

Appendix D

FOSS Rating and Documentation Form

Federal Oversight/Support Survey (FOSS)

Rating and Documentation Form

Survey Identification and Status

This is a FOSS Survey conducted by RO Team # _____ ending _____ (*day of week, month/day/year*)

With a related _____ (*initial, recertification, revisit, complaint, revisit/complaint, recertification/complaint*) survey by SA Team # _____ ending _____ (*day of week, month/day/year*)

Based on the RO end date, this FMS survey is counted in Fiscal Year _____ (*FY, quarter, month*)

The current status of the FMS survey is _____ (*planned, unknown, holding, alternate, ordered, underway, completed, terminated, cancelled, delete*)

Facility Information

Provider Number: _____ Provider Type: _____

Facility Name: _____

Street: _____

City, ST, Zip: _____

Phone: _____

County where this Provider is located: _____

Federal Team Information

RO Survey from _____ (*day of week, month/day/year*) to _____ (*day of week, month/day/year*) with _____ days onsite

Average number of fully participating RO Surveyors onsite: _____

RO Team Members: (*ID, Name, Professional Specialty*)

ID# _____ Name _____ Professional Specialty _____

Average number of hours to initially travel from home/office to facility locale: _____

Average number of hours per day from hotel/lodging to facility once in locale: _____

State Team Information

Announced by RO to SA? _____ (*announced, unannounced*) in advance

SA Survey from _____ (*day of week, month/day/year*) to _____ (*day of week, month/day/year*) with _____ days onsite

Average number of fully participating SA Surveyors onsite: _____

SA Team Members: (*ID, Name, Professional Specialty*)

ID# _____ Name _____ Professional Specialty _____

Were there any additions/substitutions to the SA Team during the onsite SA Survey? _____ (*yes, no*)

Post-Survey Information (details that are best added AFTER a Survey is completed)

Number of certified beds at start of Survey: _____

Census of facility at start of Survey: _____

Number of deficiencies cited by SA on Facility Copy of CMS 2567: _____

If this was a Cross Regional Survey, enter other Region number(s): _____

This survey counts as a staggered survey under that initiative? _____

Provider was a Short Stay Facility (SSF) at time of Survey? _____

Case number (optional): _____

Debriefing Meeting

In the space below, indicate who was present at the debriefing meeting and select the topics that were covered. Space is also provided for documenting specific information about topics that were covered during the meeting.

Meeting Participants _____

Topics Covered (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Regulation Interpretation | <input type="checkbox"/> Concern Identification |
| <input type="checkbox"/> Tag Selection | <input type="checkbox"/> Sample Selection |
| <input type="checkbox"/> Information Analysis | <input type="checkbox"/> Investigation |
| <input type="checkbox"/> Scope and Severity | <input type="checkbox"/> Deficiency Determination |
| <input type="checkbox"/> Survey Protocol | <input type="checkbox"/> Other _____ |

Documentation _____

Special Circumstances

In the space below, describe any special circumstances pertaining to the FOSS that are noteworthy and not documented elsewhere (e.g., evaluator intervention, surveyors who were unable to complete the survey, survey team composition changes and reasons for those changes).

Identification of Immediate Jeopardy

If there was Immediate Jeopardy in the facility, did the SA Team identify it?

- Yes No There was no Immediate Jeopardy

Directions

After you have completed all observations relevant to a particular survey measure, follow the steps below:

- (1) Review the definition of the measure, the rating scale for the measure and your relevant notes.*
- (2) Consider how the team compares to the “1”, “3”, and “5” level descriptions for the measure, and use the rating box immediately following the rating scale to enter the rating (1-5) that best characterizes the team’s effectiveness on the measure.*

If the team met all of the criteria for one of these levels, then rate the team at that level.

If the team’s performance fell somewhere between the “1” and “3” levels or the “3” and “5” levels, then assign a rating of “2” or “4”, as appropriate. A “4” rating might be warranted if some of the team’s behaviors were at the “5” level but others were at the “3” level, or if a number of behaviors were somewhere between the descriptions for a “5” and a “3”. By similar logic, a “2” rating could be appropriate if the team exhibited some “3” and some “1” behaviors, or if they exhibited a number of behaviors that were not as good as “3” but not as bad as “1”.

