

Extended Survey

Extended Survey: The purpose of the extended survey is to explore the extent to which structure and process factors may have contributed to systemic problems causing SQC. An extended survey includes all of the following:

- Review of a larger sample of resident assessments than the samples used in a standard survey;
- Review of the staffing and in-service training;
- If appropriate, examination of the contracts with consultants;
- A review of the policies and procedures related to the requirements for which deficiencies exist; and
- Investigation of any Requirement for Participation (RfP) at the discretion of the Survey Agency.

An extended survey is conducted when Substandard Quality of Care (SQC) has been verified.

***Substandard Quality of Care** is defined as one or more deficiencies with scope/severity levels of F, H, I, J, K, or L in any of the following F tags:*

§ 483.10 Resident Rights	§ 483.25 Quality of Care	§ 483.40 Behavioral Health Services
F550 – Resident Rights/Exercise of Rights	F684 – Quality of Care	F742 – Treatment/Svc for Mental/Psychosocial Concerns
F558 – Reasonable Accommodation of Needs/Preferences	F685 – Treatment/Devices to Maintain Hearing/Vision	F743 – No Pattern of Behavioral Difficulties Unless Unavoidable
F559 – Choose/Be Notified of Room/Roommate Change	F686 – Treatment/Services to Prevent/Heal Pressure Ulcers	F744 – Treatment/Service for Dementia
F561 – Self Determination	F687 – Foot Care	F745 – Provision of Medically Related Social Services
F565 – Resident/Family Group and Response	F688 – Increase/Prevent Decrease in ROM/Mobility	§ 483.45 Pharmacy Services
F584 – Safe/Clean/Comfortable/Homelike Environment	F689 - Free of Accident Hazards/Supervision/Devices	F757 – Drug Regimen is Free From Unnecessary Drugs
§ 483.12 Freedom from Abuse, Neglect, and Exploitation	F690 – Bowel/Bladder Incontinence, Catheter, UTI	F758 – Free From Unnecessary Psychotropic Meds/PRN Use
F600 – Free from Abuse and Neglect	F691 – Colostomy, Urostomy, or Ileostomy Care	F759 – Free of Medication Error Rates of 5% or More

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F602 – Free from Misappropriation/Exploitation	F692 – Nutrition/Hydration Status Maintenance	F760 – Residents are Free of Significant Med Errors
F603 – Free from Involuntary Seclusion	F693 – Tube Feeding Management/Restore Eating Skills	§ 483.70 Administration
F604 – Right to be Free from Physical Restraints	F694 – Parenteral/IV Fluids	F850 – Qualification of Social Worker >120 Beds
F605 – Right to be Free from Chemical Restraints	F695- Respiratory/Tracheostomy Care and Suctioning	§ 483.80 Infection Control
F606 – Not Employ/Engage Staff with Adverse Actions	F696 – Prostheses	F883 – Influenza and Pneumococcal Immunizations
F607 – Develop/Implement Abuse/Neglect, etc. Policies	F697 – Pain Management	
F609 – Reporting of Alleged Violations	F698 – Dialysis	
F610 – Investigate/Prevent/Correct Alleged Violation	F699 – Trauma Informed Care	
§ 483.24 Quality of Life	F700 - Bedrails	
F675 – Quality of Life		
F676 – Activities of Daily Living (ADLs)/Maintain Abilities		
F677 – ADL Care Provided for Dependent Residents		
F678 – Cardio-Pulmonary Resuscitation (CPR)		
F679 – Activities Meet Interest/Needs of Each Resident		
F680 – Qualifications of Activity Professional		

Timing:

The extended survey can be conducted:

- Prior to the exit conference, in which case the facility will be provided with findings from the standard and extended survey;

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or

- After the standard survey but no later than 14 calendar days after the completion of the standard survey. If the extended survey is completed after the standard survey, documentation of non-compliance should be completed in the same survey.

Procedures:

Review facility policies and procedures which are related to the deficiencies representing SQC in an effort to identify systemic failures which may have contributed to the SQC.

§483.35 Nursing Services: Was the Sufficient and Competent Nurse Staffing Review Facility Task completed for the standard/abbreviated survey in which SQC was found?

- ☐ Yes – Review findings from this task to determine if there were any structure or process concerns related to written policies/procedures, or sufficient or competent staff which may have contributed to the SQC.
- ☐ No – Conduct the Sufficient and Competent Nurse Staffing Review Facility Task with a focus on identifying structure or process concerns which may have contributed to the SQC identified on the survey.

