

Long-Term Care Survey Alert

Survey Management: Combine Foresight And Hindsight To Avoid Getting Blindsided By Bad Surveys

Here's how to develop a winning offense before, during and after the survey.

"Be prepared" is the best motto to stay off the hook for F tags that reflect faulty care - or a failure to give surveyors the "rest of the story" in time to head off citations.

These five proactive strategies will help you stay one step ahead of surveyors at every step of the survey process:

1. Develop a quality assurance process that's firmly grounded in the regulatory requirements, suggests **Gene Larrabee**, a nursing home consultant in St. Augustine, FL. That doesn't mean the facility won't strive to exceed that minimum threshold, but staff should know what the federal and state rules really require them to do, he says.

Tip: Include CNAs on the QA committee, as these front-line staff know where the problems are - and they have to buy into the solutions to ensure they work, suggested **Laura Ferrara, RN**, corporate director of clinical services for **Metron Integrated Health Systems** in Grand Rapids, MI. Ferrara spoke on survey preparation at the most recent annual **American Health Care Association** conference in Miami.

2. Maintain the most recent version of the Internet State Operations Manual. Print a copy for staff so they will have the most current survey guidance in hand to refer to during the survey. "Sometimes the changes [to the manual] happen faster than surveyors have access to them," notes Larrabee.

Tip: Develop a standardized mechanism to preserve the SOMs with each set of changes in case surveyors cite past noncompliance.

3. Identify residents or issues the surveyors may home in on and have your documentation, care plans, etc., ready to go before surveyors arrive. That way you can validate how staff have addressed the issue or why a problem may be unavoidable, if that's the case, says **Linda Black-Kurek**, president of **LBK Health Care** in Dayton, OH.

Look closely at residents triggering more than one QI that may be related, Black-Kurek adds. "Examples include weight loss and pressure ulcers or weight loss and tube feedings and/or catheter use in a resident with documented UTI."

Tip: To prepare for the survey, review recent statements of deficiency and plans of correction, suggested Ferrara. "Surveyors will look at what happened in the last few surveys and want to know if you really fixed the problems," she said.

4. Develop a game plan to get an idea of surveyors' concerns as they evolve during the survey. Then address those concerns before they turn into full-blown F tags. Begin to rebut issues during the survey as early as possible, and prepare to present the coup de grace during the exit conference, advises Larrabee.

Appoint a nursing or administrative staff person to accompany or be a point person for each surveyor on the team, suggests attorney **Jay Adams** in Tallahassee. "Then that person can delegate or coordinate getting documentation or information to address surveyor's concerns."

Make sure you have the documentation ready to counter surveyors' concerns in the exit conference, Adams suggests.

5. Take advantage of the window after the survey for providing additional documentation to the survey team. If surveyors express concerns you weren't prepared to address during the exit conference, call the survey team leader or department afterward to provide any additional information, suggests attorney **Michael Cook** with **Baker & McKenzie LLP** in Washington, DC.

"The facility can couch the communication with the surveyor or survey agency as: 'We want to provide this information so you can make the best possible decision,'" adds Cook.

The surveyor may have misread something or missed some documentation. Or the nursing facility may have collateral documentation that it didn't have during the exit conference, says Cook. Examples include:

1. a psychologist's notes explaining a resident's behavior, condition and/or treatment;
2. a signed statement from a nursing aide who wasn't in the facility the week of the survey;
3. a statement from an attending physician confirming that a resident's negative outcome reflects an expected progression of his disease state.