

# LTC Provider Call

## Nursing/Skilled Nursing Facilities & ICF/IID

**APRIL 19, 2023, 1:00 PM – 2:00 PM**

All lines are muted.  Lines will be muted throughout the program.



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OKLAHOMA  
State Department of Health

# Survey Process: Substandard Quality of Care

Wednesday, April 19, 2023

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OKLAHOMA  
State Department of Health

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## Let's Start with Background

- The Social Security Act of 1935, signed into law by President Franklin D. Roosevelt, and created the Social Security program (aka "Roosevelt's New Deal")
- Medicare was established in 1965 under **Title XVIII** of the Social Security Act
- Medicaid was established in 1965 under **Title XIX** of the Social Security Act
- Codified in the United States **Code of Federal Regulations** (CFR) under **Title 42 Public Health** (it is one of fifty titles comprising the CFR)
- "Operationalized" by CMS in the State Operations Manual (SOM)

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## CMS – State Operations Manual (SOM)

- SOM is made up of 10 chapters and 25 appendices (not all are specific to SNF/NF)
- Chapter 7 is specific to the Survey and Enforcement Process for SNF/NF
- Appendix PP is specific to SNF/NF
- Appendix Q used to determine Immediate Jeopardy – it is used by several different segments, and has portions specific to SNF/NF
- Appendix P is being held in reserve - Long Term Care Survey Process (LTCSP) Procedure Guide provides guidance on recertification survey process



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## SOM – Chapter 7

Implements the nursing home survey, certification, and enforcement regulations at 42 CFR Part 488.

### 7000 - Introduction

Establishes procedures for the survey process and protocol

### 7200 - 7207

Provides guidance related Substandard Quality of Care and Extended/Partial Extended Surveys

### 7210



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<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107c07pdf.pdf>

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## State Operations Manual Chapter 7 - Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities

(Rev. 213, 02-10-23)

### Table of Contents

#### Transmittals for Chapter 7

7000 - Introduction
7001 - Definitions and Acronyms
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7004.2 - Description of Skilled Nursing Facility
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7014.3 - Variations of Patient Room Size and/or Beds Per Room
7014.4 - Documentation to Support Waivers or Variations

## What is Substandard Quality of Care?

Substandard quality of care means one or more deficiencies related to participation requirements under

- §483.10 “Resident rights” (F550, F558, F559, F561, F565, F584)
- §483.12 “Freedom from abuse, neglect, and exploitation” (F600 - F610)
- §483.24 “Quality of life” (F675 - F680)
- §483.25 “Quality of care” (F684 - F700)
- §483.40 “Behavioral health services” (F742 - F745)
- §483.45 “Pharmacy services” (F757 - F760 )
- §483.70 “Administration” (F850)
- §483.80 “Infection control” (F883)

that constitute either

- Immediate Jeopardy to resident health or safety (level J, K, or L);
- a pattern of or widespread actual harm that is not immediate jeopardy (level H or I); or
- a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (level F). (42 CFR 488.301)

## It's Easier to Visualize It...

Below is a List of FTags showing red and black lettering

Deficient practice in the “red lettered tags” could result in Substandard Quality of Care

### Federal Regulatory Groups for Long Term Care

**\*Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F590	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/ Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	Admission, Transfer, and Discharge	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F622	Transfer and Discharge Requirements	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F623	Notice Requirements Before Transfer/Discharge	F691	*Colostomy, Urostomy, or Ileostomy Care

The color coded Ftag list, along with the Scope and Severity (S/S) Grid, helps identify Substandard Quality Care

Table with 4 columns: Ftag, Description, Federal Regulatory Group for Long Term Care, and Severity of Deficiency. Includes sub-headers for Resident Rights, Freedom from Abuse, Neglect, and Exploitation, and Quality of Life.



CMS Scope and Severity Grid

Assessment Factors Used to Determine the Seriousness of Deficiencies Matrix

Matrix with 4 rows (Immediate jeopardy to resident health or safety, Actual harm that is not immediate, No actual harm with potential for more than minimal harm that is not immediate jeopardy, No actual harm with potential for minimal harm) and 3 columns (Isolated, Pattern, Widespread). Includes a legend for 'No Remedies Commitment to Correct Not on CMS-2567'.

