• The amount of sputum as well as its color</li> <li>• Any consistency, lack of progress, retention, and/or the development of new problems</li> </ul> </li> <li>- The evaluation should determine whether or not the feeding or if new goals must be addressed.</li> </ul>	<ul style="list-style-type: none"> <li>- Was the feeding ordered by a physician?</li> <li>- How often?</li> <li>- How often attempted?</li> <li>- Have attempts been made to attempt oral feeding if indicated?</li> </ul>	Feeding, Section 482.116(d)(1) Feeding, Section 482.136(a)(2) Feeding, Section 482.31(c)
Tube Feeding 509-405-1124(c)	- Staff use proper technique in administering tube feeds. - Staff check for placement of tube prior to each feeding and that tubing	If the resident is able to be interviewed, up-tilted questions may be: <ul style="list-style-type: none"> <li>• Do you (s) comfortably perform the feeding?</li> <li>• Who performs the feeding?</li> </ul>	Take feeding Review: <ul style="list-style-type: none"> <li>- Status of tube</li> <li>- Best document tube placement and formula placement prior to each feeding.</li> </ul>	<ul style="list-style-type: none"> <li>- Was the feeding ordered by a physician?</li> <li>- How often?</li> <li>- How often attempted?</li> <li>- Have attempts been made to attempt oral feeding if indicated?</li> </ul>	Feeding, Section 482.116(d)(1) Feeding, Section 482.136(a)(2) Feeding, Section 482.31(c)

LONG TERM CARE SURVEY

SUBJECT AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Tube Feeding 133 (cont'd)</p>	<p>Is it being done before and after addition of medication.</p> <ul style="list-style-type: none"> <li>- The tube is clean and protected.</li> <li>- The equipment is clean and protected. If linens are removed, cleaned, and stored, clean, and dry.</li> <li>- The nasal tube is properly secured to the face with skin monitoring intact and without irritation to the skin around the gastrostomy is kept clean for the duration of use. It should be checked carefully for leakage, gastric reflux, and other complications.</li> <li>- A resident who has a tube for a period of time should be observed for possible complications, such as: aspiration, gastric ulceration, and reflux (vomiting).</li> <li>- Resident's tube(s) with tube elevated to air during feeding and placed in low position during hour post-feeding.</li> </ul>	<p>If not, what happens? Are you losing or gaining weight? What is your goal?</p> <p>Ask Staff: - Please describe the resident's tube feeding.</p>	<ul style="list-style-type: none"> <li>- In the case of re-tubing, placement must be documented at least daily.</li> <li>- Nasal gastric tube must be secured in a manner that avoids trailing and respiratory distress.</li> <li>- Identify frequency, amount, and timing of the physician's order and time span over which each feeding is accomplished.</li> <li>- Medication and treatment records, intake records, and vital signs should be well as amount of oral fluid water, amount regarding removal and reinsertion of tubes.</li> <li>- Record should indicate weight diarrhea and complications and to treat if they have developed.</li> </ul>	<ul style="list-style-type: none"> <li>- Is tube free from kinks and is given several times daily? (How frequent of continuous feeding.)</li> <li>- Have changes in resident condition been noted? (Weight loss, constipation, diarrhea, skin lesions, etc.)</li> <li>- Have observed problems been discussed with other departments and other staff?</li> <li>- Is feeding being monitored to ensure that feeding is occurring at appropriate intervals?</li> <li>- Are there any oral supplements as part of the diet?</li> </ul>	<p>Special Services 48-1231(7)</p>



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>7130 (cont'd)                      1. Are there any                      areas that need                      further review?                      If so, what are they?                      (List them.)</p>	<p>Check for staff who are                      actually on duty.</p>	<p>- If so, what else do                      you need?</p>			
<p>7130 (cont'd)                      2. Are there any                      areas that need                      further review?                      If so, what are they?                      (List them.)</p>	<p>There is a                      registered                      nurse on the                      duty roster for                      each day of the                      week (for                      SW only).</p>				
<p>7130 (cont'd)                      3. Are there any                      areas that need                      further review?                      If so, what are they?                      (List them.)</p>	<p>That all regis-                      tered nurses                      are listed                      on the roster                      and that there                      are sufficient                      numbers &amp; class-                      ification of                      personnel are                      available.</p>				

LONG TERM CARE SURVEY

SERVICY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CODSS REFERENCE
<p><b>Patient Care Handbook</b>                      F107                      485.1124(d)                      F108                      485.1124(e)</p>	<p>Observe resident level of functioning and social functioning. Note problems, potential problems, and interventions/needs review work sheet.</p>	<p>Ask Resident:                      - Do you have a plan of care?                      - Did you participate in developing a plan of care?                      - Do you/your family know what the plan is and what the goals are?                      (If not, ask staff, administrator, director, etc.)                      - Do you attend and participate in care meetings?                      - How do you know what the plan is for you?                      - Was the meeting for you?                      - Do you have a copy of the plan?                      - Do you know what the goals are?                      - Do you have all necessary assistive devices?                      - Is there anything that is not part of your plan that you would like to have?                      - What happens if you require any treatment that is not part of your plan?                      (Give an example)</p>	<p>Review:                      - Plan of care                      - The content of the plan of care is in primary or secondary position in the format. Separate core ideas are not combined with other information in the plan, but may be accepted if there is evidence that the staff understands the plan and is using assessment/reports in their planning, coordination, and delivery of care.                      - Physician orders.                      - Assessment/evaluation reports.                      - All professional disciplines as appropriate.                      - Medication orders.                      - Lab reports, as applicable.</p>	<ul style="list-style-type: none"> <li>- Are all resident's problems identified?</li> <li>- Is the plan developed in a way that meets the needs of the resident?</li> <li>- Are all interdisciplinary primary approaches included?</li> <li>- Goals stated in measurable/observable terms?</li> <li>- Approaches listed in action to meet the resident's needs?</li> <li>- Responsible disciplines/staff for approaches to assist residents in achieving goals included?</li> <li>- Is plan being reviewed and changed as needed to reflect changes in condition?</li> <li>- Does plan of care accurately reflect information gained from observation, interview and record review?</li> </ul>	<p><b>Specialized Services</b>                      485.345  <b>Medical Records</b>                      485.317                      485.318  <b>Resident Rights</b>                      485.1121(a)                      485.311  <b>24-Hour Services</b>                      485.1124                      485.318  <b>Specialized Services</b>                      485.345                      485.347                      485.349  <b>485.1121(b)</b>                      485.310  <b>Resident Rights</b>                      485.1121(a)                      485.306                      485.309  <b>Additional General</b>                      485.308                      485.309</p>
<p>F128</p>	<p>8. Each profile-51994) serve the resident's care needs.</p>				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F 109 (cont'd)                      goals, plans, and evaluations                      the scope                      interventions                      plan inclu-                      in the plan                      of care in a                      timely man-                      ner.</p> <p><b>NOTE</b>                      The intent is to                      assure that the                      facility direct-                      ly is in contact                      with                      residents/family                      appropriate                      needs                      through the                      appropriate                      attention of all                      disciplines.</p>	<p>463.44(d)                      - What is your input into                      resident's plan of care?                      - What aspect of the                      plan is being                      carried out?                      - What is this particular                      aspect of the                      plan?                      - How do you advise the                      resident in carrying out                      the plan of care?                      - How often are care                      planning meetings?                      - Is the plan of care                      being carried out?                      - Is there anything the                      resident needs that is                      not in the plan of care?                      - How often is it                      reassessed?</p>				<p>463.44(d)                      485.1126(a)                      442.344(d)                      485.1131                      442.345                      014441-Subtopics                      442.312                      442.31</p>



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F77-176 (cont'd)</p> <p>ADL's (cont'd)</p>	<p>Prosthetic devices (eg, braces, artificial extremities), Adaptive equipment (eg, special soap sponges), Orthotic devices (eg, splints, AFO's), Restraints (eg, vest, wrist, ankle, mitts, gowns, chairs), Grooming items (eg, comb, brush, shaver), Oral hygiene (eg, toothbrush, toothpaste, denture cup), Self-feeding devices, Assistive devices for special sensory loss (eg, hearing aids, large print books, magnifiers, writing tablets, picture cards, talking books), Training/Re-training Prosthetic management Stroke adapted ADL's Self-injections of insulin Self-feeding Self-grooming Ambulation</p>	<p>being helped?</p> <ul style="list-style-type: none"> <li>- Are staff members encouraging you to do things for yourself?</li> <li>- Do you have any problems getting up the bathroom on time?</li> <li>- Do you have any problems with leakage when you sneeze, laugh or at any other particular time?</li> <li>- Do you have any problems with your hair?</li> <li>- Are they aware of the problems?</li> <li>- Do you bowel's move regularly?</li> <li>- If not, what do you/ staff do about this?</li> <li>- Are you able to feed yourself?</li> <li>- Are you able to get to the bathroom/yourself?</li> <li>- If not, why? If that case, what does staff do about this?</li> <li>- How long have you been up today? Usually lie down for a rest?</li> <li>- If you need help getting into or out of bed, is staff available to help you?</li> <li>- How do you need to get up?</li> <li>- How do you need to get into your chair?</li> <li>- How do you need to get into your chair, wheelchair or in bed?</li> </ul>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F171-76 (cont'd)</p>	<p>Colostomy/Temporary Care (e.g. tube, catheter) Respiratory Care (e.g. nebulizer) Mobility Lower extremity dressing Observe at mealtime whether staff encourage/assist residents in self-feeding or feeding the residents.</p>	<p>Does anyone wear your arms or legs or help you with activities? - How your sleeping habits are changed when you come to the nursing home? If yes, to what extent? - Are you able to get help during the night if needed? - How good of help is received? - Is staff response adequate? - Do you feel there are adequate care supplies in this facility? - If this facility, give me an example of why you feel this way? - How do you feel about the assistance you get if learning to help you? - Do you feel there is adequate staff at this facility? - If not, can you give me an example of why you feel this way? - Does staff assist and/or encourage activities like ADL, communication, programs, feeding? - How do you feel about the staff? - Is there anything that you would like to do?</p>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
#179-136 (cont'd)		<p>Are hospital/physician that staff is doing?</p> <ul style="list-style-type: none"> <li>- Is resident comfortable in g- free from pain?</li> <li>- Are residents comfortable for pain in case?</li> <li>- Is anyone aware of any pain?</li> <li>- Do they know how to correct way to use pain meds/meds/meds?</li> <li>- Is the facility arranged as they can get around easily?</li> </ul> <p>Are activities staff do you receive information to nursing staff about time and place of activities?</p> <ul style="list-style-type: none"> <li>- Are there people who are to attend if those who might be interested in attending?</li> </ul> <p><b>Qual-Head Resident</b></p> <p><b>Do Qual:</b></p> <ul style="list-style-type: none"> <li>- Is she a resident?</li> <li>- Is resident assisted in the bathroom comfortable?</li> <li>- Does she see there?</li> <li>- Does she see there?</li> <li>- Does resident go to a</li> </ul>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>PTT-176 (cont'd)</p>		<p>therapy area or does therapist come to resi- dents?                      - Is able to reach items needed?                      Ask: Backboard                      - How do you get information about the time and place of activities and which residents are to attend?                      - How do you encourage a resident to attend this information?                      - How do you encourage a resident to attend the next for tomorrow?                      Ask: Resident                      - How do you know why he/ she needs a wheelchair?                      - How do you know if he/ she is encouraged to take resident M/C ambulate?                      - How do you know she is to lock and unlock wheelchair?                      Ask: Staff:                      - How is a resident set up for independent M/C?                      - How do you know if a Staff Aide - has resi- dent received interac- tive transfer infor- mation?                      For the Record Resident is able to ambulate                      Interview questions above:</p>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>417)-116 (cont'd)</p>		<p><b>Ask Resident:</b>                      - How do you spend your day?                      - Can you do some things for yourself?                      - How often do you have a chance to learn self-care skills?  <b>Ask Nurse:</b>                      - If the resident has access to a recliner, how often do you see the resident able to lie out of bed?                      - Is the time out of bed coordinated with the necessary care?  <b>Ask Nurse Aide:</b>                      - Does this resident do any self-care? Why not?                      - If no, has anyone tried to help? (help to do some care?)</p>			