- (3) Exercise your judgment when making your ratings, but base each rating on only the observations that are relevant to the measure under consideration.*
- (4) If a measure is not applicable to a particular survey (as may occur, for example, in a revisit or complaint survey), enter “NA” in the rating box for that measure. If the SA Team did not permit the RO Evaluator(s) to make the necessary observations for rating the measure, enter “NP” in the rating box for that measure. Also document this latter situation in the “Special Circumstances” section of the rating form.*
- (5) Document the team’s behavior relative to the measure.*

Begin your documentation with a summary statement describing specific survey team behaviors that illustrate the overall level at which the team was operating with respect to the measure.

Then use bullet format to cite more specific team behaviors that contributed (positively or negatively) to their level of achievement. Use the indicators connected to the measure to stimulate your thinking and to shape your descriptions of specific team behaviors (e.g., failure to share information among team members).

- (6) At the end of the section for a measure, check off the indicators that the team could work on to improve their performance on the measure. The team need not do poorly on the measure to be able to enhance their performance by working on some indicators.*
- (7) Repeat the rating and documentation procedure for each measure in turn.*

(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

RATING LEVEL	DESCRIPTION OF SURVEY TEAM BEHAVIOR
<p style="text-align: center;">5 EXTREMELY EFFECTIVE</p>	<p>Over the course of the survey, the sample accurately reflected the identified concerns*.</p> <p>Throughout the survey, the residents sampled were optimal for confirming or invalidating all identified concerns* and investigating them as possible deficiencies.</p> <p>The sample was case-mix stratified.</p>
<p style="text-align: center;">4 VERY EFFECTIVE</p>	<p style="text-align: center;">Exceeded the description for a rating of “3” but did not meet the description for a rating of “5”</p>
<p style="text-align: center;">3 SATISFACTORY</p>	<p>Over the course of the survey, the sample reflected most of the identified concerns*.</p> <p>Although a sample could have been selected that would have yielded more information about the identified concerns*, this lack of optimality had no <u>major</u> impact on the team’s effectiveness in confirming or invalidating those concerns or investigating them as possible deficiencies.</p> <p>The sample was case-mix stratified.</p>
<p style="text-align: center;">2 LESS THAN SATISFACTORY</p>	<p style="text-align: center;">Exceeded the description for a rating of “1” but did not meet the description for a rating of “3”</p>
<p style="text-align: center;">1 MUCH LESS THAN SATISFACTORY</p>	<p>Over the course of the survey, the sample failed to reflect several of the concerns that were (or should have been) identified.</p> <p>The characteristics of the sample made it inadequate for confirming or invalidating the identified concerns* and had a substantial impact on the team’s effectiveness in investigating them as possible deficiencies.</p> <p>The sample was <u>not</u> case-mix stratified.</p>

* The term “identified concerns”, as used here, includes only those concerns identified by the SA Team.

Rating (1-5, NA, or NP)

Supporting Narrative

(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. Included are 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**

RATING LEVEL	DESCRIPTION OF SURVEY TEAM BEHAVIOR
5 EXTREMELY EFFECTIVE	<p>The investigation was characterized by the skillful collection, integration, and coordination of information.</p> <p><u>All</u> of the information gathered was:</p> <ul style="list-style-type: none"> • Factual, and relevant to the quality of facility performance. • Corroborated with a variety of other sources of evidence whenever possible. <p>The investigation was comprehensive and:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate all concerns identified by the State Agency Surveyor(s) for which information could reasonably have been collected. • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care or Immediate Jeopardy, the findings clearly supported that determination.</p>
4 VERY EFFECTIVE	Exceeded the description for a rating of “3” but did not meet the description for a rating of “5”
3 SATISFACTORY	<p>The investigation was characterized by the organized collection of information and some integration and coordination of that information.</p> <p><u>Most</u> of the information gathered was:</p> <ul style="list-style-type: none"> • Factual, although some may not have been relevant to concerns. • Corroborated with other sources of evidence whenever possible. <p>The investigation was:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate all concerns identified by the State Agency Surveyor(s) for which information could reasonably have been collected. • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care or Immediate Jeopardy, the findings clearly supported that determination.</p>
2 LESS THAN SATISFACTORY	Exceeded the description for a rating of “1” but did not meet the description for a rating of “3”
1 MUCH LESS THAN SATISFACTORY	<p>The investigation was characterized by the unorganized collection of information and poor integration and analysis of the information.</p> <p><u>Many</u> of the pieces of information gathered were:</p> <ul style="list-style-type: none"> • Subjective rather than factual. • <u>Not</u> corroborated with other sources of evidence, even when this would have been possible. <p>The investigation was <u>not</u>:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate some or all concerns identified by the State Agency Surveyor(s). • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care or Immediate Jeopardy, the findings did not reflect that situation and/or did not support that determination.</p>