Substandard quality of care means one or more deficiencies related to participation requirements under §483.10 "Resident rights", paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) of this chapter; §483.12 of this chapter "Freedom from abuse, neglect, and exploitation"; §483.24 of this chapter "Quality of life"; §483.25 of this chapter "Quality of care"; §483.40 "Behavioral health services"; paragraphs (b) and (d) of this chapter; §483.45 "Pharmacy services"; paragraphs (d), (e), and (f) of this chapter; §483.70 "Administration"; paragraph (p) of this chapter, and §483.80 "Infection control", paragraph (d) of this chapter, which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

Substantial compliance

Table with 4 columns: Ftag, Description, Federal Regulatory Group for Long Term Care, and Severity of Deficiency. Similar structure to the first table, including sub-headers for Resident Rights, Freedom from Abuse, Neglect, and Exploitation, and Quality of Life.

Survey Teams will use both documents when identifying potential deficient practice that may result in Substandard Quality of Care



Matrix with 4 rows (Immediate jeopardy to resident health or safety, Actual harm that is not immediate, No actual harm with potential for more than minimal harm that is not immediate jeopardy, No actual harm with potential for minimal harm) and 3 columns (Isolated, Pattern, Widespread). Includes a legend for 'No Remedies Commitment to Correct Not on CMS-2567'.

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**Federal Regulatory Groups for Long Term Care**  
**\*Substandard Quality of Care = one or more deficiencies with 3/5 levels of F, H, I, L, K, or Lin Red**  
**\*\* Tag to be cited by Federal Surveyors Only**

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	Free from Abuse and Neglect	F675	Quality of Life
F550	Resident Rights/Exercise of Rights	F600	Free from Harassment/Exploitation	F676	Activities of Daily Living (ADLs) Minimum Abilities
F551	Right to be Informed/Make Treatment Decisions	F600	Free from Incestuous Relations	F677	Sex Care Provided for Dependent Residents
F552	Right to Participate in Planning Care	F600	Right to be Free from Physical Restraints	F678	Cardio-Pulmonary Resuscitation (CPR)
F553	Right to be Free from Chemical Restraints	F600	Right to be Free from Chemical Restraints	F679	*Activities/Level of Independence of Each Resident
F554	Resident Self-Admin Meds/Clinically Appropriate	F600	Right to Engage Staff with Advance Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose to Inform of Attending Physician	F607	*Development/Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity, Right to Live Personal Property	F606	Reporting of alleged violations	F684	Quality of Care
F558	Reasonable Accommodation of Needs/Preferences	F610	Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	Choices in Number of Hours/Roommate Change	F616		F686	*Treatment/Units to Research/Head/Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.13	Admission, Transfer, and Discharge	F687	*Food Care
F561	*Self Determination	F620	Admission Policy	F688	*Increase/Prevent Depression or W/M/A Ability
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	Type of accident reports/Supervision/Devices
F563	Right to Receive/Defer Visitors	F622	Transfer and Discharge Requirements	F690	*Review/In/Outdoor, Recombination, Catheter, UTI
F564	Inform of Violation Rights/Visitation Privileges	F623	Notice Requirement Before Transfer/Discharge	F691	*Custody, Custodian, or Restraints Care
F565	*Resident Family Group and Response	F624	Preparation for Safe Order/Transfer/Discharge	F692	*Nutrition/Hydration Status/Maintenance
F566	Right to Perform Facility Services or Refuse	F625	Notice of bed/mobility before/upon Transfer	F693	*Tide/Washing/Management/Restroom/Eating Skills
F567	Protection/Management of Personal Funds	F626	Preventing Residents to Return to Facility	F694	*Personal/UTI/Fluids
F568	Accounting and Records of Personal Funds	483.30	Resident Assessments	F695	*Reporting*/Facility/Community care and Sectioning
F569	Notice and Consensus of Personal Funds	F630	Admission Physician Orders for Immediate Care	F696	*Incontinence
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessment & Training	F697	*Fall Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt after Significant Change	F698	*Tubing
F572	Notice of Rights and Fees	F638	Quarterly Assessment at Least Every 3 Months	F699	*Threats/Informed Care
F573	Right to Access/View/Receive Copies of Records	F639	Maintain 18 Months of Resident Assessments	F700	*Habitat
F574	Required Notices and Control Information	F640	Encourage/Transmitting Resident Assessment	483.30	Physician Services
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Form of Communication with Privacy	F642	Coordination/Continuity of Assessment	F711	Physician Visits - Review Care Needs/Order
F577	Right to Survey Results/Advocate Agency Info	F644	Coordination of ALLSR and Assessments	F712	Physician Visits-Frequency/Timeliness/Ultimate NPPI
F578	Request/Refuse/Discontinue Treatment/Formulate Advi	F645	PSASAP Screening for MD & ID	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admissions	F646	MD/ID Significant Change Notification	F714	Physician Delegation of Tasks to NPPI
F580	Notice of Changes (Injury/Decline Room, Etc.)	483.31	Comprehensive Resident Care Plan	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Ability Notice	F655	Baseline Care Plan	483.32	Nursing Services
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Competent Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Training and Revision	F726	Competent Nursing Staff
F585	Continence	F658	Services Provided Meet Professional Standards	F727	RN/EP/PT/OT/SW/VA, Full Time DON