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS-REFERENCE
<p>FD-35 (cont'd)</p>	<p>Blankets/pillows clean, appropriate bed wear                      Laundry schedules                      O.D.B. (as tolerated)                      Water available                      All adaptive devices are in good repair.                      All assistive supportive devices are in good repair.  <b>SMALL RESIDENTS:</b>                      In room, as appropriate                      In room, as appropriate                      In room, as appropriate                      Assessment of room (e.g., toilet, telephone, TV, radio, water).                      Blankets/lap robe, pillow, foot step, etc.                      Clean, dry attire.                      Pressure relief device.                      Accessibility, wheelchair.                      Call bell available.</p>	<p>- Men?                      - Men's call room? How soon?                      - Is resident able to answer call bell, attend meals/bath, lipsoos?                      - How are residents who are helping you transfer, or turn and position?                      - Does resident go to therapy area or does therapist come to resident?  <b>OLD RESIDENTS:</b>                      - How often is position changed?                      - What activity is done at breakfast, noon, afternoon, evening, etc.                      - Is equipment available?                      - Who maintains and cleans equipment?                      - What is the schedule for this?                      - What has been the most difficult problem had to turn in position patients correctly?</p>			



LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWS	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>413) (cont'd)</p>	<ul style="list-style-type: none"> <li>- Medication (e.g., ointment, cream, ointment)</li> <li>- Appropriate staff</li> <li>- Medication in</li> <li>- Grab bags (bath, back, shower, etc.)</li> <li>- Medication adapted</li> <li>- Resident aware</li> </ul>	<ul style="list-style-type: none"> <li>- No oral with 113</li> <li>- It there something do that there is not</li> <li>- Appropriate staff</li> <li>- Medication in</li> <li>- Grab bags (bath, back, shower, etc.)</li> <li>- Medication adapted</li> <li>- Resident aware</li> <li>- How do you do you have for getting</li> <li>- Training?</li> <li>- How does the actual</li> <li>- Training?</li> <li>- Check question placement</li> <li>- How do you do you have for getting</li> <li>- Resident's rights section</li> <li>- Discard adapting technique used by staff.</li> </ul>			
<p>Survey Services in Medication of Drugs FID-104 317-482-337 FID 1. Is identified prior to administration of a drug.</p>	<ul style="list-style-type: none"> <li>- Observe a drug pass with at least 20 residents receiving medication.</li> <li>- If not, what is the reason?</li> <li>- Details of the Surveyor Medication Error.</li> <li>- Discard medication requests (e.g., handwritten)</li> </ul>	<p>All Residents</p> <ul style="list-style-type: none"> <li>- Do you always receive your medication on time?</li> <li>- If not, what is the reason?</li> <li>- Do you receive the correct medication?</li> <li>- What happens if you receive medications to you?</li> <li>- What happens if you have a question or refuse to take your medication?</li> <li>- How do you get your medication?</li> <li>- Do your medications change in appearance?</li> </ul>	<p>Review the medication administration record, (as appropriate)</p> <p>See 5.0.H, Appendix H, Transmittal No. 118 for details of the record review.</p>	<p>If the combined total of significant &amp; non-significant errors is 15 or more, a deficiency is present.</p> <p>Any significant error is cause for a deficiency.</p> <p>See Appendix B for details.</p>	<p><b>QUALIFICATION</b> 405.1124(b)(1) <b>PHARMACEUTICAL SERVICES, SUBELEMENT</b> 482.336(a)(1)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS-REFERENCE
<p>F102</p> <p>2. Drugs are distributed in accordance with orders entered as soon after doses are prepared.</p> <p>F108</p> <p>B. Medications are administered by same person who prepared the medication except under exceptional circumstances. 4000 RECORDS DISTRIBUTION SYSTEM.</p> <p>Exception: ID residents who are on medication with their personal medicine cabinet.</p>	<p>checking accuracy of medication distribution of residents.</p>	<p>- Do the nurses stay with the who you take your medication?                  - Do any of the medications belong to other patients?                  ASK NURSE:                  - How do you ensure that you have the right medication?                  - How do you ensure that you have the right medication?                  - Are there any problems with the medication?                  - How do you ensure that you have the right medication?                  - How do you ensure that you have the right medication?                  - How do you ensure that you have the right medication?</p>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>H. Conformance with 42 CFR 482.24(b)(1) through 482.24(d)</p> <p>482.24(b)(1)                      482.24(b)(2)                      482.24(b)(3)                      482.24(b)(4)                      482.24(b)(5)                      482.24(b)(6)                      482.24(b)(7)                      482.24(b)(8)                      482.24(b)(9)                      482.24(b)(10)                      482.24(b)(11)                      482.24(b)(12)                      482.24(b)(13)                      482.24(b)(14)                      482.24(b)(15)                      482.24(b)(16)                      482.24(b)(17)                      482.24(b)(18)                      482.24(b)(19)                      482.24(b)(20)                      482.24(b)(21)                      482.24(b)(22)                      482.24(b)(23)                      482.24(b)(24)                      482.24(b)(25)                      482.24(b)(26)                      482.24(b)(27)                      482.24(b)(28)                      482.24(b)(29)                      482.24(b)(30)                      482.24(b)(31)                      482.24(b)(32)                      482.24(b)(33)                      482.24(b)(34)                      482.24(b)(35)                      482.24(b)(36)                      482.24(b)(37)                      482.24(b)(38)                      482.24(b)(39)                      482.24(b)(40)                      482.24(b)(41)                      482.24(b)(42)                      482.24(b)(43)                      482.24(b)(44)                      482.24(b)(45)                      482.24(b)(46)                      482.24(b)(47)                      482.24(b)(48)                      482.24(b)(49)                      482.24(b)(50)                      482.24(b)(51)                      482.24(b)(52)                      482.24(b)(53)                      482.24(b)(54)                      482.24(b)(55)                      482.24(b)(56)                      482.24(b)(57)                      482.24(b)(58)                      482.24(b)(59)                      482.24(b)(60)                      482.24(b)(61)                      482.24(b)(62)                      482.24(b)(63)                      482.24(b)(64)                      482.24(b)(65)                      482.24(b)(66)                      482.24(b)(67)                      482.24(b)(68)                      482.24(b)(69)                      482.24(b)(70)                      482.24(b)(71)                      482.24(b)(72)                      482.24(b)(73)                      482.24(b)(74)                      482.24(b)(75)                      482.24(b)(76)                      482.24(b)(77)                      482.24(b)(78)                      482.24(b)(79)                      482.24(b)(80)                      482.24(b)(81)                      482.24(b)(82)                      482.24(b)(83)                      482.24(b)(84)                      482.24(b)(85)                      482.24(b)(86)                      482.24(b)(87)                      482.24(b)(88)                      482.24(b)(89)                      482.24(b)(90)                      482.24(b)(91)                      482.24(b)(92)                      482.24(b)(93)                      482.24(b)(94)                      482.24(b)(95)                      482.24(b)(96)                      482.24(b)(97)                      482.24(b)(98)                      482.24(b)(99)                      482.24(b)(100)</p>	<p>Combine with observation of drug panel.</p>		<p>- Review the latest copies of the physician orders and the record (as appropriate)                      - See 3.04, Appendix H details of the record review.</p>	<p>See Appendix H for details</p>	<p>Physician Functions 482.24(b)(1)</p>

