

## Long-Term Care Survey Alert

### **SURVEY MANAGEMENT: 5 Things You Never Want to Happen During the Survey -- and How to Make Sure They Don't**

Simple tips stop smokers from setting off fire alarms and staff from going rogue.

Anyone who has been on the survey front lines for long has war stories about unexpected events that can put a facility on the fast track to decertification.

You can, however, head off serious citations by thinking through how to avoid the following and other worst-case scenarios.

Scenario No. 1: A resident sneaks a smoke and sets off the fire alarm.

Or surveyors find a resident who is supposed to smoke only with staff supervision puffing away alone in the bathroom. One way to avoid that type of scenario is to enforce the facility's smoking policy on an ongoing basis, advises **Marty Pachciarz, RN, RAC-CT**, a consultant with the Polaris Group in Tampa, Fla. And keep all smoking materials under lock and key in a fireproof box at the nursing station, adds **Cheryl Boldt, RN**, a consultant with Maun Lemke in Omaha, Neb. She suggests doing so for all residents, regardless of their ability to smoke safely without supervision.

Also routinely inspect rooms and clothing to look for smoking materials, she adds. Do this with the resident present or with the resident's or responsible party's consent, Boldt advises.

Scenario No. 2: Frontline staff endanger a resident by not implementing basic safety directives on the care plan. One case involved a resident who had at one point been found eating her Polident tablets, requiring a trip to the emergency department, reports **Joy Jordan, MSN, RN, SMQT, RAC-CT**, clinical operations consultant for Boyer & Associates in Brookfield, Wis. And even though the care plan directed staff to keep the Polident tablets out of the resident's room, Jordan found the tablets in the resident's room.

Use a working care plan tool: Do routine checks to make sure caregivers are consistently implementing the care plan. Have CNAs use a working care plan tool that includes basic care directives, including ADL assistance, repositioning, diet, and safety measures, such as a fall mat.

Scenario No. 3: The facility has a glaring safety hazard that no one has addressed. Jordan reports being in one facility in California that had a "huge laundry chute with an unlocked door." Looking at it, Jordan realized a resident could fall headfirst down the chute. In another case, she found a construction worker had left a door to the roof propped open that residents with dementia could easily access.

Develop a safety watch mentality: "You have to develop the mindset of promoting safety for people with [the functional age of toddlers] in some cases," Jordan emphasizes. Conduct rounds on a regular basis to identify safety hazards. Reward staff for identifying, correcting, and reporting potential safety hazards 24/7.

Scenario No. 4: The team fixed an individual patient safety problem but missed the bigger picture. In the case of the resident who had eaten her Polident tablets, Jordan encouraged the facility to think through the implications of that incident.

For example, even though the care plan called for removing the tablets from her room, "the resident in question wandered -- so she could access Polident tablets in other people's rooms potentially," cautions Jordan.

Protect all residents: The facility also has to anticipate that other residents with dementia might eat their Polident or

lotion or drink flavored mouthwash, Jordan adds. "The facility thus devised a policy/procedure where staff locked up all those kinds of things, labeling it, and handing it out under supervision."

**Scenario No. 5: A staff person lets surveyors know that the facility doesn't follow its own policies governing important issues.**

One facility netted an immediate jeopardy citation when a nursing assistant told surveyors she'd come to work sick with a GI virus during an outbreak of the virus at the facility. "The facility had a nice policy that it was seemingly enforcing" requiring staff to stay home when ill," says Jordan. But when a surveyor asked a CNA if she'd come to work sick during the outbreak, she replied: "Oh, of course.

I'm a dedicated person." When questioned, the facility's leadership told the surveyors that the nursing assistant in question hadn't told them she was sick. Even so, the facility ended up with an IJ citation based on the employee's revelation. Jordan surmises that sometimes employees say things that jeopardize the facility out of passive aggression. But in other cases, staff may not have a concept about what impact their comments might have on the surveyor, she adds.

Real-world practices: To help prevent staff from saying things that aren't accurate, meet with them and ask, as one example: If surveyors ask you whether the facility has a policy directing you not to come in sick, how would you answer? suggests nurse and attorney **Kathy Hurst**, director of healthcare operations at TSW Management Group Inc., which owns and manages nursing facilities in California.

Also, "if you know you have an unhappy or disgruntled employee, try to take them off the schedule during survey" or put them on an off shift, she adds.