

State Operations Manual

Appendix P - Survey Protocol for Long Term Care Facilities - Part I

(Rev. XXX, XX-XX-XX)
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Task 7 - Exit Conference

A. General Objective and Intent

The exit conference is a courtesy to the facility to provide the preliminary findings of the surveyors so that the facility can take swift corrective action to address any deficiencies. Surveyors must indicate that all findings are preliminary and are subject to supervisory review by the State and/or RO. Deficiency citations are not final and the CMS 2567 must not be given to the facility until after the State and/or RO conduct a supervisory review.

B. Conduct of Exit Conference

Conduct the exit conference with facility personnel. Invite the ombudsman and an officer of the organized residents group, if one exists, to the exit conference. Also, invite one or two residents to attend. The team may provide an abbreviated exit conference specifically for residents after completion of the normal facility exit conference. If two exit conferences are held, notify the ombudsman and invite the ombudsman to attend either or both conferences.

It is important to provide clear information to facilities to assist them in developing a potential plan of correction. In presenting preliminary findings, avoid reading your findings or only referring to them by their data tag number. Explain why the findings are a violation of Medicare/Medicaid requirements in enough detail to assist the provider in expediting the provider's correction of any deficiencies ahead of the formal receipt of the CMS-2567 report.

If the provider asks for the regulatory basis or the specific tag, the surveyors should generally provide it (except as noted below), but always caution that such coding classifications are preliminary and are provided only to help the provider gain more insight into the issues through the interpretive guidance.

If the survey team is still deliberating as to which tags will be most pertinent, the survey team should not speculate at the exit conference as to the specific tag coding that will be applied. For example, the team may still be deliberating as to whether the finding was a care planning deficiency or staff training deficiency. Similarly, the team may believe that additional consultation should occur with other State personnel (e.g., a pharmacist) before a specific tag number is assigned to the deficiency finding. In these cases the survey team would describe the

general area of non-compliance without identifying a specific tag code. This is a judgment to be made by the survey team onsite, so in preparation for the exit conference the team should deliberate as to the degree of detail that will be appropriate.

Surveyors must not provide the Scope and Severity of a given deficiency finding (unless it is an immediate jeopardy), as such finer degree of possible detail should await supervisory review. Instead, survey teams may describe the general seriousness (e.g., ~~very serious~~harm) or urgency that, in the preliminary view of the survey team, a particular deficiency may pose to the well-being of residents. This is a survey-specific decision based on the evidence gathered. As described below, states must follow the federal process. State licensure laws do not override the procedures outlined in the federal survey process. If a provider asks whether the noncompliance is isolated, pattern, or widespread, the surveyor should respond with the facts (i.e., noncompliance was found affecting X number of residents).

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Under no circumstances should you make general statements such as, “Overall the facility is very good.” Stick to the facts. Do not rank requirements. Treat requirements as equally as possible. Cite problems that clearly violate regulatory requirements. The survey team must not discuss survey results in a manner that reveals the identity of an individual resident.

After describing the team’s preliminary deficiency findings to the facility, let them know they will receive a report of the survey which will contain any deficiencies that have been cited following supervisory review (Form CMS-2567). If requested, provide the facility with a list of residents included in the standard survey sample. Do not give the team’s Roster/Sample Matrixes to the facility, because they contain confidential information.

If an extended survey is required and the survey team cannot complete all or part of the extended survey prior to the exit conference, inform the Administrator that the deficiencies, as discussed in the conference, may be amended upon completion of the extended survey. (See [§2724](#) for additional information concerning exit conferences.)

During the exit conference, provide the facility with the opportunity to discuss and supply additional information that they believe is pertinent to the identified findings. Because of the ongoing dialogue between surveyors and facility staff during the survey, there should be few instances where the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.

II.B – The Traditional Survey (Continued)

II.B.2. - The Traditional Extended and/or Partial Extended Survey

Conduct an extended survey subsequent to a standard survey and conduct a partial extended survey subsequent to an abbreviated survey when you have determined that there is a substandard quality of care in:

- 42 CFR 483.13, Resident behavior and facility practices;

- 42 CFR 483.15, Quality of life; and/or
- 42 CFR 483.25, Quality of care.

When conducting the extended/partial extended survey, at a minimum, fully review and verify compliance with each tag number within [42 CFR 483.30](#), Nursing Services; [42 CFR 483.40](#), Physician Services; and [42 CFR 483.75](#), Administration. Focus on the facility's policies and procedures that may have produced the substandard quality of care. As appropriate, include a review of staffing, inservice training and the infection control program. An extended/partial extended survey explores the extent to which structure and process factors such as written policies and procedures, staff qualifications and functional responsibilities, and specific agreements and contracts of the facility may have contributed to the outcomes. If the extended/partial extended survey was triggered by a deficiency in quality of care, conduct a detailed review of the accuracy of resident assessment. During the partial extended survey, consider expanding the scope of the review to include a more comprehensive evaluation of the requirements at [42 CFR 483.13](#), [42 CFR 483.15](#), and/or [42 CFR 483.25](#) in which substandard quality of care was found.

Document the observations from the extended or partial extended survey on the Form CMS-805, (see [Exhibit 93](#)) or the Form CMS-807 (see [Exhibit 95](#)).

Review of the Accuracy of Resident Assessments During an Extended/Partial Extended Survey

The objective of this review is to determine if resident assessments are accurate.

If an extended/partial extended survey is conducted based on substandard quality of care in Quality of Care ([42 CFR 483.25](#)), review the accuracy of resident assessments by:

- Reviewing a sample of comprehensive resident assessments completed no more than 30 days prior to conducting the survey;
- Comparing observations of the resident with the facility's assessment;
- Conducting the number of assessment reviews needed to make a decision concerning the accuracy of the facility's resident assessments; and
- Determining if observations of the resident, and interviews with resident/staff/family, "match" the facility's assessment (or specific portions of the assessment) of the resident. If observations and interviews do not "match," investigate further.

Record the indepth review of the accuracy of resident assessments on page 3 of the Form CMS-805. (See [Exhibit 93](#).)

Timing for Conducting the Extended Survey and Partial Extended Survey

Conduct the extended or partial extended survey:

- Prior to the exit conference, in which case the facility will be provided with information from the standard, abbreviated standard, partial extended or extended surveys; or,
- Not later than 2 weeks after the standard/abbreviated survey is completed, if the team is unable to conduct the extended survey or partial extended survey concurrent with the standard survey or the abbreviated survey. Advise the facility's Administrator that there will be an extended or partial extended survey conducted and that an exit conference will be held at the completion of the survey.