LONG TERM CARE SURVEY

SURVEY AREA CROSS REFERENCE	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	DIAGNOSTIC SERVICES
DIETETIC SERVICES (Consultant or Participation)	<ul style="list-style-type: none"> <li>o Specific Observations which might be Indicators of possible malnutrition:</li> <li>o Clinical</li> <li>- anorexia/loss of appetite</li> <li>- dehydration</li> <li>- edema</li> <li>- swollen lips</li> <li>- dull or dry hair</li> <li>- swollen or red</li> <li>- bleeding gums</li> <li>- bruising</li> <li>- infections</li> <li>o Physiologic factors which may affect nutrition:</li> <li>- Swallowing difficulties</li> <li>- Poor tolerance</li> <li>- Poor dentition</li> <li>- Poor mouth care</li> <li>- Diarrhea</li> <li>- Inability to feed</li> <li>- Decreased vision and dexterity</li> <li>- Decreased activity</li> <li>- Inability to communicate</li> <li>- Loss of appetite</li> <li>o Psychological/Psychic</li> <li>- Confusion</li> </ul>	<p>Ask dieter to explain the procedure for making substitutions and follow-up.</p> <p>Is menu usually followed?</p> <p>Ask Resident:</p> <ol style="list-style-type: none"> <li>How are your meals?</li> <li>Are there foods you are not allowed to eat?</li> <li>Do you receive special diets?</li> <li>Do you receive special diets for your diet?</li> <li>What time do you receive breakfast, lunch and supper? Do you always receive a meal at mealtime? If not, what happens?</li> <li>Do you like the taste of the food?</li> <li>Are you ever hungry?</li> <li>What do you do if you are hungry? (e.g., milk, coffee, etc.)</li> <li>What do you do if you are full?</li> <li>What do you do if you are sick?</li> <li>What do you do if you are hungry after a meal?</li> </ol>	<p>Review Medication Administration Record for the following symptoms:</p> <ul style="list-style-type: none"> <li>o Weight loss</li> <li>o Anorexia</li> <li>o Nausea</li> <li>o Vomiting</li> <li>o Diarrhea</li> <li>o Constipation</li> <li>o Dehydration</li> <li>o Edema</li> <li>o Swollen lips</li> <li>o Dull or dry hair</li> <li>o Swollen or red</li> <li>o Bleeding gums</li> <li>o Bruising</li> <li>o Infections</li> <li>o Physiologic factors which may affect nutrition:</li> <li>o Swallowing difficulties</li> <li>o Poor tolerance</li> <li>o Poor dentition</li> <li>o Poor mouth care</li> <li>o Diarrhea</li> <li>o Inability to feed</li> <li>o Decreased vision and dexterity</li> <li>o Decreased activity</li> <li>o Inability to communicate</li> <li>o Loss of appetite</li> <li>o Psychological/Psychic</li> <li>o Confusion</li> </ul>	<ul style="list-style-type: none"> <li>o Have physician diet orders followed?</li> <li>o Did serving plan for diet substitutions at mealtime?</li> <li>o Is there rehabilitative diet available?</li> <li>o Is modification of consistency of meals available?</li> <li>o Is substitution of protein or change in protein available?</li> <li>o Has dietitian provided counseling of resident and family as needed?</li> <li>o Has dietitian provided counseling of resident and family as needed?</li> <li>o Is substitution of meal carried out in a dignified manner?</li> <li>o Is the plan being followed?</li> <li>o Has dietitian provided counseling of resident and family as needed?</li> <li>o Is substitution of meal carried out in a dignified manner?</li> <li>o Is the plan being followed?</li> <li>o Has dietitian provided counseling of resident and family as needed?</li> <li>o Is substitution of meal carried out in a dignified manner?</li> <li>o Is the plan being followed?</li> </ul>	<p>Diagnostic Services</p> <p>445.1123</p> <p>445.1126</p> <p>Medical Records</p> <p>445.1132</p> <p>442.318</p> <p>Nutrition Services</p> <p>446.1124(a)(1)</p> <p>446.1124(a)(2)</p> <p>446.1124(a)(3)</p> <p>446.1124(a)(4)</p> <p>446.1124(a)(5)</p> <p>446.1124(a)(6)</p> <p>446.1124(a)(7)</p> <p>446.1124(a)(8)</p> <p>446.1124(a)(9)</p> <p>446.1124(a)(10)</p> <p>446.1124(a)(11)</p> <p>446.1124(a)(12)</p> <p>446.1124(a)(13)</p> <p>446.1124(a)(14)</p> <p>446.1124(a)(15)</p> <p>446.1124(a)(16)</p> <p>446.1124(a)(17)</p> <p>446.1124(a)(18)</p> <p>446.1124(a)(19)</p> <p>446.1124(a)(20)</p> <p>446.1124(a)(21)</p> <p>446.1124(a)(22)</p> <p>446.1124(a)(23)</p> <p>446.1124(a)(24)</p> <p>446.1124(a)(25)</p> <p>446.1124(a)(26)</p> <p>446.1124(a)(27)</p> <p>446.1124(a)(28)</p> <p>446.1124(a)(29)</p> <p>446.1124(a)(30)</p> <p>446.1124(a)(31)</p> <p>446.1124(a)(32)</p> <p>446.1124(a)(33)</p> <p>446.1124(a)(34)</p> <p>446.1124(a)(35)</p> <p>446.1124(a)(36)</p> <p>446.1124(a)(37)</p> <p>446.1124(a)(38)</p> <p>446.1124(a)(39)</p> <p>446.1124(a)(40)</p> <p>446.1124(a)(41)</p> <p>446.1124(a)(42)</p> <p>446.1124(a)(43)</p> <p>446.1124(a)(44)</p> <p>446.1124(a)(45)</p> <p>446.1124(a)(46)</p> <p>446.1124(a)(47)</p> <p>446.1124(a)(48)</p> <p>446.1124(a)(49)</p> <p>446.1124(a)(50)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>136(cont'd)</p> <p>Identify resident receives food in the amount, frequency to support optimal nutritional status.</p>	<p>- Examine food likes</p> <p>- Refused to eat</p> <p>- Scheduled nutritional assessment</p> <p>- Nutritional status</p> <p>- Vitamin protein</p> <p>- Serum albumin</p> <p>- Transferrin</p> <p>- Serum electrolytes</p> <p>During mealtime observe the resident for:</p> <p>- adherence to food</p> <p>- adequate space for eating</p> <p>- eating utensils</p> <p>- proper position for eating</p> <p>- ability to eat foods</p> <p>- use of adaptive feeding devices</p> <p>- assistance with actually eating</p> <p>- protection of resident's clothes</p> <p>- resident's ability to chew and swallow</p> <p>- adequate amount of food as needed to eat from dining area</p> <p>- All beverages are covered</p>	<p>9. Do you receive mail? Do you have a choice about what you want to eat?</p> <p>10. Do you receive mail-clothes during meals? If yes, do you know what it is for? What is it for?</p> <p>11. Do you get food from that you, boy or family bring? How often? What kind of food?</p> <p>12. How often does anyone from the kitchen room help you with eating? How often and opinions as to the food service, your portion size, etc.</p> <p>13. Where do you eat (e.g., dining room, your room, etc.)? Do you have a choice of where you eat?</p> <p>14. How often have you seen a therapist for eating and swallowing problems? How often? What has the therapist instructed you to do to improve your swallowing?</p> <p>Ask Dietitian</p> <p>- Describe the meal</p> <p>- How often do you receive from residents.</p>	<p>o Medical intervention</p> <p>o Nutritional assessment as it relates to resident's food habits</p> <p>o Plan of Care</p> <p>o Nursing Notes</p> <p>Review:</p> <p>o Physicians orders</p> <p>o Dietitian's orders</p> <p>o Notes from other professional disciplines as appropriate.</p> <p>Nutritional status appears not only as adequacy of food intake but also whether the resident is able to eat appropriate measures to prevent or resolve the problem.</p> <p>o Does the indication of outcomes? If not, is appropriate intervention available?</p> <p>o Within specified time frame?</p> <p>o Are anthropometric data and clinical data do not correlate with dietary data, food planned? The surveyor should take note that nutritional status may not be</p>	<p>Is there evidence that the resident's progress is regularly observed (e.g., weight, vital signs, etc.)? Is there evidence such as acceptance of foods, food consumed, appetite, etc.?</p> <p>o If fluid intake for resident encouraged, is there evidence that fluids are being consumed?</p> <p>o If there general evidence that the resident's food intake is adequate?</p> <p>o Are there any signs or symptoms of malnutrition?</p> <p>o Are there any signs or symptoms of dehydration?</p> <p>o Are there any signs or symptoms of electrolyte imbalance?</p> <p>o Are there any signs or symptoms of anemia?</p> <p>o Are there any signs or symptoms of other nutritional deficiencies?</p>	<p>Nutrition Services -425.112411</p>

LONG TERM CARE SURVEY

SURVEY AREA	DESCRIPTION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F186(cont.) U1	<p>Assistance being provided in case of choking, restraints, falling, or other emergencies.</p> <p>Nursing Staff supervision of dining areas including meal trays, rooms during meal times.</p>		<p>- Vitamin C - Calcium</p> <p>Selected evaluation of records for is apply review.</p> <p>A check list can be used to ensure ready records for food items:</p> <p>Use standard serving portions</p> <p>Dietary plan should include:</p> <p>MILK GROUP 1 pt milk</p> <p>MEAT GROUP</p> <p>5 equivalents* 1 equivalent equals 1 oz. of meat (edible portion) prepared as follows: 1 lb fish, 1/2 lb shellfish, 1/2 lb dried peas, beans, nuts, and all meat, fish and poultry).</p> <p>VEGETABLE AND FRUIT GROUP</p> <p>5 servings or more, including a dark green or deep yellow vegetable for one serving. Other fruits other than apples, pears, or other fruit rich in Vitamin C daily.</p>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F58 (cont'd)	<p>Observed serving practices listed on all menu items:</p> <p><b>HILLY GROUP</b>                      - 1 serving = 1 slice                      Source of: Protein                      Protein                      8 (samples)</p> <p><b>MEAT SALAD</b>                      - 1 serving = 1 cup                      1/2 meat, poultry, fish, cheese &amp; eggs; also 1/2 peas, beans, and nuts.                      Source of: Protein                      Vitamin B12</p> <p><b>VEGETABLE AND FRUIT GROUP</b>                      - 1/2 cup = 1 serving                      (1/2 cup = 1 serving)                      Source of: Vitamin A, C, fiber</p> <p><b>LEGUM-PASTA GROUP</b>                      - 1/2 serving = 1 slice                      Source of: Protein, fiber, cereal.</p>		<p><b>MEAT-VEGETABLE-LEGUM-PASTA GROUP</b>                      7 servings                      (A1) and SWEETS                      (Without this group the diet contains 1,415 kcal)                      Diets should be adjusted from facility's currently approved diet manual.                      Meats are dated and contain minimum portion sizes.                      No substitutions used on the file copy.                      No substitutions made within the same food group.                      Source of protein is the most groups, or applicable to similar nutrients.)</p>		