483.40	Behavioral Health Services	F711	Feeding Assn Training/Consultation/Resident	483.50	Physical Environment
F740	Behavioral Health Services	F811	Food Procurement, Cooks/Prep/Service - Sanitary	F806	Emergency Electric Power System
F741	Sufficient/Competent Staff-Becky Health Needs	F811	Personnel Food Policy	F807	Space and Equipment
F742	Treatment/Staff for Mental/Psychosocial Concerns	F814	Disposal Garbage & Refuse Properly	F808	Essential Equipment, Safe Operating Condition
F743	*Fair Pattern of Behavioral Difficulties/Unsettling Unavoidable	483.55	Specialized Rehabilitation Services	F809	Resident Bed
F744	Treatment/Staff for Mental/Psychosocial Concerns	F822	Provide/Custom Specialized Rehab Services	F810	Resident Room
F745	*Provision of Medically Related Social Services	F826	Rehab Services - Physician Order/Qualified Person	F811	Bedroom Number of Residents
483.45	Pharmacy Services	483.70	Administration	F812	Bedrooms Measure at Least 80 Square Feet/Resident
F750	Pharmacy Services/Pharmacy/Pharmacist/ Records	F830	Administration	F813	Bedrooms Measure Access to Bath Corridor
F756	Drug Regimen Review, Report Irregular, Act On	F836	Licensing/Comply with Fed/State/Local Law/Prof Std	F814	Bedrooms Assure Full Vision Privacy
F757	*Using/Expenses to Help from Understudy Group	F837	Governing Body	F815	Resident Room Windows
F758	*Risk/Both Under Psychotropic Meds/PRN Use	F838	Facility Assessment	F816	Resident Room Floor Above Grade
F759	*Risk of Undernutrition/Over-nutrition/Off 90 or More	F839	Staff Qualifications	F817	Resident Room Bed/Room/Function/Count
F760	*Residents Use Free of Significant Medic Errors	F840	Use of Outside Responses	F818	Bedrooms/Equip/Heat/Laundry/Toilet
F761	Label/Store Drugs & Biologicals	F841	Responsibilities of Manager/ Director	F819	Resident Call System
483.50	Laboratory, Radiology, and Other Diagnostic Services	F841	Resident Records - identifiable information	F820	Requirements for Dining and Activity Rooms
F770	Laboratory Services	F841	Transfer Agreement	F821	Safe/Functional/Sanitary/ Comfortable Environment
F771	Blood Bank and Transfusion Services	F844	Disclosure of Ownership Requirements	F822	Procedures to Ensure Water Availability
F772	Lab Services Not Provided On-Site	F845	Facility closure administrator	F823	Ventilation
F773	Lab Test Physician Order/Notify of Results	F846	Facility closure	F824	Corridor Have Firms Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F847	Enter into Binding Arbitration Agreements	F825	Maintain Effective Pest Control Program
F775	Lab Reports in Record/Lab Name/Address	F848	Select Arbitration/Venue, Retention of Agreements	F826	Smoking Policies
F776	Radiology/Other Diagnostic Services	F849	Residence Services	483.60	Training Requirements
F777	Radiology/Drug, Svc, Ordered/Notify Results	F850	*Qualifications of Social Worker -LSS beds	F840	Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	F851	Payroll Based on Job	F841	Communication Training
F779	Notify/Response Report to Record/Sign/Typed	483.75	Quality Assurance and Performance Improvement	F842	Resident's Rights Training
483.55	Dental Services	F855	QAIP Program/Plan, Disclosure/Good Faith Attempt	F843	Abuse, Neglect, and Exploitation Training
F780	Routine/Emergency Dental Services on Days	F861	QAIP/Quality Improvement activities	F844	Call Training
F781	Routine/Emergency Dental Services in NPI	F862	QAIP Committee	F845	Infection Control Training
483.60	Food and Nutrition Services	483.80	Infection Control	F846	Compliance and Ethics Training
F800	Provided Diet Meets Needs of Each Resident	F865	Infection Prevention & Control	F847	Required to Attend Training for Nurse Assist
F801	Qualified Dietary Staff	F867	Antibiotic Stewardship Program	F848	Training for Feeding assistance
F802	Menu Meet Res Needs/Prep in Advance/Followed	F868	Infection Prevention/Qualifications/Role	F849	Behavioral Health Training
F803	Soft/Free Volume Support Available/Practical Temp	F869	*Reporting a National Health Safety Network		
F804	Food in Form to Meet Individual Needs	F870	Reporting - Residents, Representatives & Staff		
F805	Resident Allergies, Preferences and Substitutes	F876	COVID-19 Testing Residents & Staff		
F807	Orals used to Meet Needs of Infants/Infants/ Pediatric	F877	COVID-19 Immunization		
F808	Therapeutic Diet Prescribed by Physician	F880	Compliance and Ethics Program		
F809	Frequency of Menu/Menu at Bedside	F885	Compliance and Ethics Program		
F810	Assistive Devices - Eating Equipment/Utensils				

