

KAHCF

2022 Annual Meeting

November 15

Session 1

Handouts

Common Questions Surveyors Might Ask CNAs

1. Do you participate on a regular basis in resident care conferences?
2. Name some of the topics presented at the past in-service education program you attended.
3. If you saw someone hurt a resident, what would you do?
4. If you discovered a fire in a resident's room, name the first two things you would do.
5. What type of orientation did you receive when you began working here?
6. How often do you have staff meetings on your unit/hall?
7. What is the purpose of range of motion exercises, why are they done, and when do you do them?
8. What is the difference between active and passive range of motion exercises?
9. How do you know which residents to ambulate?
10. In what situation would you suggest the social worker to see the resident?
11. How often do you reposition residents who are confined to bed?
12. Where on the body are pressure ulcers most likely to occur?
13. Where are the resident's care plans located?
14. What do you do if you walk into a room and find a resident on the floor?
15. Where is the SDS binder located?
16. At what times are between-meal nourishments provided to residents?
17. Describe the proper place for dentures when they are not in the resident's mouth?
18. Where would you find information about what a resident is able to do for themselves?
19. Where are the emergency outlets?
20. When was the last fire drill you participated in?
21. Have you ever attended training on abuse or neglect?
22. How many residents on your assignment are incontinent?
23. Describe mental abuse of a resident?
24. Describe what you do if a resident refuses to eat?
25. How and when do you report what a resident has eaten?
26. How often do you check bedridden incontinent residents?
27. Are gelatin desserts considered a liquid or solid on intake forms?
28. Do any of your residents use adaptive devices to eat? If so, describe them and their purpose.
29. Under what circumstances is it necessary to have an incident/accident report filled out?
30. At what time do you wash your hands?
31. Where are the State Survey results located?
32. Name as many of the resident rights, as you can.
33. What do you do if a resident refuses care, such as a bath?
34. Where are nursing policy and procedures kept?
35. What do you do if you notice a bruise?
36. Where is nearest eye wash station?
37. Who is the Resident Council President?
38. Where are grievance forms located?
39. Where are the maintenance request slips?
40. I've noticed you were helping Dee. Can you tell me what you do for her?

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Informal Dispute Resolution Procedure

- If the provider believes that a specific deficiency or any finding within a deficiency cited by a survey or complaint investigation is factually inaccurate and would like the opportunity to dispute the specific deficiency and/or finding(s), the provider will be given opportunity to do so.
- IDR requests must be submitted in writing within the specified number of days.
- Explain in the written request for IDR the specific deficiencies being disputed, a brief explanation of why the deficiency is considered to be invalid, documentation supporting why deficiency is considered invalid, and why this information was not available at the time of survey or investigation. A sole statement of disagreement is not sufficient to remove a deficiency.
- Upon receipt of a written request for IDR, the IDR coordinator will verify that the IDR has been requested in accordance with the provisions of federal regulation.
- Any changes to the CMS 2567, whether by the survey team or an IDR panel will be considered an IDR.
- The IDR coordinator will ensure that survey results and materials submitted by the facility to dispute deficiencies and/or findings are provided to the IDR panel for review.
- Only those deficiencies identified in the facility's request will be reviewed in informal dispute resolution.
- The IDR panel may decide that a deficiency or finding is to be upheld or deleted, or that a deficiency is to be upheld with deletion of a finding(s), or that scope and severity of immediate jeopardy or substandard quality of care should be decreased.
- The IDR coordinator or representative from OHFLAC should share the decision and reasoning for the decision with the facility no later than 10 days by letter. A copy of the letter will be sent to the State LTC Ombudsman.
- When the IDR panel decides that a deficiency or finding should not have been cited, the following actions shall occur as applicable:
 - A new CMS-2567 will be issued.
 - Recommend rescission of enforcement actions imposed by CMS solely because of the deficiency or finding that was deleted.
- The facility cannot use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:
 - Remedy imposed by the enforcing agency;
 - Failure of the survey team to comply with a requirement of the survey process;
 - Inconsistency of the survey team in citing deficiencies among facilities;
 - Inadequacy or inaccuracy of the IDR process; or
 - Surveyor behavior