LONG TERM CARE SURVEY

SURVEY AREA	DESCRIPTION	IDENTIFYING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)	<p>FATS AND SUGARS (to increase caloric intake)</p> <p>IODIZED SALT (unless contraindicated)</p> <p>Adequate fiber in diet</p>		<p>a Documentation of rec- tion to withdraw or begin artificial feeding and hydration.</p> <p>Check menus for variety states kinds of fruit, juice, vegetable?</p> <p>DIETARY SERVICES NUTRITION SERVICES PHYSICIAN NURSE Dietary Services Nurse Physician</p> <p>N.B. The basal energy re- quirements (BEE) and re- quirements for protein and other nutrients should be rechecked the variation in energy needs for in- dividuals.</p> <p>3. <del>ADDITIONALLY</del> <del>SHALL</del> <del>INCLUDE</del></p> <p>NOTE: The following sample formulas and menus are provided as an example only. If available, the surveyor should ask to see the actual menus and before using the ones provided here.</p> <p>o Important indicator of nutritional sta- tus.</p> <p>o Diets can have different effects on desired body weight.</p>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F196 (part 4)</p>			<p>2. <b>Height Calculation</b></p> <p><b>Formula:</b></p> <p>At least 100 lbs. for first 5 ft. of height plus 5 lbs. for each additional inch.</p> <p><b>Notes:</b></p> <p>At least 100 lbs. for first 5 ft. of height plus 5 lbs. for each additional inch.</p> <p><b>CALCULATING GROSS WEIGHT</b></p> <p>1. <b>FORMULA:</b> Height x Weight x 0.000001</p> <p><b>Notes:</b> 48 x 115.2 x 0.000001 = 0.55296</p> <p>          15 x 98.4 x 0.000001 = 0.1476</p> <p><b>Notes:</b> 0.55296 + 0.1476 = 0.70056</p> <p>          + 11.7 x 0.000001 = 0.000117</p> <p>          = 0.700677</p> <p><b>Formula:</b> Height x Weight x 0.000001</p> <p><b>Notes:</b> 48 x 115.2 x 0.000001 = 0.55296</p> <p>          15 x 98.4 x 0.000001 = 0.1476</p> <p><b>Notes:</b> 0.55296 + 0.1476 = 0.70056</p> <p>          + 11.7 x 0.000001 = 0.000117</p> <p>          = 0.700677</p> <p><b>Formula:</b> Height x Weight x 0.000001</p> <p><b>Notes:</b> 48 x 115.2 x 0.000001 = 0.55296</p> <p>          15 x 98.4 x 0.000001 = 0.1476</p> <p><b>Notes:</b> 0.55296 + 0.1476 = 0.70056</p> <p>          + 11.7 x 0.000001 = 0.000117</p> <p>          = 0.700677</p>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>1156 (cont'd)</p>			<p>Dental Maintenance: 1.20 x BIL (teeth)</p> <p>HEALTH CALCULATION (Approx)</p> <p>weight (lb.) x 0.45 = kilograms (kg)</p> <p>inches (in.) x 2.5 = centimeters (cm)</p> <p><b>CALCULATING ZINCIN SEALS</b></p> <p>1. a) Use 0.8 gram zincin per kilogram of total body weight.</p> <p>2. Increase to 1.2 - 1.5 grams for patients with conditions such as wounds (decubiti, trauma, lacerations, fractures, etc.).</p> <p><b>Check Residuals</b></p> <p>Based on actual body weight.</p> <p>Over 55 years with no dentures (if not a resident) (NOTE: 2.2 lbs. equals 1 kg of body weight.)</p>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F190 (cont'd)			<p>Example: 128 lbs/2-2 lbs.                      x 34.5 kg 155                      55 kg x 30 cc =                      1,650 cc/day</p> <p>Note: Isotonic Standard                      Tube feeding =                      Approximately 0.85                      water.</p> <p>Approximation % of Body Weight</p> <p>Legs 0%                      Torso 10%                      Arms 5%                      At Elbow 3-5%</p> <p>Suggested Standard for                      Evaluating Significance of                      Weight Loss</p> <p>% of Body weight loss</p> <p>Inter- Significant Severe                      3-4 10-15 20-25</p> <p>1 week 1-2% 2%                      1 month 3-5% 5-10%                      3 months 7-10% 10-15%                      6 months 10% 15%</p> <p>From Blackburn, et al: "Nutritional Status and Weight Loss in Long-Term Care Patients" JGIM vol. 3, 1997.</p>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE	
F196 (cont'd)			Lab Indices for Elevated Triglycerides  Albumin level Total Lymphocyte Count (L/cu/mm) Hemoglobin (17 Assayable)	MHA Deficit Level 3.3-3.2  3.2-2.8  1548-900 188-160	Serum Deficit Level 2.8  900 160	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
B. Therapeutic Diets F197 SNF 405.1126(C) F198 042.312(b)(1) (2)	System for the provision of diets: a Dietetic service Karen or file a Therapeutic menu a Menu preparation and service a Adequacy of nourishment a individual must or diet carts <b>SPECIAL FEEDINGS:</b> a Staff use proper techniques. Check to see that staff check for intolerance of bar feeding and that tubing is irrigated before and after addition of medication. a Unused milk-based tube feedings are properly discarded in a timely manner	Ask Staff: a Number, type of therapeutic diets a Time of nourishment a Staff, who's responsibility of service a Nourishment provided for day of survey? The surveyor should identify staff responsible for knowledge of the facility's administrative tasks involving special feeding. Some facilities with the tube is a long time ago. In the past, the facility had a special feeding unit. If the resident is able to be interviewed, suggest questions may be: 1. How long have you been fed by this tube? 2. When was the last time you tried to eat by mouth? What happened? 3. How often do you receive the feeding? Is this consistent?	Review: - Physician diet orders in medical record - Nurses' Notes - Therapeutic diet menu - Diet carts Notes: - Consider appropriateness of special diet-ordered and reviewed since - Progress notes reflect evaluation of resident's progress on diet. Selected number of residents who are on special diets should be considered for re-evaluation. Tube Feeding Review: - Plan of Care - Identify frequency, amt., consistency of the physician's order and the time span over which each feeding is accomplished. - Medication and treatment records - Fluid intake records - Number of attempts at	On Purved diets: o Unordered by physician o Unordered by dietitian o Same categories and/or served whole. Purved feeds are coordinated with general/regular menu. On Tube Feeding: o Has the feeding begun o Is the feeding consistently adequate? o Have attempts been made to wean the resident from tube if indicated? o Have changes in resident condition been noted and addressed.	Nutrition Services 405.1126(C) (d.) Patient care plan (f.) Provision of patient nutrition
F199 Therapeutic diets are prescribed by the attending physician. F200 Therapeutic menus are planned in writing, ordered with service as prescribed by the dietitian and advice from the attending physician as necessary.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>192-199 (cont'd)</p>		<p>4. Does the staff help you in feeding? Do you feel comfortable eating with all the staff who are from the feeding? If not, what happens? Do you feel comfortable eating with your staff? What is the diet like? Do you feel comfortable eating with all staff who perform this procedure?</p> <p><b>Interview staff regarding knowledge of diabetic diets.</b></p> <ul style="list-style-type: none"> <li>What enrichment does the diabetic patient receive?</li> <li>If diabetic patient receives the meal, what is the supplement to the meal?</li> </ul> <p>If resident is able to be interviewed:</p> <ol style="list-style-type: none"> <li>How long have you been on your diabetic diet?</li> <li>Do you know some of the problems with it? What are they?</li> </ol>	<p>well as amount of additional water</p> <ul style="list-style-type: none"> <li>Record should indicate measures taken to prevent dehydration if they have developed.</li> </ul> <p>Diabetic Diets Review:</p> <ul style="list-style-type: none"> <li>Perinent Laboratory data:           <ul style="list-style-type: none"> <li>urinary glucose</li> <li>MCV, Hct/HESSES</li> </ul> </li> </ul>	<p>weight loss, constipation, urmas, skin problems, etc.</p> <ul style="list-style-type: none"> <li>Have observed problems been correlated with laboratory measurements and clinical observations?</li> <li>Is feeding being monitored to ensure that the order/appropriate ratio?</li> <li>Are measurements at preferences allow?</li> </ul> <p>On Diabetic Diets and Other Therapeutic Diets</p> <ul style="list-style-type: none"> <li>Diets are nutritionally adequate</li> <li>Individualized to suit diet needs objectives, if not appropriate, provide</li> <li>Renovation indicates Laboratory results</li> <li>Diets meet nutritional needs as needed and recorded in measurable amount.</li> </ul>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197-199 (cont'd) L12B Therapeutic diets prescribed by the attending physician	<p>Sharew trays/meal service  <ul style="list-style-type: none"> <li>• Sugar sources are available (taste)</li> <li>• Sugar sources on trays</li> <li>• Sugar sources on restricted diet trays.</li> </ul> </p> <p>Functioning system to provide the needs  <ul style="list-style-type: none"> <li>- Resident's general appearance</li> <li>- Resident's weight</li> <li>- Adherence to food preferences</li> <li>- Food to support</li> <li>- Method of service</li> <li>- Assistance provided</li> <li>- Assistance provided as ordered</li> <li>- Portion sizes</li> <li>- Assistance provided to help residents to help themselves</li> </ul> </p>	<p>3. Do you receive a measurement between meals before going to bed?</p> <p>FOR THE RESIDENT WITH RECORDS</p> <p>Ask Staff:            1. regarding knowledge of this resident returns with meals, bread, etc.?            2. What do you do when this resident returns with meals?            3. What courtyments are provided to this resident?            4. What happens when a weight loss is noticed with this resident?</p> <p>Ask Residents:            1. How would you describe the taste of eating your meals?            2. Do you get foods that you don't eat on your tray?            3. When do you feel hungry?            4. How often do you eat between meals?</p>	<p>105 RECORDS</p> <ol style="list-style-type: none"> <li>1. Identify residents with condition that limit urinary body movement.</li> <li>2. Identify location, amount of weight loss of decubitus ulcers.</li> <li>3. Calculations of kilocaloric and protein assessments and nutritional needs</li> <li>4. Nutritional need assessment.</li> <li>5. Progression.</li> <li>6. Monitor healing of ulcers.</li> <li>7. Portion Laboratory Data</li> <li>8. Hemoglobin/Hematocrit</li> <li>9. Total Lymphocyte Count</li> <li>10. Fluid intake</li> <li>11. Urine output</li> <li>12. Sufficient to maintain hydration</li> </ol>	<p>A system is in place to provide nutritional support needed by the residents who have developed decubitus ulcers.</p> <p>Food and supplementation are provided in a method consistent with the residents with decubitus ulcers.</p> <p>Nutritional intervention is assessed and reassessed as needed. Nutritional intervention for acceptable health care outcome.</p>	<p>including 362212E            (A) Patient Care            (F) Supervision of Nutrition</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>E102-100 (cont'd) E100 Therapeutic diets prescribed by the attending physician</p> <p>E100 Therapeutic menus are planned, written, prepared and served under supervision from the dietitian and advice from the physician whenever necessary.</p>	<p><b>RENAL REVIEW</b> System in place for the correct provision of renal diets. - Individualize menu - Dietary Staff Utilize menu when serving diets.</p>	<p>Interview staff regarding knowledge of renal diets: 1. What foods should be restricted when a patient has kidney problems? 2. What nourishments are given to these patients? 3. Are fluids restricted? Ask Resident: 1. Are you on a special diet? 2. What foods must you avoid? 3. Do you feel hungry? 4. Do you eat everything at mealtimes? 5. Are the foods the kitchen sends you the correct ones for your diet? 6. Has the dietitian explained your diet to you?</p>	<p><b>Renal Patient Diet Review</b> - Pertinent Laboratory Data + Serum Sodium + BUN + Serum Potassium + Creatinine + Hemocrit + Creatinine - Pertinent Medications + Vitamins/Minerals + Supplements - Weight gains/losses</p>	<p><b>Di-Renal Diets</b> - Ordered by physician - Written menu nutritionally complete in all possible nutrients, including calories - Individualized to suit resident - Laboratory testing as needed - Coordination with physician to determine effectiveness of diet</p>	<p>Nursing Service 405.1124 (D) Patient Care (F) Supervision of Patient Nutrition</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p><b>L. Preparation</b>                      F204                      SNF -025.1125(r)                      F205</p>	<p>Observe:                      o Fooding activities in                      kitchen and prep                      areas                      o Length of time resi-                      dents wait for                      meal service                      o Food is served 90s                      after cooking or re-                      heating                      o Trays are free of                      spillage of foods or                      liquids                      o Trays are appropriately                      covered and kept at a                      proper temperature                      o Utensils, linens, and                      sanitaria are clean.                      o Sanitary and greaseless                      surfaces. They are                      properly cleaned and                      changed, rinsed                      or in a form                      suitable for                      individual resi-                      dent needs.</p>		<p>Review:                      o Plan of Care                      o Progress notes                      o Menu from activity                      o Medication orders to                      determine rehabili-                      tation potential to diet                      o List of substitute                      devices                      o Record of food substitu-                      tion to determine                      if choice                      o Standardized recipes</p>	<p>The facility has kitchen                      areas adequate to meet                      the food service needs.                      The kitchen is properly                      ventilated, equipped                      and equipped for sanitary                      refrigeration, storage,                      and hot food holding.                      Equipment and storage                      areas are clean, well                      maintained, within pre-                      scribed standards, regular,                      and safe.                      Proper temperatures:                      (Labrabbat)                      o Freezer food storage ---                      0 or below                      o Cold food storage ---                      40-45 degrees                      o Hot food holding equip-                      ment --- 160 degrees                      minimum                      o Dishwasher wash cycle ---                      150 - 160 degrees                      o Dishwasher rinse cycle ---                      160-180 degrees or a                      higher temperature                      o Note: see reference to                      manufacturers                      recommendations</p>	
<p>F206                      F207                      F208                      F209                      F210                      F211                      F212                      F213                      F214                      F215                      F216                      F217                      F218                      F219                      F220                      F221                      F222                      F223                      F224                      F225                      F226                      F227                      F228                      F229                      F230                      F231                      F232                      F233                      F234                      F235                      F236                      F237                      F238                      F239                      F240                      F241                      F242                      F243                      F244      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LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>6233 (Cont'd)</p> <p><b>DIET</b></p> <p>Is provide foods that are safe and nutritious</p> <p>548-893-1125(a)</p>	<ul style="list-style-type: none"> <li>- No rust on stainless steel</li> <li>- No dripping or spillage on silverware</li> <li>- No broken or chipped glassware</li> <li>- Modification in commensurate with residents' abilities and</li> <li>- Restrooms for meal satisfaction</li> <li>- Appearance of food (color, texture, aroma, and flavor)</li> <li>- Less than 7% of meal is substituted</li> <li>- Type of substitutions provided</li> </ul>		<ul style="list-style-type: none"> <li>- Progress notes</li> <li>- Diet menu</li> <li>- Day's menu substitute</li> <li>- Diet</li> </ul>	<p>Dietary personnel are clean and free of infection. The practice acceptable techniques and procedures to keep records, program, and procedures are followed against contamination.</p> <p>Is dietary information pertinent to dietary modification?</p> <p>Has resident been assessed for eating program to maintain independence?</p> <p>The food substitute is safe and nutritious when as the resident (e.g., milk refusal, alternate of calcium rich substitute) be provided.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>6. Frequency F200 58F 405.1126(d) F209 ICF 442.331(a) F210 1. At least three meals are served daily at regular hours with not more than a 14-hour gap between a substantial evening meal and breakfast.</p> <p>F211 2. To the extent medically possible, bedtime nourishments are offered to all residents</p>	<p>o Menu as under A on page 10 o How served, nourishments schedule o Nourishment list and schedule</p>	<p>Interview various residents about their nourishment services.</p> <p>o Are nourishments offered? o If not, what time are they offered? o What kind of nourishment are offered?</p>	<p>Review o Menu as under A o Nourishment List</p>	<p>These meals or their components are served daily with not more than a 14-hour gap between the evening meal and breakfast.</p> <p>The nourishment service is more difficult to evaluate because of the evidence that patients are offered nourishments on a regular basis and documented.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E. Staffing	<ul style="list-style-type: none"> <li>- Food service personnel are on duty for all dietary responsibilities.</li> <li>- Supervision</li> <li>- Food Preparation</li> <li>- Washing</li> <li>- Cleaning</li> <li>- Duty Schedules</li> </ul>	<ul style="list-style-type: none"> <li>- Interview personnel to verify that they are within the job descriptions.</li> </ul>		<ul style="list-style-type: none"> <li>- From an assessment of the total dietetic service operation:</li> <li>+ The dietetic supervisor is capable of the supervision of the dietetic service.</li> <li>+ There are dietetic experts on duty for a 12-hour period who demonstrate ability to perform tasks necessary.</li> <li>+ Dietetic personnel receive appropriate orientation with their duties and responsibilities. There is sufficient knowledge about procedures and apply these accepted professionally practices to the services provided are consistent with the title, scope and duties and ability.</li> </ul>	
F212					
SMF 493, 1125 (a)					
F213	<ul style="list-style-type: none"> <li>- Duty Schedules</li> </ul>				
1. Food service personnel are on duty daily for a period of 12 hours.					
-Lined.					
Persons are providing services commensurate with their level of training; and all specializations needed by the residents.					





LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>2228</p> <p>2. The resident's personal care plan is reviewed regularly by a qualified staff member. The care plan is reviewed at least every 30 days by the physician and therapist.</p> <p><b>EXCEPTION:</b> If a resident's plan must be revised as necessary.</p> <p><b>RULES:</b> Therapy services are provided to all residents to allow maximum optimal level of function.</p>	<p>equipment and large print books</p> <p>- Is equipment such as bed rails, call lights, etc. available to all residents?</p>	<p>Approach toward rehabilitation of the geriatric resident resident in pair facility. In what way do you see this?</p>			



LONG TERM CARE SURVEY

SUITE AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
LABORATORY AND SERVICES 7229 SWF 485-1128	Observe systems of temped residents, e.g., technology, janitor, foodservice, laundry, phone, etc.	ASK NURSING/PHYSICIAN/RESIDENT Small: do you do what you think a resident needs - laboratory work done - blood work, cultures, etc. - How long does it take to get lab results back? - How long does it take to receive results when they do come back? - Do you have any problems with laboratory services? - How are lab specimens collected? - Do you have any instructions from the lab regarding collection and storage of specimens?	Review the physician's order sheet to see if: - that there are orders for tests that have been done. Nursing progress notes are checked for appropriate of lab results. Physician progress notes or other documentation indicating that the physician is aware of lab results. There are lab reports on the order sheet. Tests referred (except if just performed).	There must be signed physician orders for all laboratory services performed. Record results of all tests to the medical record. There is documentation in nursing or physician notes to indicate the results of lab tests were included in the physician's plan. When lab tests are performed the resident should be notified of significant findings and the possible therapeutic alternatives.	BALKANS, SECTION 485-1128(a)(1)(c) 442.343 BALKANS, SECTION 485-1128(b)
7230 A. 7230 7231	A. 7230 7231				
1. 031	1. 031				
2. The attending physician is notified promptly of findings.					

LONG TERM CASE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F232</p> <p>3. Signed and dated report of a study, report, story, x-ray and other diagnostic information obtained in connection with the patient's medical record.</p> <p><b>INDEX</b></p> <p>To assure that lab test orders are entered as ordered and findings are reported to the physician, the clinicians are made aware of symptoms that may require lab tests.</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p><b>Social Services</b></p> <p>F233 SM 402.1132</p> <p>F234 SM 485.1130(a)</p> <p>F235 ICF 442.3640(i)</p> <p>A. Plan</p> <p>F236 The medically related social and emotional needs of residents are identified.</p> <p>B. Residents at facilities</p> <p>F237 Services are provided to meet the social and emotional needs of residents at facilities or by referral to an appropriate social agency.</p>	<p>Observe resident for:</p> <ul style="list-style-type: none"> <li>- level of alertness (diurnal variation)</li> <li>- responsive, disruptive, aggressive, anxious, hostile, inhibited,</li> <li>- personal appearance</li> <li>- apparent wisdom/ability</li> <li>- hearing problems they exhibit as you talk to</li> <li>- interaction to staff, other residents, family, visitors</li> <li>- participation in group activities</li> <li>- independence in making decisions, decision making</li> <li>- Therapeutic staff interaction: constructive behavior</li> <li>- resident's participation in group activities of facility, e.g., resident council.</li> </ul>	<ul style="list-style-type: none"> <li>- How long have you been in the facility? How do you feel about it?</li> <li>- Have you had any problems adjusting to the facility? (Date of admission, social adjustment)</li> <li>- How has your family or friends been helpful, e.g., financial?</li> <li>- Do you have any family or friends who live with you?</li> <li>- Do they have any problems with which this facility might be helpful?</li> <li>- If exhibiting disruptive behavior, depressed, agitated, anxious, etc., behavior - I am glad to hear you are happy today. Can you tell me what has led to this?</li> <li>- How do you feel about the staff?</li> <li>- Have you participated in planning what care you will get and who will provide it?</li> <li>- Do you make use of the dining, activity, community room, and/or outdoor areas?</li> </ul>	<ul style="list-style-type: none"> <li>- Review medical records of residents referred for social services to determine if appropriate referrals have been made.</li> <li>- Assessment and plan of social and emotional needs and medical related social and medical needs.</li> <li>- Home situation, informal support system, and nursing requirements.</li> <li>- Decisions regarding the resident's social and emotional needs.</li> <li>- Medical records contain current specific information regarding the resident's social and emotional needs.</li> <li>- Review social and emotional records of the resident and determine if appropriate referrals have been made.</li> <li>- Review service notes if applicable.</li> <li>- Review resident's social status and other residents' social status.</li> <li>- Review facility adjustment to the illness.</li> </ul>	<p>The residents social and emotional needs are identified and the plan of care is being reviewed as necessary. Family's needs and concerns are addressed if appropriate. Referral to appropriate agencies, if necessary, is made for private meetings and discussions. While it is not a program requirement, staff may contribute to the resident's care plan by identifying strengths that can be used to build upon.</p>	<p>Medical Services ICF 402.238</p> <p>Activities ICF 462.3640(i,c) (d)</p> <p>Physician Services SM 485.1130(b)</p> <p>ICF 442.360</p> <p>Resident Care SM 485.1130(d)</p> <p>ICF 442.360</p> <p>Therapist SM 485.1130(b)</p> <p>ICF 442.341(c)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>§23-238 (cont'd)</p> <p>2. If financial arrangements are made promptly or appropriate agency.</p>		<ul style="list-style-type: none"> <li>- Can you tell me what you do in a usual day?</li> <li>- Are things like getting up, bathing, dressing, eating, etc. done at the same time for everyone?</li> <li>- If you could change some things about living here, what would you change?</li> </ul> <p><b>Ask Social Worker/Case Manager:</b></p> <ul style="list-style-type: none"> <li>- How is the resident's family available, delicate or not?</li> <li>- Who is responsible for identifying the resident's social and emotional needs and home situation?</li> <li>- How are needs identified and reported?</li> <li>- How are needs met in the development of his/her care plan?</li> <li>- Ask nursing how often the resident is checked?</li> <li>- Does the social worker have a meeting with staff if there is a need for nursing to be involved?</li> </ul>	<ul style="list-style-type: none"> <li>- Plan of care, social worker, and the current status of the resident.</li> <li>- There is evidence that a plan of care was written when plan of care was written and hearing problems have been addressed.</li> <li>- Plan of care addresses hearing problems observed by the caregiver and stated by the resident.</li> <li>- Social worker plan indicate that needs have been re-evaluated and care plan updated.</li> <li>- There is evidence that the problems and needs of the family have been addressed.</li> <li>- There are indications that a referral has been made to the appropriate agency and a statement describing why.</li> <li>- There is documentation indicating what actions were taken and any plan for follow-up.</li> </ul>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F23-238 (cont'd)		<ul style="list-style-type: none"> <li>- How is physical notified and involved in plan of care?</li> <li>- How is physical notified of their role, function, and what services they provide?</li> <li>- If what referred services are being provided by outside personnel, are they documented work service?</li> <li>- Ask social service staff about the individual's background.</li> <li>- If there is a consultant ask staff:             <ul style="list-style-type: none"> <li>* How long does the person come?</li> <li>* How long do they stay?</li> <li>* What does the person do while they are here?</li> <li>* What assistance, care, or medication is being provided?</li> <li>* What social service staff v/ adequate space is provided for them by the facility?</li> <li>* How often are family contact, private interviews, and meetings.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- The time period between date of referral and date of services is reasonable.</li> <li>- The date of referral is the date of follow-up by staff.</li> <li>- The outside agency has provided services and activities.</li> <li>- Plan of care demonstrates services to be provided.</li> <li>- The plan of care is for the individual in the plan of care at the time of referral.</li> <li>- The plan of care contains:             <ul style="list-style-type: none"> <li>+ a flexible approach to care.</li> <li>+ services to be individualized.</li> <li>+ awareness of a mental status evaluation.</li> <li>+ family availability for planning, resident approval.</li> <li>+ identification of problems resulting from placement.</li> <li>+ social adjustment.</li> <li>+ discharge planning.</li> </ul> </li> <li>- The record reflects</li> </ul>	<ul style="list-style-type: none"> <li>- There is documentation of collaboration between nursing and social work staff.</li> </ul>	<p>Facility Care Management 405.112(d)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-230 (cont'd)			<p>Social Service intervention with family and caregiver counseling.</p> <ul style="list-style-type: none"> <li>- Review care plan and revised plan of care for:</li> <li>+ Plan for converted social services.</li> <li>+ Services for adjustment.</li> <li>- Adjustments for facility for specific conditions.</li> </ul>		
<p><b>ACTIVITIES</b></p> <p>F239 SIF 481.1131</p> <p>F269 SIF 481.1131(b)</p> <p>F261 ICT 442.365</p> <p>F262</p>	<p>General level of activities throughout the facility, as well as in specifically designated areas.</p> <p>How busy residents are visiting in chairs during waking hours?</p> <p>What is the level of residents' interest in activities they are doing?</p> <p>Are residents' activities connected to their needs and</p>	<ul style="list-style-type: none"> <li>- How does he/she spend the day?</li> <li>- Do the activities they enjoy most/least?</li> <li>- How busy are his/her interests?</li> <li>- Suggested specific response to interests?</li> <li>- What specific activities are planned in this past week?</li> <li>- How does resident find program or happenings?</li> </ul>	<p>Utilization Assessment</p> <p>Interests of the resident (past and present) are met and necessary for their interests.</p> <p>Documentation that information, medical history, medical problems are limitations impacting activities personnel and used in assessment and position of care plan.</p>	<p>Are each resident's personal interests being met, but not necessarily facility CD days should identify them?</p> <p>Are each resident's needs being met?</p> <p>Are activities being taken to identify them?</p> <p>Have medical contraindications been identified in the care plans?</p> <p>Needs and contraindications of residents in the facility are being met or have a plan of action.</p>	<p><b>AGING SERVICES</b> 481.1126 442.319</p> <p><b>SOCIAL SERVICES</b> 481.1130 442.346</p> <p><b>SOCIAL REHABILITATION SERVICES</b> 442.363 442.363 442.363 442.363 442.363 442.363</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>7262-10041-1)</p> <p>Interests of each resident are designed to promote opportunities for engaging in social, religious, recreational, and other activities. If any.</p> <p>7263</p> <p>2. Unless contraindicated by the attending physician, all residents are encouraged to participate in activities.</p> <p>7264</p> <p>3. The activities promote the physical, social and mental well-being of the residents.</p>	<p>Are needed personal equipment and facilities for initiatives and safety (e.g., caregiver, wheelchair, etc.) still used in activities?</p>	<ul style="list-style-type: none"> <li>- Does resident get out of facility to activities?</li> <li>- Does resident have programs, getting to activities? Does the staff assist?</li> <li>- Does the staff encourage residents to go to activities?</li> <li>- Does resident participate in Resident Council?</li> <li>- Does resident have free choice of activities?</li> <li>- What kind of activities engage to residents?</li> <li>- Ask Resident:             <ul style="list-style-type: none"> <li>- How has your participation in activities been?</li> <li>- Give examples.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Needs of the resident in activities are identified:</li> <li>+ social interaction</li> <li>+ creative expression</li> <li>+ intellectual stimulation</li> <li>+ physical activities</li> <li>+ spiritual or religious</li> <li>- Plan of care</li> <li>- Use all available information about:             <ul style="list-style-type: none"> <li>+ needs</li> <li>+ indications and contraindications for activities from other assessments</li> <li>+ physician orders and progress notes</li> </ul> </li> </ul>	<p>Does each resident's physical, social and mental well-being?</p>	<p>Physical 485.1134 442.329</p> <p>INTELLIGENTIAL 485.1132 442.328</p> <p>Resident Rights 485.1121(a) 485.311</p> <p>Medical Records 485.1132 442.318</p> <p>Facility Care 485.1121(a) 442.341</p>