(3) GENERAL INVESTIGATION (CONT.)

- 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
- 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
- W. Appropriately adapted the Abuse Prohibition Review Protocol based on information obtained during the abuse prohibition investigation
- Y. Determined if the facility has a Quality Assessment and Assurance Committee and an effective method of identifying and addressing quality deficiencies

(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

RATING LEVEL	DESCRIPTION OF SURVEY TEAM BEHAVIOR
<p style="text-align: center;">5 EXTREMELY EFFECTIVE</p>	<p>The investigation was characterized by the skillful collection, integration, and coordination of information.</p> <p><u>All</u> of the information gathered was:</p> <ul style="list-style-type: none"> • Factual, and relevant to the quality of facility performance. • Corroborated with a variety of other sources of evidence whenever possible. <p>The investigation was comprehensive and:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate all concerns identified by the State Agency Surveyor(s) for which information could reasonably have been collected. • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care (if applicable) or Immediate Jeopardy, the findings clearly supported that determination.</p>
<p style="text-align: center;">4 VERY EFFECTIVE</p>	<p style="text-align: center;">Exceeded the description for a rating of “3” but did not meet the description for a rating of “5”</p>
<p style="text-align: center;">3 SATISFACTORY</p>	<p>The investigation was characterized by the organized collection of information and some integration and coordination of that information.</p> <p><u>Most</u> of the information gathered was:</p> <ul style="list-style-type: none"> • Factual, although some may not have been relevant to concerns. • Corroborated with other sources of evidence whenever possible. <p>The investigation was:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate all concerns identified by the State Agency Surveyor(s) for which information could reasonably have been collected. • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care (if applicable) or Immediate Jeopardy, the findings clearly supported that determination.</p>
<p style="text-align: center;">2 LESS THAN SATISFACTORY</p>	<p style="text-align: center;">Exceeded the description for a rating of “1” but did not meet the description for a rating of “3”</p>
<p style="text-align: center;">1 MUCH LESS THAN SATISFACTORY</p>	<p>The investigation was characterized by the unorganized collection of information and poor integration and analysis of the information.</p> <p><u>Many</u> of the pieces of information gathered were:</p> <ul style="list-style-type: none"> • Subjective rather than factual. • <u>Not</u> corroborated with other sources of evidence, even when this would have been possible. <p>The investigation was <u>not</u>:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate some or all concerns identified by the State Agency Surveyor(s). • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care (if applicable) or Immediate Jeopardy, the findings did not reflect that situation and/or did not support that determination.</p>

(4) KITCHEN/FOOD SERVICE INVESTIGATION (CONT.)

Indicators

Check the box beside each indicator that the team could work on to improve their performance on the measure.

- A. Made observations under a variety of conditions and used formal and informal interviews and (as applicable) record reviews 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
- V. Made appropriate observations of the facility's food storage, availability, preparation, distribution, and food service activities

