

# LTCSP Interim Paper-Based Onsite Revisit Instructions

## Purpose

The purpose of a revisit is to determine:

- If the facility has corrected identified substantial noncompliance and is now in substantial compliance; or
- If immediate jeopardy (IJ) has been removed based upon the implementation of an accepted, written removal plan (for IJs not removed onsite during the original survey).

The revisit **must** be conducted **onsite** in the following circumstances:

- A facility's original survey finds deficiencies that constitute substandard quality of care (SQC), and/or deficiencies at severity level three (harm), and/or severity level four (IJ) that was not removed during the original survey. *Onsite revisits must continue for these deficiencies even if they lessen to lower levels of noncompliance until the noncompliance is corrected;*

**NOTE:** If the first onsite revisit finds substantial compliance with these deficiencies, it is not necessary to conduct additional onsite revisits for any newly cited tags that are cited at or below level F, if the level F deficiency is not substandard quality of care.

OR

- A facility's first onsite revisit identifies new deficiencies that constitute SQC, severity level three (harm), or the presence of IJ. Again, onsite revisits must continue for these deficiencies even if they lessen to lower levels of noncompliance;

OR

- A facility's second onsite revisit finds any noncompliance (D or above).

The State will seek CMS regional office approval for a third onsite revisit or recommend to the regional office to terminate the facility.

**NOTE:** Revisits for noncompliance at severity levels other than noted above may be done onsite at the discretion of the State.

## Timing

Onsite revisits must occur any time between the last correction date on the plan of correction and the 60th day from the survey exit date to confirm that the facility is in substantial compliance. (For timing of revisits related to IJ, refer to Chapter 7, sections 7308 and 7309.)

**NOTE:** This **interim LTCSP onsite revisit is paper-based and does not utilize the software.** In the near future, there will be software specifically tailored for a LTCSP onsite revisit. Follow the steps below for offsite and onsite prep for conducting the revisit.

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## OFFSITE PREP

**Step 1: Create Revisit Shell in ASPEN Central Office (ACO):** The revisit shell will only be used to update the original survey tags (e.g., corrected, recited or newly cited tags);

**Step 2: Update the Revisit Team in ACO:** If any surveyor conducting the revisit was not on the original team, the surveyor's name must be added to the revisit shell in ACO.

### Step 3: Gather Information from the Original Survey

- Obtain a copy of the facility plan of correction, if available;
- Export the LTCSP original survey from ACO;
- Import the LTCSP original survey into ASE-Q;
- Access the LTCSP original survey in ASE-Q; and
- From the reports menu from the original survey, print the following reports prior to the survey:
  - Sample List Provided to the Facility; and
  - Investigation Report which will be used to identify residents who had the concern but were not sampled, therefore, were not investigated.

### Step 4: Survey Resources

- Ensure that the Survey Resources folder has been saved to your desktop (surveyors may choose to use electronic versions of pathways);
- Print a hard copy of every CE and facility task pathway if not using electronic documents; and
- Print a blank facility matrix with instructions which is available in the Survey Resources folder.

### Step 5: Offsite Prep

- Review the CMS-2567 and PoC for any tag cited at a D or above (hard copy or electronic version for onsite use). Level C deficiencies may be reviewed during onsite revisits at the discretion of the SA.
- For IJ revisits, review the approved removal plan (a CMS-2567 will not have been issued).

**Step 6: Survey Sample:** Revisit sample selection may be done offsite or onsite. If the team begins sample selection offsite, follow the steps below and document the sample on a Surveyor Notes worksheet.

For every deficiency that will be reviewed during the revisit, select a sample of **three residents**, if available. This resident sample includes a mix of residents identified in the deficiencies cited on the original survey, and residents who had the concern but were not investigated on the

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original survey (as identified on the Investigation Report). The goal is that the revisit sample will include two cited residents and one resident not investigated.

NOTE: Do not include residents identified in a deficiency related to facility tasks. For tags cited exclusively from a facility task, conduct an investigation to determine compliance.

- **Select up to two residents who were identified as a result of the cited noncompliance.**

NOTE: For noncompliance cited at severity level three (harm) and above, include all residents for whom the outcome rose to level three or above, even if it exceeds two residents. If your revisit sample includes at least two residents who had a severity level three or above, this portion of your revisit sample is complete.

- **Select a resident(s) not sampled for the concern during the original survey, (according to the Investigation Report) to bring the sample to three.**

NOTE: If there is an active complaint that is related to the deficiency cited in the original survey, include the resident(s) identified in the complaint, even if the sample will be greater than three residents.

If there are not three residents in the facility identified in the deficiency, once onsite the survey team must request a list of residents currently in the facility who have the same concern. The team must select enough residents from the list, if available, to obtain the sample size of three residents for each deficiency being reviewed.