LONG TERM CARE SURVEY

SHEET AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>4. Equipment in throughout the facility is adequate for use by residents in good working order.</p> <p>5. Supplies and equipment for use by residents in good working order are available.</p> <p><b>NOTE:</b> Each resident has a personal care plan that is reviewed and updated as needed. The plan includes goals and objectives for the resident's care and is reviewed and updated as needed. The plan is reviewed and updated as needed. The plan is reviewed and updated as needed.</p>	<p>Is lighting adequate throughout the facility for residents in good working order?</p> <p>Are new and some have been replaced in the last 12 months?</p> <p>Do residents communicate with each other in activities?</p> <p>Are methods of communicating upcoming activities appropriate to the resident population?</p> <p><b>Specific observations for this area:</b> Activities adapted to meet specific needs of the resident.</p> <p>Alert residents have activities of interest that are adapted to their functional level.</p> <p><b>Specific observations for this area:</b> Activities adapted to meet specific needs of the resident.</p> <p>Alert residents have activities of interest that are adapted to their functional level.</p>	<p><b>Ask Questions/Activities/Identify</b></p> <ul style="list-style-type: none"> <li>- Do they know the location of the equipment in their care? (If program they like? Activities they want to participate in?)</li> <li>- Do they know the personal equipment needed (e.g., wheelchair, hearing aids, walker)?</li> <li>- Do they know the adaptive equipment used by residents (e.g., walking belts, built up devices, etc.)?</li> <li>- Do they talk to residents to identify new interests and report activities personnel to meet with individuals and group activities of interest of residents who have difficulty participating in regularly? Which activities are most enjoyed?</li> </ul>	<p>Activities notes spell out implementation of activities, including specific activities, approaches, and people.</p> <p>Residents' participation in individual and group self-started and organized activities is noted and tracked.</p> <p>Evaluation of plan of care for: changes in interests; changes in preferences; changes in needs; new problems, approaches, etc.</p> <p>Plans are revised as needed.</p>	<p>Are equipment and supplies in good working order?</p> <p>Are residents evaluated periodically with emphasis on participation in activities for new activities?</p> <p>Are plans reevaluated if desired outcomes?</p> <p>Residents in the facility have at least two activities per week of interest to them presently.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E246 (cont'd)	<p>and patterns common or symbols visible to all the residents.</p> <p>Staff consistently use techniques such as handshakes, eye contact, and/or saluting. Live therapy as per each individual's needs.</p> <p>Resident has familiar items if available in room (e.g., family pictures, items, artwork, a chair from home).</p> <p>Residents in residents have activities of interest geared to their abilities and interests (e.g., music, radio, reading and writing material; group, walking, exercise, etc.).</p> <p>Small group and one-on-one involvement with staff reinforcing appropriate responses.</p> <p>Staff reaction to resident behavior during activities (e.g., shouting, demanding, non-verbal, aggressive).</p>	<ul style="list-style-type: none"> <li>- If he/she does not participate, why?</li> <li>- How do you appear to relate/calm the resident? Excites him/her?</li> <li>- How does staff manage the resident's behavior? (e.g., abusive, disruptive, combative)?</li> <li>- What type of staff involvement is required? How?</li> <li>- How do staff assist when workers, even one-to-one assistance in activities?</li> <li>- How many residents have interest in day at individuals?</li> <li>- Why do these residents have interest in day at individuals?</li> <li>- What is your plan to find more activities of interest? How?</li> <li>- How many residents will meet their needs?</li> <li>- What types of residents seem not to be interested? How?</li> <li>- How many (and) residents have only passive activities?</li> </ul>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F 209 (cont'd.)	<p>(address).</p> <p><u>Specific observation for residents or terminally ill resident:</u></p> <ul style="list-style-type: none"> <li>- Appropriate items for sensory enrichment in room (e.g., lamp, adequate lighting)</li> <li>- Resident placed in appropriate environment (e.g., around people, in hall, activity room, hallway, etc.) when appropriate to the resident's needs and consistent with the resident's choice</li> <li><u>Specific observation of the activities program:</u> <ul style="list-style-type: none"> <li>- Adequate lighting</li> <li>- Activities are appropriate for activities of interest (e.g., religious services, singing, reading, watching, card playing, board games, gardening)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- How do you adapt activities for residents who are: <ul style="list-style-type: none"> <li>- confused/disoriented</li> <li>- emotionally disturbed</li> <li>- physically impaired but alert</li> <li>- terminally ill?</li> </ul> </li> <li>- Are community volunteers utilized in the activities program? In what way? Do residents encourage to offer suggestions for new activities? If so, what activities have been instituted as a result?</li> <li>- How they manage maladaptive behavior (e.g., combative)?</li> <li>- How do they help depressed residents (e.g., encourage activity)?</li> </ul>		<p>Resident may refuse to participate in activity. However, if the activities are part of a diagnostic program, the resident is responsible for assisting in the selection of actually participating in distributive activities.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>724E (cont'd)</p>	<ul style="list-style-type: none"> <li>- Multi-purpose room and</li> <li>- outdoor activity area.</li> <li>- functional furniture.</li> <li>- Evidence of free choice activities:</li> <li>- newspaper</li> <li>- radios</li> <li>- TV's</li> <li>- reading</li> <li>- Sewing</li> <li>- Church services</li> <li>- Activities, equipment, and supplies available to meet interest of residents.</li> <li>- equipment for connecting activities</li> <li>- Activities equipment clean, safe, and in working order.</li> <li>- materials, as appropriate, have access to the total activity environment (e.g., lobby, surrounding day room, party, dining room).</li> </ul>				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<b>MEDICAL RECORDS</b> F240 SNF 405.1132 <b>CHARTING</b> F248 SNF 405.1131(C) F249 SCF 402.3181(A)(1)				All information required is present in the record. Does the record document all observable resident needs/problems?	
F250 1. The medical records are legible and contain all information necessary to monitor the resident's care. The charting is clearly legible and contains all information necessary to document treatment and care provided to the resident.					
F251 2. The medical records are legible and contain all information necessary to monitor the resident's care. The charting is clearly legible and contains all information necessary to document treatment and care provided to the resident.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F231 Cont'd of previous section information.					
F232 b. Admittee information including medical social history.					
F233 c. Transfer forms, etc. charge summary from any facility.					
F234 d. Report of resident's history of physician.					
F235 e. Report of physical evaluation.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F225 i. Reports of periodic evaluations and progress notes.					
F233 g. Diagnostic reports and diagnostic orders.					
F238 h. Reports of treatments.					
F259 i. Medications administered.					
F300 j. An overall plan of care setting forth goals to be accomplished through each phase of the life, therapeutic and treatments.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F201                      1. Assessments and goals of each care recipient's plan of care.</p>					
<p>F202                      1. Treatments and services rendered.</p>					
<p>F203                      a. Progress notes.</p>					
<p>F204                      a. All symptoms and other information of illness or injury including diagnosis and action taken; required- the (each problem).</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>7204 (cont'd)</p> <p>ENEMY</p> <p>Bring together all resident information. Interview each resident and the residents and help all care decisions on care needed.</p>					
<p>TRANSFER AGREEMENT</p> <p>7205 SPT 485, 1133</p> <p>7206 SPT 485, 1133(a)</p> <p>7207 CF 442, 316</p> <p>7208 a. Whenever the provider or the transferee is notified of a transfer is notified of the transfer and between a</p>		<p>6A.34(d): - What is the routine procedure for transferring a resident to a new facility when you transfer a resident? - How is this done?</p>	<p>Review information on medical record of resident transferred and is again back in the facility.  Look at physician and nursing progress notes of above residents to determine if transfer was consistent with accepted standards of care.  Does facility have an agreement with a hospital? If not, what is the hospital under same ownership, direction and in same campus.</p>	<p>All pertinent resident information must be recorded at the time of transfer.  The resident was not injured in any way by a delay in the transfer process.</p>	<p>DALLAS, TEXAS 482.316</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	SECOND REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F 268 (cont'd)                      facility or a                      providing                      new special                      facility,                      the existing                      facility, or                      the new                      facility                      268-269                      a time in                      number.</p>			<p>In transfer form complete                      with all signatures                      private signatures?                      Does the medical record                      indicate that subjects of                      and pertinent aspects of                      the discharge planning                      care plan accompany the                      patient on transfer?</p>		
<p>F 269                      B. Information                      provided for                      care and                      transfer to                      individuals                      is provided.</p>					
<p><b>REGULATORY                      EXEMPTIONS:</b>                      F270                      SHF 493.1134</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>#271. Unit properly equipped for medication preparation and storage of group and individually.</p> <p>#272. 1. Unit properly equipped for medication preparation and storage of group and individually. 2. Utility and storage rooms are adequate size.</p> <p>#273. 1. Unit is equipped to register, dispense, and store medications in a locked area. Medications are available for medication administration. 2. Medications are stored in a locked area. Medications are available for medication administration. 3. There is sufficient storage space for I.V. fluids. Adequately equipped for medication administration. Medications are readily accessible to nursing staff. Medications are protected from unauthorized access to it.</p>	<p>There is adequate light to prepare medications.</p> <p>There is sufficient space to prepare medications in a safe and effective manner.</p> <p>There is sufficient space for storage of medications.</p> <p>Unit dose carts are protected from tampering and theft.</p> <p>Medications are stored in a locked area. Medications are available for medication administration.</p> <p>There is sufficient storage space for I.V. fluids. Adequately equipped for medication administration. Medications are readily accessible to nursing staff. Medications are protected from unauthorized access to it.</p>	<p>Ask Medication Staff:</p> <ul style="list-style-type: none"> <li>- What do you use the medication room (area) for?</li> <li>- Where is the handwashing sink?</li> <li>- Do you have enough, convenient storage area for I.V. fluids?</li> <li>- Are medications stored in a locked area?</li> <li>- Where are the keys for unit dose carts?</li> <li>- Do you feel you have adequate space for supplies and equipment?</li> <li>- If so, what problem do you have?</li> <li>- Does the resident call system function properly?</li> </ul> <p>Ask Residents:</p> <ul style="list-style-type: none"> <li>- Do the call bells in the bathroom and bathing areas always work?</li> </ul>		<p>Medication preparation and storage area provide adequate lighting to prepare medication and to store medication and needed supplies.</p> <p>Light is available when and where the medication is available.</p> <p>Medication preparation area is available and does not contain patient or staff information.</p> <p>Medication preparation area is available to administer medications.</p> <p>Clean and dirty areas must be separated, preferably in separate rooms.</p> <p>Storage space must be available for I.V. fluids and supplies so that they can be stored without blocking carriers and exits.</p> <p>Medications are protected from unauthorized use.</p> <p>Call bells must be in working order and must be present in all resident bedrooms, bathrooms and</p>	<p>Backlog Service 445-1120(1) 442-231 445-1125 442-235 445-1120(1) 442-235</p>

