

Interim QIS Post-Survey Revisit

NOTE: Until the development of the computerized QIS revisit process has been finalized the survey team is to conduct a revisit according to the following procedures. The ASE-Q will not be used to conduct the revisit until the revised process is in place. The SA may determine whether electronic forms and/or paper forms will be utilized for the revisit purposes. All forms will be maintained after the revisit according to the SA procedures.

A QIS post-survey revisit is conducted in accordance with §7317 to confirm that the facility is in compliance and has the ability to remain in compliance. The purpose of the revisit is to reevaluate the specific care and services that were cited as noncompliant during the QIS standard, abbreviated standard, extended or partial extended survey(s). Ascertain the status of corrective actions being taken on all requirements not in substantial compliance. Section 7304 contains the 5 elements a facility must address in developing an acceptable plan of correction. One of these elements is what continuous quality improvement system(s) a facility has in place to monitor its performance in identifying the deficient practice/care and assuring that it does not recur. Conduct the revisit investigations using observations, interviews, and open/closed record reviews, as appropriate.

Revisits are generally necessary to focus on the care of the resident and to ascertain whether the deficient practices have been corrected. The nature of the noncompliance dictates the scope of the revisit. For example, do not observe a medication pass if no drug distribution related deficiencies were cited. Prior to the revisit, review appropriate documents, including the plan of correction, to focus the revisit review. Conduct as many survey tasks as needed to determine compliance status.

NOTE: The team is not prohibited from gathering information related to any requirement if they have identified a concern during a post-survey revisit.

The specific procedures for each revisit depend on the deficiencies that were cited during the QIS standard survey. For the revisit, the surveyor(s) will evaluate the facility's compliance for each deficiency cited. For all QIS revisits, the surveyor(s) will:

- Review offsite, the Statement of Deficiencies documented from the QIS standard survey and:
 - Obtain the Stage 2 Resident Sample List and the Stage 2 Report sorted by Care Area created during the Recertification Survey. Use these reports to identify residents associated with the deficiencies and previously sampled residents;
 - Identify the Care Areas and/or Tags to be investigated; and
 - For documentation purposes:
 - Use the Stage 2 Critical Element Pathways (CEs) protocols applicable to the Tags that have been cited; or

- Use the General Critical Element Pathway (Form CMS 20072, Exhibit 327) for aspects of care not covered by the other CEs and without an investigative protocol at the appropriate tag in Appendix PP; or
- For care areas that do not have a CE Pathway but have an investigative protocol at the appropriate Ftag, use the investigative protocol and document findings on the Surveyor Notes Worksheet (Form CMS 807, Exhibit 95);
- May use the Surveyor Notes Worksheet (Form CMS 807, Exhibit 95) as necessary for documentation not related to a care area being investigated, and to record interviews and/or observations as necessary; and

Other Facility Task worksheets applicable to the revisit.

- Onsite request a roster of current residents in the facility in order to determine the sample selection. In addition, request information based on the care areas being investigated (such as a list of residents with pressure ulcers or who have had recent falls) in order to assist in the selection of the sample. When selecting the resident sample for the revisit survey, focus on selecting residents who are most likely to have those conditions/needs/problems cited in the original survey. Include, if applicable, some residents identified as receiving substandard quality of care during the prior survey. Select 3 residents, if possible, for each deficiency that is being evaluated for compliance. Depending on the issue under review, this could include closed record review. One resident may be reviewed for more than one care area identified. For example, a facility received deficiencies in the areas of F314, Pressure ulcers and F325, maintaining nutritional parameters. One resident was identified who had concerns in both of these areas. This resident could be selected for review and counted as one of the three residents for both of the tags under review; and
- The surveyor(s) will record the findings on the forms and proceed through the deficiency decision making, and scoring of severity and scope for any deficiencies that are not corrected and/or for a new deficiency that is being cited;

NOTE: If, after completing the revisit activities, the cited incidence(s) of noncompliance was not corrected, initiate enforcement action, as appropriate. (See §7400 for specific guidance concerning initiation of enforcement action.)