§483.75 Quality Assurance & Performance Improvement: Was the Quality Assessment and Assurance (QAA) and Quality Assurance and Performance Improvement (QAPI) Plan Review Facility Task completed for the standard/abbreviated survey in which SQC was found?

- ☐ Yes – Review findings from this task to determine if there were any structure or process concerns related to the QAPI plan, or QAA committee improvement activities which may have contributed to the SQC.
- ☐ No – Conduct the QAA/QAPI Plan Review Facility Task with a focus on identifying structure or process concerns which may have contributed to the SQC identified on the survey.

In addition to the above tasks, determine whether structure, process or staff training concerns exist by referring to the regulations and guidance in Appendix PP of the SOM for each F tag below:

§483.30 Physician Services:

1. Is the facility in compliance with Resident's Care Supervised by a Physician? ☐ Yes ☐ No, F710
2. Is the facility in compliance with Physician Visits – Review Care/Notes/Order? ☐ Yes ☐ No, F711
3. Is the facility in compliance with Frequency of Physician Visits – Frequency/Timeliness/Alternate NPPs?

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☐ Yes ☐ No, F712

4. Is the facility in compliance with Physician for Emergency Care, Available 24 Hours? ☐ Yes ☐ No, F713

5. Is the facility in compliance with Physician Delegation of Tasks to NPP? ☐ Yes ☐ No, F714

6. Is the facility in compliance with Physician Delegation to Dietitian/Therapist? ☐ Yes ☐ No, F715

§483.70 Administration and §483.71 Facility Assessment

1. Is the facility in compliance with Effective Administration? ☐ Yes ☐ No, F835

2. If a local, state, or other federal authority has taken a final adverse action against the facility or licensed professional currently providing services in the facility, the facility is not in compliance with F836. Is the facility in compliance with F836? ☐ Yes ☐ No, F836

3. Is the facility in compliance with Governing Body? ☐ Yes ☐ No, F837

4. §483.71 Facility Assessment Is the facility in compliance with the Facility Assessment? ☐ Yes ☐ No, F838

5. Is the facility in compliance with Staff Qualifications? ☐ Yes ☐ No, F839

6. Is the facility in compliance with Use of Outside Resources? ☐ Yes ☐ No, F840

7. Is the facility in compliance with Responsibilities of Medical Director? ☐ Yes ☐ No, F841

8. Is the facility in compliance with Resident Records – Identifiable Information? ☐ Yes ☐ No, F842

9. Is the facility in compliance with Transfer Agreement? ☐ Yes ☐ No, F843

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10. Is the facility in compliance with Disclosure of Ownership Requirements? ☐ Yes ☐ No, F844

11. In the event of a pending or potential facility closure, is the facility in compliance with Facility Closure-Administrator? ☐ Yes ☐ No, F845 ☐ N/A

12. In the event of a pending or potential facility closure, is the facility in compliance with Facility Closure?
☐ Yes ☐ No, F846 ☐ N/A

13. Is the facility in compliance with Hospice Services? ☐ Yes ☐ No, F849

14. Is the facility in compliance with Qualified Social Worker > 120 Beds? ☐ Yes ☐ No, F850 ☐ N/A

§483.95 Training Requirements:

1. Is the facility in compliance with an effective training program for all new and existing staff based on the facility assessment? ☐ Yes ☐ No, F940

2. Is the facility in compliance with providing mandatory effective communications training for direct care staff?
☐ Yes ☐ No, F941

3. Is the facility in compliance with ensuring all staff members are educated on the rights of the resident and the responsibilities of a facility? ☐ Yes ☐ No, F942

4. Is the facility in compliance with Abuse, Neglect, and Exploitation Training? ☐ Yes ☐ No, F943

5. Is the facility in compliance with QAPI training? ☐ Yes ☐ No, F944

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6. Is the facility in compliance with providing mandatory training that included written standards, policies and procedures for their infection control program? ☐ Yes ☐ No, F945
7. Does the facility effectively communicate standards, policies and procedures of its Compliance and Ethics program to its entire staff? ☐ Yes ☐ No, F946
8. Is the facility in compliance with Required In-Service Training for Nurse Aides? ☐ Yes ☐ No, F947
9. Is the facility in compliance with Training for Feeding Assistants? ☐ Yes ☐ No, F948 ☐ N/A
10. Did the facility develop, implement, and maintain an effective training program for all new and existing staff that includes training to meet the resident's behavioral health care needs, as described at §483.95(i)? ☐ Yes ☐ No, F949