LONG TERM CARE SURVEY

SHEET AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E274 (005'0)	<p>Handie-call system is on and working. Long care are available for chair bound patients.</p>	<p>- If no: - How often is it that they do not work? - How long does it take to get them fixed?</p>		<p>balancing areas. - Is the design of the system such that the system will be in working order and turned on.</p>	
<p>9. Dinning and Activities Area</p> <p>E225 E226 E227 E228 E229</p>	<p>Area is clean and well maintained. There is sufficient space between tables to allow for the movement of wheelchairs and residents with walkers, canes and other assistive devices.</p>	<p>Ask Residents: - Is there enough room between tables to allow you to get up and walk? - Can you sit comfortably in your wheelchair at the table? - How is the lighting and ventilation level for people with disabilities permitted? - Are there any preferences to be made to the dining room for meals?</p>		<p>Regulations clearly set out requirements for compliance. Refer to the regulations.</p>	<p>Regulatory Services 442-231 442-232 442-233 442-234 442-235 442-236</p>
E233	<p>1. The facility provides an orderly, clean, orderly, and safe dining and activities area. The facility provides an adequate number of tables and chairs for residents. The facility provides an adequate number of tables and chairs for residents. The facility provides an adequate number of tables and chairs for residents.</p>	<p>Table height or design allows residents in wheelchairs to sit at a normal distance from the table. Lighting and ventilation in the dining/activity areas is provided according to applicable code standards. A multi-purpose area should be provided for storage of items such as books, mattresses, sheets, etc.</p>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>6228 Dining and activity areas and menus are labeled and posted in tables.</p>	<p>Are dining areas utilized at meal service?</p>				
<p>6229 Any multi-use dining room used for activities, meetings, banquets, conv. space, etc. Date of activities approved. Compare their scores with each other.</p>					
<p>6230 All 11/24/67. Survey indicators C/D apply to SM's</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS-REFERENCE
<p>C. Resident Rooms F281 ICF 442.325</p> <p>F282</p> <p>1. Single rooms 100-54 ft.</p> <p>F283</p> <p>2. Multiple residents that 4 residents live at 44- foot per resident.</p> <p>F284</p> <p>3. Each room is adequately ventilated near bathing facilities.</p>	<p>Review notes and findings for maintenance, cleanliness and safety.</p> <p>Look for dust/dirt on upper bathing area, and flushlight.</p> <p>Are beds, lights, plumbing all in working order?</p> <p>Describe for all regulations that are noted to the left.</p> <p>Are privacy curtains maintained to maintain privacy?</p> <p>Test several call lights.</p> <p>Are call lights within easy reach of residents and bathing areas?</p> <p>Are toilet and bathing facilities appropriate in number, size, and location to meet resident needs?</p> <p>With personal belongings do residents have in their rooms? Is there</p>	<p>Ask Residents: - Is your room kept clean? - Who cleans it? Men, and - How often? - Other furniture and fixtures kept in good - (by who?) you have - enough privacy? - What personal belongings - room sufficient for you? - Is the lighting in your - Is your comfort- - When do you permit staff - to clean your room? - What is your staff - Ask to clean your room?</p>		<p>Refer to the regulations.</p>	<p>Resident Rights 495.372(a)(1)(5) (b)(1)(3) (c)(1)(1)(2) (d)(1) 442.311 Physical Environments 495.374(a)(6) 442.228</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS-REFERENCE
<p>F225: There is a capability of maintaining accuracy in each.</p>	<p>sufficient storage and retrieval of their technology?</p>				
<p>F226: There is adequate staff for each residential.</p>					
<p>F227: There is a comfortable dining bed are chairs, table and rest and light.</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F200 7. The resident function system facilitates the resident room.</p>					
<p>F200 8. Each room is designed and equipped for nursing care and the community of residents.</p>					
<p>F200 9. Each room is equipped with a sink.</p>					
<p>F200 10. Each room has direct access to outside and repairs.</p>					
<p>Exception: Not required for IIF residents.</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>0. Toilet and bath facilities</p> <p>722 442.505 723</p> <p>1. Facilities are clean, well-maintained, and free of debris.</p> <p>726</p> <p>2. Facilities have hot and cold water and are maintained at appropriate temperatures.</p> <p>726</p> <p>3. Facilities are equipped with hot water and are maintained at appropriate temperatures.</p> <p>726</p> <p>4. Facilities have grab bars and are equipped with slip-resistant flooring.</p>	<p>Are there adequate numbers of toilets, baths and showers for the residents that are accessible for all residents?</p> <p>Are there appropriately located in all resident rooms?</p> <p>Check for water on floors of both and shower rooms.</p> <p>Is privacy provided?</p> <p>Are facilities clean, sanitary and free of unpleasant odors?</p> <p>Are bathrooms equipped with soap, toilet paper, and paper towels?</p> <p>Is the water temperature controlled?</p> <p>Are grab bars, plumbing and fixtures in good condition?</p> <p>Are there adequate storage areas for storage?</p>	<p>Ask Residents:</p> <ul style="list-style-type: none"> <li>- When was your last bath?</li> <li>- What safety precautions are taken in the bathroom?</li> <li>- What equipment is needed to get in and out of the bathroom?</li> <li>- How do you get your bath and how do you feel about it?</li> <li>- How do you get your toilet paper and paper towels?</li> <li>- How do you get your toilet or bathroom paper?</li> <li>- How do you get your soap?</li> <li>- How do you get your paper towels?</li> <li>- How do you get your paper napkins?</li> <li>- How do you get your paper plates?</li> <li>- How do you get your paper cups?</li> <li>- How do you get your paper napkins?</li> <li>- How do you get your paper plates?</li> <li>- How do you get your paper cups?</li> </ul>	<p>Bathing schedule for residents in your laptop review.</p>	<p>Privacy is maintained for residents in toilet and bathing areas.</p> <p>Toilet and bathing areas are clean. Water is removed from floors immediately after use.</p> <p>Hot water is available in the acceptable temperature range.</p> <p>Soap, toilet paper and towels are available in the bathrooms.</p> <p>Grab bars are present and securely fastened to the wall.</p> <p>Ventilation and lighting systems are correctly functioning.</p> <p>Flooring and other fixtures are in good condition.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F297 5. Facilities have checkers in good condition.					
F298 6. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)					
F300 1. Ensures privacy for social services interviews.	Does the social worker have a locked file?	Ask Resident: - Does the social worker see you in a private room or in your own room? - If in your own room, do you feel that you have enough privacy?	Facility has appropriate arrangements for providing social services, either using: - private resources - licensed or consultant services) facility qualified under clearly defined plan.	Refer to regulations.	
F301 2. Adequate space for social and interviewing functions is provided.					
F302 3. Facilities are accessible to residents and staff.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>4. EMERGENCY ROOMS</p> <p>F333 SIF 485.1120(a)</p> <p>F334 ICF 442.320(a)</p> <p>F365 1. Does the staff observe the proper use of equipment by residents receiving treatment?</p>	<p>Therapy rooms are accessible in reading the facilities.</p> <p>Space allows for safe maneuvering of residents and equipment and staff.</p> <p>All residents are able to be observed and supervised during therapy.</p> <p>Equipment has labels (stickers, etc.) to indicate proper maintenance.</p> <p>All equipment contained in floor and walls is secure.</p>	<p>Ask Residents:</p> <ul style="list-style-type: none"> <li>- Do you have enough room for your treatment?</li> </ul> <p>Ask Therapist Staff:</p> <ul style="list-style-type: none"> <li>- Is your equipment adequately maintained?</li> <li>- Do you have enough room to observe and supervise treatment?</li> </ul>	<p>Refer to regulations.</p>		
<p>5. FACILITIES FOR SMALL AREA</p> <p>F337 SIF 485.1136(f)</p> <p>F338 ICF 442.328(b)</p>	<p>Are therapy areas properly maintained to effectively reduce heat, moisture and odors?</p> <p>Are private rooms available that meet regulatory criteria.</p> <p>If a resident is infected and in isolation, are the rooms and equipment legible and understandable?</p>	<p>Ask Subordinate Personnel:</p> <ul style="list-style-type: none"> <li>- How rapidly do you use for isolation?</li> <li>- Are you ever occupied when you need it for isolation?</li> <li>- Are you ever notified the signs you use to identify the isolation room?</li> </ul>		<p>Room meeting the regulatory requirements are available in the facility.</p> <p>There is a procedure that is implemented when a resident is notified that it is already occupied.</p> <p>Isolation signs are visible and clearly convey their intended message.</p>	<p>Regulatory 485.1136(f)(4) 442.311(c)(2) 442.313(b)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F309</p> <ol style="list-style-type: none"> <li>1. Single rooms with private toilet and bathroom facilities are available for isolating residents.</li> </ol>					
<p>F312</p> <ol style="list-style-type: none"> <li>2. Designatory signs are used to identify these rooms to staff.</li> </ol>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Common Resident Areas F311 402.1134(L) F312 442.324	Use signs, sight, hearing, etc. to survey common areas as lounge, lobby, terrace. Note levels of lighting for each reading and reading areas. Is it bright enough but without glare? Are areas clean and well maintained? Are common areas well lit? Levels allow for ease of communication and comfort? Are common areas comfortable with the room temperature? Are residents able to communicate with staff and other residents? Are common areas safe? Are common areas secure?	Ask Residents: - Do you think the lounge and corridors are usually clean? - Do you think the lighting is good? - Is the lighting level comfortable for you to read? - Do you think the lighting is bright enough for you to read safely while walking? - Do you know the difference between the noise level with the noise level with the noise level? - Is the temperature level comfortable for you? - Do you feel there is adequate ventilation in all of the corridors? - Are they securely fastened to the wall? Ask Supervisors/Staff: - If there is a water main rupture in the water supply, how do you observe for potential areas and detect?		<ul style="list-style-type: none"> <li>Flares and furniture should appear clean - shiny.</li> <li>Lighting should be bright enough to safely negotiate stairs and in reading areas, be bright enough to read. But the lighting should be free of glare. Remember, the elderly need a higher level of light than younger people. Light dimmers are necessary for comfort. Shades should be adjustable. Room temperature control levels vary. The room will feel more comfortable if there is higher temperature for comfort than information from resident interviews and your observations to determine the temperature is "comfortable" for most.</li> </ul>	402.1134(L)
F313 1. All common areas are comfortable for staff and other residents. 2. Residents are comfortable and safe in all common areas. 3. There is a minimum of 20000 at levels.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F316 4. A complete fire alarm is maintained.</p>				<p>resident-occupied areas are equipped with handrails on each side. These rails are securely fastened to the wall and are maintained with a firm support.</p> <p>- Supervisory staff are aware of the fire alarm system and the procedure for handling of residents, including evacuation of residents if their normal water supply is interrupted.</p>	
<p>F317 5. There is adequate ventilation through windows or mechanical means or a combination of both.</p>					
<p>F318 6. Corridors are firmly secured handrails on each side.</p>					
<p>F319 7. Staff are aware of procedure for evacuation of residents and are able to assist all residents in the event of loss of normal supply.</p>					<p>Disaster Evacuation Date: 11/16 Page: 482-313</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>1. Maintenance of Building and Equipment.                      1128                      507-465, 1130(1)</p>	<p>- Ceiling and floor tile in good condition.                      - Paint in good repair.                      - No holes in walls.                      - No holes in ceiling.                      - Recent levels tested and inside maintenance program for all equipment is followed.                      - Wheelchairs adjusted.                      - Stairways, bathrooms, etc.                      - Mirrors screens are in good repair.                      - Check service tables, wheelchairs, etc., for cleanliness and operation.</p>	<p>Ask Staff:                      - How many housekeeping staff are available?                      - How many housekeeping staff on duty during the week?                      - How is weekend coverage different?                      Ask Resident:                      - What if you have problems with special equipment you need to use?</p>			<p>Medical Facilities-                      405.1134(d)</p>
<p>1331. The interior and exterior of the building and grounds are clean and orderly.</p>					
<p>1332</p>	<p>2. All essential mechanical and electrical equipment is maintained in safe operating condition.</p>				
<p>1333</p>	<p>3. Sufficient storage space and use for equipment that the facility is orderly and safe.</p>				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F204 4. Resident care records are maintained in accordance with 42 CFR 447.100.</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Indicator J                      461.00 Public                      Service Area                      F203                      20F 405.1124(h)</p> <p>F207</p> <p>1. Kitchen and                      restrooms                      are properly                      cleaned and                      sanitized to                      insure                      proper                      hand/wash                      procedures                      for                      patients.</p> <p>F208</p> <p>2. Kitchen areas                      are properly                      arranged and                      equipped for                      proper                      preparation                      of food as                      well as for                      cleaning and                      removal of                      refuse.</p>	<p>Observe for                      - needed space to store                      - maintenance of working                      surfaces equipment,                      dishes, and serving                      dishes.                      - operable dish washer                      machine                      - dish washing properly                      carried out/written                      procedures                      - potable hot/cold                      exhaust fan                      - stored dishes and pots                      on clean surface                      - food particles and                      chipped/cracked ar-                      rangements                      - protective covers for                      fluorescent lights                      - handwashing with ren-                      derly accessible</p>	<p>Ask Staff:                      - What type of dishwasher                      machine do you have?                      - How does it operate?</p>	<p>The proper temperature for                      dishwashing is 180-185 degrees Fahr-                      enheit. The dishwasher                      cycle must be able                      to reach a temperature of 180                      degrees Fahrenheit or when                      there is a change in the                      temperature of the water                      (thermolabel). The indus-                      trial manufacturers'                      specifications may vary, particu-                      larly in the case of chemical disin-                      fection.</p>		<p>461.00                      Public                      Service Area                      F203                      20F 405.1124(h)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Indicator X                      8. Dietary Staff Hygiene</p> <p>F328                      SN 485.1125(1)</p> <p>F328                      1. Hygienic appearance person handling hygienic food handling facilities.</p> <p>Indicator 1                      485.1125(1)(c)                      1. Conditions</p> <p>F331                      SN 485.1125(4)</p> <p>F332                      1. Food is stored, refrigerated, protected, distributed, and served under strict control system.</p> <p>F333                      2. Waste is disposed of properly.</p>	<p>Observe the following:                      - cleanliness of hands, clothing, hair,                      - use of hair restraint                      - whether employees wash their hands with soap and water after using the toilet, smoking, blowing their nose, touching their face, or eating or drinking                      - employees using hand sanitizer                      - employees using the same utensils for food while preparing, cooking, or serving.</p> <p>Verify that:                      - hot foods are 140 degrees or above                      - cold foods are 40 degrees or lower                      - hot and cold foods are stored between 40 and 125 degrees may not be safe to eat hold longer than 2 hours                      - are used, discarded or put in the freezer</p>	<p>Risk Staff:                      - What happens when you get a cold, a flu or sore on your hand?                      - How is handwashing done?                      - Do you use disposable plastic hand covers?                      - Where are your serving utensils located?                      - What are temperatures for hot and cold foods and freezers? Who is responsible for checking temperatures?                      - Do you have thermometers to check water and food temperatures? Ask them to show you how they take temperatures</p>			<p>Quarantine Services                      485.1125(11)(H)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
P333 (cont'd)	<ul style="list-style-type: none"> <li>- Check that the refrigerators are equipped with accurate thermometers.</li> <li>- Food does not have an expiration date.</li> <li>- Cakes, eggs, etc. are dated.</li> <li>- Foods are dated and prepared within their preparation date.</li> </ul> <p>Observe that waste is in bags and tied for disposal, and that dumpsters are covered.</p>				

