

Appendix B

FOSS Measures and Indicators

(1) CONCERN IDENTIFICATION

Effectiveness with which the Survey Team identified and selected concerns throughout the survey

Indicators

- A. Obtained current versions of all relevant documents (e.g., QI reports, results of complaint investigations)
- B. Focused on the relevant information in the documents
- C. Integrated the information and drew appropriate inferences about potential facility concerns
- D. Focused additional information gathering on relevant issues
- E. Gathered information in a thorough enough way to identify the facility concerns
- F. Identified new concerns as suggested by further information gathering during the Initial Tour and on-going survey activities
- G. Properly identified concerns that might lead to a determination of Immediate Jeopardy
- H. Shared information among team members
- I. Documented information and concerns
- J. Ensured that all items requested were received

(2) SAMPLE SELECTION

Effectiveness with which the Survey Team selected and modified a resident sample throughout the survey based on identified concerns and survey procedures

Indicators

- A. Analyzed and integrated information from various sources and determined its significance for the sample selection
- B. Correctly followed the sample selection specifications in the SOM
- C. Used the tour to assess the pre-sample and to add or substitute appropriate residents
- D. Shared information among team members

(3) GENERAL INVESTIGATION

Effectiveness with which the Survey Team collected information to determine how the facility's environment and care of residents affect residents' quality of life, health, and safety and residents' ability to reach their highest practicable physical, mental, and psychosocial well-being. This includes the following major investigative areas:

- **Facility's physical and psychosocial environment**
- **Resident needs assessment / highest practicable well-being**
- **Protection and promotion of resident rights**
- **Quality assessment and assurance**

(See indicators under Measure 5. Those relevant for Measure 3 are A-U, W, Y.)

(4) KITCHEN / FOOD SERVICE INVESTIGATION

Effectiveness with which the Survey Team collected information to determine if the facility is storing, preparing, distributing and serving food according to 42 CFR 483.35(h)(2) to prevent food-borne illness

(See indicators under Measure 5. Those relevant for Measure 4 are A-H, V.)

(5) MEDICATIONS INVESTIGATION

Effectiveness with which the Survey Team collected information to determine if the facility's preparation and administration of medications complies with requirements

(The indicators below that are relevant for Measure 5 are A-H, X.)

Indicators

- A. Made observations under a variety of conditions and used formal and informal interviews and record reviews (as applicable) as the primary means of gathering and validating information about residents and facility practices
- B. Focused information gathering on relevant issues

- C. Analyzed and integrated information from various sources to determine the need for further information gathering and to target the follow-up effort
- D. Shared among team members, information related to concerns being investigated and possible additional concerns. Together analyzed the information to determine its relevance and to develop strategies for further information gathering.
- E. Used interpretations, definitions, probes, and procedures in the Guidance to Surveyors to guide investigations
- F. Was continually alert to, and made relevant observations of, the facility care environment and activities – including staff interactions with residents, family and other visitors
- G. Integrated information from a variety of sources to determine if the facility provides appropriate care and services
- H. Collected sufficient information to confirm or invalidate concerns and to recognize possible Immediate Jeopardy
- I. Used record reviews to determine whether assessments and other resident information accurately reflect residents' status
- J. Determined if the facility has developed and implemented care plans that properly address resident quality of care and quality of life needs
- K. Determined if the facility has evaluated residents' response to care and modified care as appropriate
- L. Determined whether facility practices resulted in residents' decline, lack of improvement, or failure to reach their highest practicable well-being
- M. Determined the effect of the facility's medication practices on residents' attainment of their highest practicable well-being
- N. Determined how the facility care environment and activities protect and promote resident rights
- O. Correctly determined when to implement the Adverse Drug Reactions Investigative protocol, and implemented it properly

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- P. Correctly determined when to implement the Pressure Sore/Ulcer Investigative protocol, and implemented it properly
- Q. Correctly determined when to implement the Hydration Investigative protocol, and implemented it properly
- R. Correctly determined when to implement the Unintended Weight Loss Investigative protocol, and implemented it properly
- S. Correctly determined when to implement the Dining and Food Service Investigative protocol, and implemented it properly
- T. Correctly determined when to implement the Nursing Services, Sufficient Staffing Investigative protocol, and implemented it properly
- U. If an extended survey was conducted, collected sufficient information to determine how nursing services, physician services, and administrative activities contributed to inadequate resident care, and how resident-staff interactions and facility policies contributed to problems with resident quality of life
- V. Made appropriate observations of the facility's food storage, availability, preparation, distribution, and food service activities
- W. Appropriately adapted the Abuse Prohibition Review Protocol based on information obtained during the abuse prohibition investigation
- X. Observed the Medication Pass in accordance with the Medication Pass protocol
- Y. Determined if the facility has a Quality Assessment and Assurance Committee and an effective method of identifying and addressing quality deficiencies

(6) DEFICIENCY DETERMINATION

Effectiveness with which the Survey Team determined the facility's compliance with Federal Regulations

Indicators

- A. Systematically reviewed and discussed all evidence gathered as it related to the applicable requirements
- B. Used all relevant information gathered to make decisions
- C. Solicited all team members' input into the decisions
- D. Accurately determined whether
 - Potential or actual physical, mental or psycho-social injury or deterioration to a resident occurred
 - Residents failed to reach their highest practicable level of physical, mental or psychosocial well-being
- E. Accurately determined each regulatory requirement that was not met
- F. Accurately determined if substandard quality of care exists
- G. Accurately determined if Immediate Jeopardy exists
- H. Accurately determined avoidability / unavoidable
- I. Accurately assessed severity
- J. Accurately assessed scope
- K. Invoked correct Immediate Jeopardy procedures
- L. Used interpretations and definitions in the Guidance to Surveyors to make determinations