(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

RATING LEVEL	DESCRIPTION OF SURVEY TEAM BEHAVIOR
<p style="text-align: center;">5 EXTREMELY EFFECTIVE</p>	<p>The investigation was characterized by the skillful collection, integration, and coordination of information.</p> <p><u>All</u> of the information gathered was:</p> <ul style="list-style-type: none"> • Factual, and relevant to the quality of facility performance. • Corroborated with a variety of other sources of evidence whenever possible. <p>The investigation was comprehensive and:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate all concerns identified by the State Agency Surveyor(s) for which information could reasonably have been collected. • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care or Immediate Jeopardy, the findings clearly supported that determination.</p>
<p style="text-align: center;">4 VERY EFFECTIVE</p>	<p style="text-align: center;">Exceeded the description for a rating of “3” but did not meet the description for a rating of “5”</p>
<p style="text-align: center;">3 SATISFACTORY</p>	<p>The investigation was characterized by the organized collection of information and some integration and coordination of that information.</p> <p><u>Most</u> of the information gathered was:</p> <ul style="list-style-type: none"> • Factual, although some may not have been relevant to concerns. • Corroborated with other sources of evidence whenever possible. <p>The investigation was:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate all concerns identified by the State Agency Surveyor(s) for which information could reasonably have been collected. • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care or Immediate Jeopardy, the findings clearly supported that determination.</p>
<p style="text-align: center;">2 LESS THAN SATISFACTORY</p>	<p style="text-align: center;">Exceeded the description for a rating of “1” but did not meet the description for a rating of “3”</p>
<p style="text-align: center;">1 MUCH LESS THAN SATISFACTORY</p>	<p>The investigation was characterized by the unorganized collection of information and poor integration and analysis of the information.</p> <p><u>Many</u> of the pieces of information gathered were:</p> <ul style="list-style-type: none"> • Subjective rather than factual. • <u>Not</u> corroborated with other sources of evidence, even when this would have been possible. <p>The investigation was <u>not</u>:</p> <ul style="list-style-type: none"> • Reflective of the extent and magnitude of deficient practice within the facility. • Sufficient to confirm or invalidate some or all concerns identified by the State Agency Surveyor(s). • Sufficient for making deficiency determinations. <p>If the facility had substandard quality of care or Immediate Jeopardy, the findings did not reflect that situation and/or did not support that determination.</p>

(5) MEDICATIONS INVESTIGATION (CONT.)

Indicators

Check the box beside each indicator that the team could work on to improve their performance on the measure.

- A. Made observations under a variety of conditions and used formal and informal interviews and (as applicable) record reviews 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
- X. Observed the Medication Pass in accordance with the Medication Pass protocol

(6) DEFICIENCY DETERMINATION

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

RATING LEVEL	DESCRIPTION OF SURVEY TEAM BEHAVIOR
<p style="text-align: center;">5 EXTREMELY EFFECTIVE</p>	<p>Correctly determined whether all findings* constituted deficiencies OR For revisit surveys, correctly determined all deficiencies above the level of substantial compliance.</p> <p>Correctly selected all regulatory requirements.</p> <p>Made correct determinations of the magnitude and extent of all citations that could contribute to substandard quality of care or rise to severity level 3 or 4.</p>
<p style="text-align: center;">4 VERY EFFECTIVE</p>	<p style="text-align: center;">Exceeded the description for a rating of “3” but did not meet the description for a rating of “5”</p>
<p style="text-align: center;">3 SATISFACTORY</p>	<p>Correctly determined whether findings* constituted deficiencies for all citations that could result in substandard quality of care, or that could rise to the level of harm or Immediate Jeopardy OR For revisit surveys, correctly determined all deficiencies above the level of substantial compliance.</p> <p>Selected some regulatory requirements that were less than optimal, but not totally inappropriate.</p> <p>Made correct determinations of the magnitude and extent of all citations that could contribute to substandard quality of care or rise to severity level 3 or 4.</p>
<p style="text-align: center;">2 LESS THAN SATISFACTORY</p>	<p style="text-align: center;">Exceeded the description for a rating of “1” but did not meet the description for a rating of “3”</p>
<p style="text-align: center;">1 MUCH LESS THAN SATISFACTORY</p>	<p>Made incorrect determinations of whether some findings* constituted deficiencies OR For revisit surveys, did not correctly determine all deficiencies above the level of substantial compliance.</p> <p>Selected some inappropriate regulatory requirements.</p> <p>Made many incorrect determinations of the magnitude and extent of citations, including at least one citation that could contribute to substandard quality of care or rise to severity level 3 or 4.</p>

* The term “findings,” as used here, includes both the SA Team’s findings and those discovered by the RO Evaluator(s) that the SA Team should have discovered based on the identified concerns.

Rating (1-5, NA, or NP)

Supporting Narrative

(6) DEFICIENCY DETERMINATION (CONT.)

Indicators

Check the box beside each indicator that the team could work on to improve their performance on the measure.

- 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/unavoidability
- 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