LONG TERM CARE SURVEY

ISSUE AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>1. Emergency power F324 SNF 405.113(h)</p> <p>F325</p> <p>1. An emergency source of power necessary to protect health and safety of residents is available.</p> <p>F326</p> <p>2. Emergency power is adequate at all times. All means of egress must maintain fire detection, extinguishing systems; and life support systems.</p>	<p>Is an emergency generator available?</p> <p>Test generator under full load conditions.</p> <p>Check items of emergency system:</p> <ul style="list-style-type: none"> <li>- lighting</li> <li>- fire detection</li> <li>- extinguishing systems</li> <li>- life support systems</li> </ul> <p>Transfer time from normal power to emergency power to occur within 10 seconds.</p> <p>Check for grounded extension cords at nurses stations.</p> <p>Where are emergency exits?</p>			<p>As per regulations and covered by the Life Safety Code surveyor</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
#333 Emergency power is provided by an emergency generator located on the premises. Emergency support systems are used.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CRISIS REFERENCE
<p><b>Infection Control</b> SMF 485.1135</p> <p>A. Infection Control F33 SMF 485.1135(b)</p> <p>F34 Aseptic and isolation techniques are observed by all personnel.</p> <p>B. Sanitation F30 SMF 485.1135(c)</p> <p>F32 The facility maintains safe, clean, and orderly interior.</p> <p>C. Linen F31 SMF 485.1135(d)</p>	<p>- Identification of dressing technique to identify if infection control principles are being applied</p> <p>- Sterile/Class Field</p> <p>- aseptic/dressing</p> <p>- use of gloves</p> <p>- Observation of isolation precautions:</p> <ul style="list-style-type: none"> <li>- signs</li> <li>- gown, double bagged</li> <li>- goggles, face, double</li> <li>- goggles</li> <li>- gloves/masks</li> <li>- gowning</li> <li>- disposable dishes</li> <li>- information for visitors</li> </ul> <p>- Procedures followed by:</p> <ul style="list-style-type: none"> <li>- laundry</li> <li>- housekeeping</li> </ul> <p>How do dirty linen transport and identify or holding area?</p> <p>Do aides wash hands after cleaning dirty linen?</p> <p>How do aides handle laundry/linen while changing beds?</p>	<p>Ask staff:</p> <ul style="list-style-type: none"> <li>- What type of dressing changes are you performing?</li> <li>- How are dressings changed?</li> <li>- Why is resident on lip?</li> <li>- How is lip care done?</li> <li>- Do laundry/housekeeping personnel/areas know procedures?</li> </ul> <p>Ask Residents:</p> <ul style="list-style-type: none"> <li>- Do you know why you have dressings?</li> <li>- Do you know why you are on isolation/precautions?</li> <li>- Do you know class linen?</li> <li>- What you need it?</li> </ul>	<p>Review records of residents selected for infection review for infection.</p>	<p>Compliance will be based mainly on your observations.</p> <p>Deficiencies will be cited if you see:</p> <ul style="list-style-type: none"> <li>- break in aseptic or sterile technique</li> <li>- clutter or infection conditions that would compromise aseptic technique</li> <li>- inadequate supplies of clean and comfort for residents</li> <li>- inadequate techniques for handling clean and dirty linen</li> <li>- resident infection or contact with class linen in closets, cabinets.</li> </ul>	<p>Burdette-Suzuki-485-1135-482-238</p>

SIRKEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F344 ICF 442-327					
F345	<p>1. The facility has available at all times a quantity of linen for use in the resident's room for proper care and maintenance of residents.</p>				
F346	<p>2. Linens are stored, protected, and transported in such a manner as to prevent the spread of infection.</p>				
F347	<p>0. Pest Control SM 405.1125(a)</p>				
F348	<p>IF 442.315(c)</p>			<p>Look for evidence of insect or rodent presence (smell or rat droppings, mouse droppings, flies around trash). - Screens doors closed - Windows that can be opened are closed that are in good repair</p>	
F349	<p>The facility is maintained free of insects and rodents.</p>	<p>Ask Staff: - Have you seen insects (fleas, ants, flies, and/or droppings) - Have you seen rodents (Mice) in residents' rooms?</p>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p><b>DISASTER PREPAREDNESS</b>                      F350                      50F 405.1136</p>	<p>- Disaster plan is located at each nursing station.                      - Evacuation plans posted in each smoke compartment.</p>	<p><b>Ask Residents:</b>                      - Do you know what to do in case of fire?                      - How often do you rehearse it?</p> <p><b>Ask Staff:</b>                      - What are your responsibilities as a fire drill?                      - What is the facilities disaster plan? (Specify fire, flood, etc.)                      - How you rehearse disaster drills?                      - How you participated in a fire disaster drill?                      - How frequently are drills held?                      - Have you been trained/instructed in the use of evacuation route containment methods?                      - Have you been trained in transfer/casualties of residents?                      - How would staff meet emotional needs of residents during/relieving a disaster, e.g., fire</p>		<p>A disaster plan is available and facility staff know their roles.</p>	<p>Rhological Evacuation 405.1134(a)(b) 402.321</p>
<p>F351                      50F 405.1136(a)                      F352                      1CF 402.313</p>					
<p>Indicators A and B apply to ICFs.</p>					
<p><b>A. Disaster Plan</b>                      F353                      1. Facility staff are aware of plans, are informed of evacuation route followed for fire, earthquake or other disaster.</p>					
<p>F354                      2. Facility staff are knowledgeable about evacuation routes.</p>					

LONG TERM CARE SURVEY				LONG TERM CARE SURVEY			
SUBJECT AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE		
<p><b>FD08</b></p> <p>1. Facility staff are trained in their specific responsibilities to ensure the safety and security of residents.</p> <p><b>2025E</b></p> <p>1. All employees are trained in their specific responsibilities to ensure the safety and security of residents.</p>							
<p><b>FD35</b></p> <p>3. Facility staff are aware of their specific responsibilities to ensure the safety and security of residents.</p> <p><b>2025E</b></p> <p>3. All employees are aware of their specific responsibilities to ensure the safety and security of residents.</p>							
<p><b>FD36</b></p> <p>4. Facility staff are aware of the methods of containing fire.</p>							
<p><b>8. Q2133</b></p> <p><b>FD37</b></p> <p><b>SM 485,134(b)</b></p>							
<p><b>FD38</b></p> <p>1. All employees are trained in their specific responsibilities to ensure the safety and security of residents for any disaster.</p>							

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