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Survey Binder Table of Contents

<p>INFORMATION NEEDED IMMEDIATELY UPON ENTRANCE</p> <ol style="list-style-type: none"> 1. Sheet with date and census number 2. Complete matrix for new admission in last 30 days (still residing in facility) 3. Alphabetical list of all residents (note residents out of facility) 4. List of current residents who are confirmed or suspected cases of COVID-19 5. Sheet with name of staff responsible for Infection Prevention and Control Program. Also list name of staff (if different from Infection Preventionist) responsible for COVID-19 vaccination effort
<p>ENTRANCE CONFERENCE</p> <ol style="list-style-type: none"> 1. Facility floor plan 2. Copy of CASPER 3
<p>WITHIN 1 HOUR</p> <ol style="list-style-type: none"> 1. Sheet with mealtimes, locations of dining rooms, copies of current menus 2. Policy for food brought in from visitors 3. Sheet with medication administration times along with number and location of med storage rooms and med carts 4. Working schedules for all staff, separated by departments 5. Sheet with list of key personnel, location, and phone numbers <ul style="list-style-type: none"> ▪ Note contract staff (e.g., rehab services) ▪ Note staff responsible for notifications of confirmed or suspected COVID-19 cases 6. Sheet with names of staff who have completed training for paid feeding assistants (if applicable). Also include the following on sheet: <ul style="list-style-type: none"> ▪ Whether paid feeding assistant training was provided through a State-approved training program with a minimum of 8 hours training ▪ List of residents who are eligible and receiving assistance from paid feeding assistants 7. The mechanism(s) used to inform residents, their reps, and families of confirmed or suspected COVID-19 activity in facility. Also include the following: <ul style="list-style-type: none"> ▪ Actions taken to prevent or reduce the risk of transmission, including if normal operations will be altered ▪ If the system is dependent on resident or rep to obtain information themselves (e.g., website) provide the notification/information given to residents, their reps, and families informing them how to obtain updates 8. Sheet that lists documentation related to COVID-19 testing <ul style="list-style-type: none"> ▪ Facility's testing plan ▪ List of staff who have confirmed or suspected cases of COVID-19 over the last 4 weeks ▪ Any testing issues and/or contact with state and local health dept
<p>WITHIN 4 HOURS</p> <ol style="list-style-type: none"> 1. Admission packet 2. Dialysis contracts/agreements 3. Hospice contracts/agreements – also list name of facility designee who coordinates services 4. Infection Prevention and Control Policies and Procedures <ul style="list-style-type: none"> ▪ Surveillance plan ▪ Procedures to address resident and staff who refuse testing or are unable to be tested ▪ Antibiotic stewardship program

HOUSEKEEPING TIPS TO BE "SURVEY READY"

Storage Areas/Closets

- Kept always locked
- Chemicals labeled and stored off floor
- Dilution of chemicals posted
- Floor, walls, ceiling, and vents clean
- Sinks clean and no water leakage observed

Garbage/Trash

- Stored in designated areas
- Receptacles clean and covered
- Collected according to schedule
- Trash bags in trash cans

Cleaning of Wheeled Equipment

- Wheelchairs/geri-chairs cleaned according to schedule, or more frequently if indicated (reports any rips or tears)
- Carts (activity carts, medication carts, treatment carts, emergency crash carts, housekeeping carts, etc.) cleaned according to schedule, or more frequently if indicated
- Lifts cleaned according to schedule, or more frequently if indicated
- IV pumps, feeding pumps, etc. clean (while in use)

Supplies Storage

- Supplies stored 6" from floor
- Supplies stored 18" from ceiling
- No supplies stored under sinks
- No supplies stored in soiled utility rooms
- Shelving/drawers/cabinets clean

Housekeeping Miscellaneous First Impressions

- Parking lot clean
- Patio furniture clean and in good repair
- Out of season decorations removed timely
- Outside potted plants alive and well groomed
- Front door clean
- Lobby neat, homey and all light bulbs working
- Inside potted plants alive and well groomed
- Public restrooms clean and comfortable
- Public posting information easily accessible
- Smoking area clean, ashtrays cleaned/dumped daily