There are 48 Red Lettered Services Tags  
 F550 – F949  
 that could result in Substandard Quality of Care

## SQC – Extended/Partial Extended Survey

During either a recertification or a complaint, if the survey team identifies potential substandard quality of care, they will expand the survey.

If the expanded survey verifies substandard quality of care (SQC), the team will conduct an extended survey or a partial extended survey

## 7203.6 - Extended Survey/Partial Extended Survey

NOTE: Extended Survey relates to SQC found during a recertification survey  
 Partial Extended Survey relates to SQC found during a complaint or follow-up survey

## What is an Extended Survey?

**Extended Survey:** The purpose of the extended survey is to explore the extent to which structure and process factors may have contributed to systemic problems causing SQC. An extended survey includes all of the following:

- Review of a larger sample of resident assessments than the samples used in a standard survey;
- Review of the staffing and in-service training;
- If appropriate, examination of the contracts with consultants;
- A review of the policies and procedures related to the requirements for which deficiencies exist; and
- Investigation of any Requirement for Participation (RfP) at the discretion of the Survey Agency.

**An extended survey is conducted when  
Substandard Quality of Care (SQC) has been verified.**



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## How is an Extended Survey Conducted? Let's Look at the Pathway

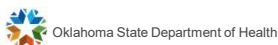
### Procedures:

- Review facility policies and procedures which are related to the deficiencies representing SQC in an effort to identify systemic failures which may have contributed to the SQC.

**§483.35 Nursing Services:** Was the Sufficient and Competent Nurse Staffing Review Facility Task completed for the standard/abbreviated survey in which SQC was found?

- Yes – Review findings from this task to determine if there were any structure or process concerns related to written policies/procedures, or sufficient or competent staff which may have contributed to the SQC.
- No – Conduct the Sufficient and Competent Nurse Staffing Review Facility Task with a focus on identifying structure or process concerns which may have contributed to the SQC identified on the survey.

(see the Sufficient and Competent Nurse Staffing Pathway)



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## Extended Survey Pathway cont...

**§483.75 Quality Assurance & Performance Improvement:** Was the Quality Assessment and Assurance (QAA) and Quality Assurance and Performance Improvement (QAPI) Plan Review Facility Task completed for the standard/abbreviated survey in which SQC was found? (See the Pathway)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review**

*This review should occur at the end of the survey, after completion of investigation into all other requirements. However, identification of systemic concerns to be reviewed during the QAPI and QAA review should begin with Offsite Preparation and occur throughout the survey.*

**Offsite:** Make note of concerns identified during offsite preparation, which will be further investigated during the survey (e.g., repeat deficiencies, ombudsmen concerns, and complaints/facility-reported incidents). These represent possible systemic issues, which if validated during the survey, should be cited under the relevant outcome tag, and incorporated into the QAPI and QAA review for investigation.