Revisit sample selection example:

During the original survey, seven residents had pressure ulcers marked for further investigation. The team investigated five of the seven resident's pressure ulcer concern. F686 (pressure ulcers) was cited at a level G. The deficiency identified three residents who had not received appropriate care and/or services to prevent and/or treat pressure ulcers. Only one of the three cited residents was at a severity level three. Since the survey, the SA received a complaint for another resident regarding pressure ulcers. In this situation, the revisit survey sample will include two residents previously cited in the deficiency (the harm resident + one additional cited resident) and the complaint resident.

**Step 7: Share Offsite Prep to Team, if applicable:** Once offsite prep has been completed, and if more than one surveyor is conducting the revisit, share the offsite prep information with the team.

### ONSITE SAMPLE FINALIZATION

#### Step 8: Required Information Upon Entrance

- Ask for an alphabetical list of residents with room numbers who are currently residing in the facility; and

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- If there are not three residents selected for review for each tag, request a list of residents with conditions similar to those cited in the original deficiency, as needed, to complete the sample (e.g., a list of residents who have pressure ulcers) OR ask that the matrix be completed if there were extensive/multiple issues cited.

### Step 9: Finalize the Revisit Sample

- Compare the offsite survey sample with the alphabetical list so you can confirm that the offsite sample selected residents remain in the facility;
- Supplement the sample, as needed, so there are three residents sampled for each deficiency, excluding facility tasks.

NOTE: The sample selection may include more than three residents for deficiencies related to Severity Level three and above.

## REVISIT INVESTIGATION

### Step 10: Revisit Investigation

- Conduct an investigation for every deficiency cited at a D or higher on the original survey. Use the approved removal plan for IJ, or accepted plan of correction, applicable regulation, guidance, pathway and/or protocol in determining correction and compliance;
- Document your investigation on a Surveyor Notes worksheet or pathway;
- As necessary, refer to the LTCSP Mapping Document in the Survey Resources folder to identify applicable pathways and/or tasks;
- Complete the QAA/QAPI task referring to the QAA/QAPI pathway during every onsite revisit and determine compliance;
- If new concerns are identified, refer to the appropriate facility task, CE pathway/protocol, regulations and guidelines to conduct the investigation and determine compliance;
- If a tag is determined to be corrected, identify the date the facility actually corrected the noncompliance and is back in substantial compliance, even if the date is different from the alleged completion date.

NOTE: The correction date must be accurate as civil money penalties or other remedies may be impacted by this date. Refer to the Revisit/Date of Compliance Policy at the end of this document.

- Revisits to **determine Removal of IJ** if not removed during original survey:
  - Determine if IJ was removed for each IJ identified according to the accepted removal plan and determine the date the IJ was removed.
  - Inform the administrator that a 2567 will be issued related to the remaining noncompliance.

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- If IJ is determined to be continuing, the surveyor should contact their SA supervisor for direction.

### POST-REVISIT ACTIVITIES

#### Step 11: Finalize Corrected and Cited Tags

- In ACO under the revisit shell, update the status for each original citation by marking the citation as corrected or re-cited following your State Agency's practice;
- Include any evidence collected for re-cited or newly cited tags following your State Agency's practice to support the findings of noncompliance;
- Create a sample list for the facility following your State Agency's practice; and
- Document all corrected tags on the Form CMS-2567B with the actual date of correction.

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### Revisit/Date of Compliance Policy

Revisit #	Substantial Compliance	Old deficiencies corrected but continuing noncompliance at F (no SQC) or below	Old deficiencies corrected but continuing noncompliance at F (SQC), harm or IJ	Noncompliance continues	Any noncompliance
<b>1<sup>st</sup> revisit</b>	Compliance is certified as of the latest correction date on the approved PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the 1st onsite revisit, or correction occurred sooner than the latest correction date on the PoC.	<p>1. A 2nd onsite revisit is discretionary if acceptable evidence is provided.</p> <p>When evidence is accepted with no 2nd onsite revisit, compliance is certified as of the date confirmed by the evidence.</p> <p>2. When a 2nd onsite revisit is conducted, acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered for the compliance date.</p>	<p>1. A 2nd onsite revisit is required.</p> <p>2. Acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered for the compliance date.</p>	<p>1. A 2nd onsite revisit is required.</p> <p>2. Acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered as the compliance date.</p>	
<b>2<sup>nd</sup> revisit</b>	Compliance is certified as of the date of the 2nd onsite revisit or the date confirmed by the acceptable evidence, whichever is sooner.				<p>1. A remedy must be imposed if not already imposed.</p> <p>2. Either conduct a 3rd onsite revisit or proceed to termination.</p>
<b>A 3<sup>rd</sup> REVISIT IS NOT ASSURED AND MUST BE APPROVED BY THE RO</b>					
<b>3<sup>RD</sup> revisit</b>	Compliance is certified as of the date of the 3rd onsite revisit.				Proceed to termination.

Examples of acceptable evidence may include, but are not limited to:

- An invoice or receipt verifying purchases, repairs, etc.
- Sign-in sheets verifying attendance of staff at in-services training.

Given:

- Interviews with more than 1 training participant about training.
- Contact with resident council, e.g., when dignity issues are involved.