Hallways

- Floors clean and dry
- When floors are being washed, "Wet Floor" signs evident
- Water changed per policy
- Corners and edges clean and free of wax buildup
- High level dusting
- Free of obstruction

Shower/Spa Rooms

- Cleaning products stored appropriately
- Shower chairs and equipment clean
- No soiled linen or towels left out
- No odors

Laundry/Linen

- Clean linen distributed to units on clean, covered carts
- Clean and soiled linen separated and covered appropriately
- Soiled linen not placed on floor, furniture, rails, etc.
- Soiled linen contained and not overfilled
- Linen hampers and carts covered
- Linen hampers and carts clean and in good condition

Housekeeping Cart

- Locked when unattended
- Stored properly when not in use
- Clean
- Stocked appropriately
- No unlabeled cleaning bottles

Maintenance Miscellaneous First Impressions

- Facility sign, well lit, clean and in good repair
- Parking lot well lit
- Handicap spot clearly marked with signage
- Lawn/grounds well kept, no trash or clutter
- Flowerbeds weeded
- Front door weather stripping secure
- No tripping hazards on sidewalk
- Cigarette receptacle emptied
- Area around storage buildings clean no clutter
- Window screens clean and not torn
- Lids on dumpster closed, area clean no clutter

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KITCHEN TIPS TO BE "SURVEY READY"

Staff Training

- Regular training schedule in effect
- Staff is accountable
- Supervisors lead by example

Department Employees

- Hair restraints cover ALL hair (including facial restraint if needed)
- Fingernails short and clean
- Staff wearing proper uniforms

Handwashing and Glove Usage

- Handwashing stations in working order
- Proper handwashing technique procedures enforced
- Glove used when handling RTE foods

Cold Storage

- Refrigerator, freezer shelves, floors clean and free of spillage
- Foods free from slime, mold
- Freezer temperature 0* or below and refrigerator 41* or below
- Refrigerated foods covered, dated, labeled and shelved to allow air circulation
- Cooked foods stored over raw meat; egg and egg-rich foods are refrigerated

Dry Storage

- Food is off floor by 6", on shelves 18" from ceiling
- All food is in enclosed clean containers if opened
- Food is neatly arranged/dated and FIFO
- Non-food and chemicals are stored away from food
- NSF-approved food storage containers are used for leftover, opened items.

Food Preparation

- Employees washing hands before and after handling food
- Gloves worn when handling ready-to-eat foods or clean utensils when necessary
- Infection control practices in place and followed
- Pasteurized eggs used
- Frozen raw meats and poultry thawed in refrigerator or under cold running water
- Cooked foods cooled down safely prior to storage
- Cross-contamination between raw and RTE foods is avoided

Food Service/Sanitation

- Hot foods are maintained at 140* F or above when served
- Cold foods are maintained 41*F or below when served
- Foods are covered until served
- Food is protected from contamination during transportation and distribution
- Food contact surfaces & utensils are cleaned to prevent cross-contamination
- Food trays, dinnerware, utensils are clean and in good condition
- Dishwasher's hot cycle is 140* F and rinse cycle is 180* F
- Correct manual dishwashing procedures

Staffing Qualifications/ Training

- Staff has been trained in food safety/sanitation and documentation on file
- Cooks have training in modified diets
- Kitchen has updated diet manual for reference
- Foodservice director is a CDM, CFPP or full-time RDN (or state requirements are met) and documentation on file

Have on Hand When Surveyor Walks in the Door

- Mealtimes & seating charts
- Weekly menus and extensions (spreadsheets)
- List of resident diets including those on mechanically altered diets & those using adaptive equipment
- List of residents receiving special snacks
- List of residents with weight changes

Be Prepared to Provide

- Diet manual and in-service documentation
- Food invoices for past 12 months and recipes
- Employee schedules and RDN reports
- Safety Data Sheet manual, disaster menu & plan
- Sanitation reports, cleaning schedules
- Temperature logs – food, refrigerator, freezer, dishwasher, opened items

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