**Team Meetings:** During end of day team meetings, the survey team discusses potential systemic issues or shared concerns for further investigation, or those that have been validated for incorporation into the QAPI and QAA review.

Were any offsite concerns validated during the survey?

Were new systemic, high-risk, or problem-prone concerns validated (concerns which will likely be cited at pattern or widespread, substandard quality of care, or any substantiated or actual incidents of abuse, neglect, exploitation, or misappropriation of resident property) during the survey?

Has more than one surveyor identified and validated the same concern?

*Performing the QAPI and QAA review: once the investigation into all other requirements are completed, initiate the QAPI and QAA Review.*

Request and review the QAPI Plan and program policies and procedures.

Follow the tasks below to evaluate and determine compliance with the QAPI and QAA requirements.

**QAPI Policies and Procedures**

*Review the written policies and procedures (P&P) for feedback, data collection systems, and monitoring, including adverse event monitoring.*

Does the facility have written P&P for feedback, data collection systems, and monitoring (including adverse events)?



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## Extended Survey Pathway cont...

In addition to the above tasks, determine whether structure, process or staff training concerns exist by referring to the regulations and guidance in Appendix PP of the SOM for each Ftag below:

§483.30 Physician Services:

1. Is the facility in compliance with Resident's Care Supervised by a Physician?  Yes  No, F710
2. Is the facility in compliance with Physician Visits – Review Care/Notes/Order?  Yes  No, F711
3. Is the facility in compliance with Frequency of Physician Visits – Frequency/Timeliness/Alternate NPPs?  Yes  No, F712
4. Is the facility in compliance with Physician for Emergency Care, Available 24 Hours?  Yes  No, F713
5. Is the facility in compliance with Physician Delegation of Tasks to NPP?  Yes  No, F714
6. Is the facility in compliance with Physician Delegation to Dietitian/Therapist?  Yes  No, F715



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## Extended Survey Pathway cont...

### §483.70 Administration:

1. Is the facility in compliance with Effective Administration?  Yes  No, F835
2. If a local, state, or other federal authority has taken a final adverse action against the facility or licensed professional currently providing services in the facility, the facility is not in compliance with F836. Is the facility in compliance with F836?  Yes  No, F836
3. Is the facility in compliance with Governing Body?  Yes  No, F837
4. Is the facility in compliance with the Facility Assessment?  Yes  No, F838
5. Is the facility in compliance with Staff Qualifications?  Yes  No, F839
6. Is the facility in compliance with Use of Outside Resources?  Yes  No, F840
7. Is the facility in compliance with Responsibilities of Medical Director?  Yes  No, F841
8. Is the facility in compliance with Resident Records – Identifiable Information?  Yes  No, F842
9. Is the facility in compliance with Transfer Agreement?  Yes  No, F843
10. Is the facility in compliance with Disclosure of Ownership Requirements?  Yes  No, F844
11. In the event of a pending or potential facility closure, is the facility in compliance with Facility Closure-Administrator?  Yes  No, F845  N/A
12. In the event of a pending or potential facility closure, is the facility in compliance with Facility Closure?  Yes  No, F846  N/A
13. Is the facility in compliance with Hospice Services?  Yes  No, F849
14. Is the facility in compliance with Qualified Social Worker > 120 Beds?  Yes  No, F850  N/A



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## Extended Survey Pathway cont...

### §483.95 Training Requirements:

1. *Is the facility in compliance with an effective training program for all new and existing staff based on the facility assessment?*  Yes  No, F940
2. *Is the facility in compliance with providing mandatory effective communications training for direct care staff?*  Yes  No, F941
3. *Is the facility in compliance with ensuring all staff members are educated on the rights of the resident and the responsibilities of a facility?*  Yes  No, F942
4. Is the facility in compliance with Abuse, Neglect, and Exploitation Training?  Yes  No, F943
5. *Is the facility in compliance with QAPI training?*  Yes  No, F944
6. *Is the facility in compliance with providing mandatory training that included written standards, policies and procedures for their infection control program?*  Yes  No, F945
7. *Does the facility effectively communicate standards, policies and procedures of its Compliance and Ethics program to its entire staff?*  Yes  No, F946
8. Is the facility in compliance with Required In-Service Training for Nurse Aides?  Yes  No, F947
9. Is the facility in compliance with Training for Feeding Assistants?  Yes  No, F948  N/A
10. *Did the facility develop, implement, and maintain an effective training program for all new and existing staff that includes training to meet the resident's behavioral health care needs, as described at §483.95(i)?*  Yes  No, F949



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## 7210 - Extended and Partial Extended Survey Time Frames

### 7210.5 - Time frames

An extended or partial extended survey should be conducted immediately after the standard or abbreviated standard survey, but, if delayed, not later than 14 calendar days after completion of a standard survey or abbreviated standard survey which found that the facility had furnished substandard quality of care.



## 7210 - Extended and Partial Extended Surveys - Notices

### 7210.6 – Notices

When substandard quality of care is identified, in addition to the notices required of all surveys in §7300, the State must issue notices to the following:

- The State board responsible for the licensing of the nursing home administrator; and
- The attending physician of each resident who was identified as having been subject to substandard quality of care. (See §7320.) The facility is responsible for submitting to the State the names of the attending physician for each resident who was identified as having been subject to substandard quality of care.



## 7210 - Extended and Partial Extended Surveys - Notices

7210.7 - Nurse Aide Training and Competency Evaluation Program and Competency Evaluation Program

As required in §1819(f)(2)(B)(iii)(l)(b) and §1919(f)(2)(B)(iii)(l)(b) of the Act, the nurse aide training and competency evaluation program and competency evaluation program must be denied or withdrawn when an extended or partial extended survey is conducted. (Also see §7320 and §7809.)

7320 - Action When There is Substandard Quality of Care

The facility's ability to provide a nurse aide training and competency evaluation program must also be prohibited for 2 years from the date of the finding of substandard quality of care. (See §7303 for related appeal rights.)

7809 - Nurse Aide Training and Competency Evaluation Program and Competency Evaluation Program Disapprovals

Sections 1819(f)(2)(B)(iii) and 1919(f)(2)(B)(iii) of the Act, as well as 42 CFR 483.151(b)(2) and 483.151(e), require denial or withdrawal of approval of facility-based Nurse Aide Training and Competency Evaluation Programs and Competency Evaluation Programs offered by or in a facility which, within the previous 2 years: Has been subject to an extended or partial extended survey under §1819(g)(2)(B)(i) or §1919(g)(2)(B)(i) of the Act

## OSDH Process for Identifying Potential SQC

- If the survey team determines they may have SQC, they will expand their sample
- If the team still feels they may have potential SQC, they will call the manager of survey or PMC
- Once the SQC is confirmed by the manager of survey and/or PMC, the team will notify the facility
- Team will conduct an Extended/Partial Extended Survey.
- Team will use the Extended Survey Pathway to evaluate additional participation requirements in:
  - **42 CFR 483.30 Physician Services (F710 through F715)**
  - **42 CFR 483.35 Nursing Services (F725 through F732) Complete Nurse Staffing Task (see pathway)**
  - **42 CFR 483.70 Administration (F835 through F486, F849 & F850)**
  - **42 CFR 483.75 QAA/QAPI (F865 through FF868) Complete QAA/QAPI Task (see pathway)**
  - **42 CFR 483.95 Training Requirements (F943, F947, F948)**

## Key Reminders

- Chapter 7 and Appendix PP provide guidance and insight related to Substandard Quality of Care, Extended and Partial Extended Survey
- LTCSP Procedure Guide, Pathways and Psychosocial Severity Guide replaced content previously found in Appendix P (Appendix P is currently held in reserve)
- CMS Nursing Home Website has all the resources needed to understand SQC and survey process, including:
  - Appendix PP
  - Pathways
  - LTCSP Procedure Guide
  - Scope & Severity Chart
  - Federal Regulatory Groups for LTC (red lettered tags)
  - Psychosocial Severity Guide
  - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>



**Submit Questions to:  
LTC@health.ok.gov**

**Thank you!**



# Long Term Care Update

Wednesday, April 19, 2023

Dr. Latrina Frazier  
Deputy Commissioner  
Quality Assurance & Regulatory

OKLAHOMA  
State Department of Health



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# Long Term Care Update

Wednesday, April 19, 2023

Janene Stewart, MBA  
Director  
Long Term Care Service

OKLAHOMA  
State Department of Health




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The Q&A Session has begun.

Submit questions to  
LTC@health.ok.gov

(Questions in the online Q&A chat  will be answered in the FAQ document.)

## Closing Comments

