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The 7 Reasons Why Most F-Tags are Cited Part V, VI, & VII

In this new series, we have discussed that, while it is true that each F-tag has content specific requirements and/or implementation nuances, the underlying reasons why facilities receive survey deficiencies actually transcend F-tag boundaries. It doesn't matter which F-tag is involved, i.e. F323 Falls, F314 Pressure Sores, F315 Continence Management, F309 Pain, F325 Weight Loss, F-ETC... *The reason your facility got an F323 deficiency may be the same reason your facility received an F324 tag!* This series continues to explore the **7 reasons** why most F-tags are cited AND the **7 corresponding solutions** to prevent survey deficiencies.

Reason #5: Nursing Progress Note Documentation

Nursing documentation provides a communication mechanism among staff, sharing sequence of clinical events, identification of resident change from baseline, and resident response to nursing interventions and medical treatment. (This only works however when staff read each others entries!)

Common documentation problems:

- Where did that clinical issue come from? A treatment is initiated, seemingly out of nowhere; no prior discussion of resident complaints/signs/symptoms.
- What was done about it? The issue is mentioned once then dropped.
- How did the resident respond? Treatment may be initiated but its effectiveness is not mentioned.
- And then what happened? Clinical issues are not followed through to resolution.
- Timeframes for occurrences, actions taken, etc. are unclear.
- Documentation of contact with physicians is limited to contact versus content.

Solutions:

- Establish guidelines for assessing and documenting change in resident condition, i.e. from onset to resolution.
- Establish guidelines for 24-hour shift communication entries.
- Ensure daily review of shift reports by the DON or designee.

- In order to be able to monitor the quality of nursing progress note documentation in ‘real time,’ the DON/supervisory staff need to know when a resident has potentially or actually experienced a change!
- Enter the Date and Time of physician notification, i.e. lab reports and other diagnostics.
- Enter the Date and Time when transcribing telephone orders.
- Label nursing progress note entries with date and time of entry. If the entry summarizes events/observations/actions taken over a several hour period or the entire shift, be sure to enter and time-label them chronologically.

Comprehensive nursing documentation is critical to avoiding, but very often implicated in, survey deficiencies and liability insurance claims! Nurses are documenting... don't let them waste their ink!

Next Time: Reason #6... The Unwrapped Package

The 7 Reasons Why Most F-Tags are Cited Part VI

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Reason #6: The Unwrapped Package

Facility administrative/management staff get caught off guard and become more vulnerable to spouting spontaneous admissions of guilt in situations in which a surveyor finds an occurrence of negative resident outcome about which the administrative/management team was unaware OR that they had not thoroughly investigated, analyzed and ‘packaged’ prior to the survey. Direct care staff will wither under intense surveyor scrutiny of their role in a negative resident outcome when the administrative/management team has not thoroughly investigated and analyzed the event prior to the survey AND/OR when the administrative/management team fails to share the investigative findings and conclusions with them.

Statements that *assume or assign blame* also create additional hurdles to overcome when preparing to pursue an Informal Dispute Resolution. This becomes even more poignant when, upon subsequent investigation, analysis and comparison to the surveyor's depiction/documentation of the occurrence, it is apparent that the deficiency was not warranted or is, to a large degree, otherwise defensible.

Solutions: Packaging the Event!

To avoid making comments that can and will be used against you (and to avoid potential survey deficiencies), employ the following risk management strategies:

- Be aware of occurrences of negative resident outcome as they happen in real time, not after the surveyor finds them. This is crucial! Establish early warning systems that enable prompt identification of negative outcomes.

- Investigate ALL occurrences of negative resident outcome immediately upon discovery, i.e. incidents, pressure sores, urinary tract infections, unplanned weight loss, etc. in order to determine the cause/probable cause of the negative outcome. Act as if the event will be reviewed during survey. The facility needs to be more knowledgeable about the occurrence of negative outcome than the surveyor. During the survey itself, you don't have much time to respond to surveyor concerns.
- Review ALL associated documentation immediately, while there is still time to intervene in the documentation process with appropriate changes, corrections, additions, etc.
 - Ensure that the nursing progress note documentation is accurate and *does not assign or assume blame*.
 - Identify those elements in place that support a determination of "clinically unavoidable."
- Implement corrective action as/if indicated for involved residents *and any other residents who may potentially be similarly affected*.
- Prepare or 'package' the facility's response to surveyor scrutiny of the negative outcome. Depending upon the circumstances of the occurrence and investigative findings, the 'package' could include:
 - All evidence supporting 'clinically unavoidable.'
 - Determination that staff actions were reasonable and prudent.
 - Determination that the occurrence could not have been anticipated and why.
- Prepare involved staff to respond to surveyor scrutiny of the negative outcome. If the administrative/management has determined that the occurrence was clinically unavoidable or could not have been anticipated, floor staff need to know and understand the basis or reasons for that determination.
- Develop an outline of the investigation and list of the supportive documentation and its location for future reference, i.e. at time of survey. Maintain these outlines/lists in a central location.

Respond to each occurrence of negative resident outcome as if a surveyor visit was a certainty. *Package* the facility's analysis of the occurrence and pass it around!

Next Time: Reason #7... Managing the Survey

The 7 Reasons Why Most F-Tags are Cited Part VII

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Reason #6: Managing The Survey

Okay, it's show time! The surveyors walk in the front door. The first staff person they will interact with is the receptionist. The person sitting in that seat at that moment has the most important role in the facility... But, it's not your regular receptionist. It's her coffee break replacement... who doesn't know the administrator's extension, doesn't know the DON's name... and tells the surveyors to have a seat until the regular receptionist comes back from her break! Or, the surveyors arrive at 6PM on Saturday night. The evening shift supervisor (if there is one) doesn't know how to access the information that the

surveyors request. Or, the surveyors indicate that they don't want to be accompanied during their rounds, so the facility lets them go unescorted/unobserved throughout the building.

Solutions: *Don't let the Survey Manage You!*

Command Central:

Identify the location into which all hot information will be fed as things are happening during the survey, i.e. the administrator's office, the DON's office, etc. This location must be the phone manned every minute that the surveyors are on the premises, and the phone handler must know who to contact with the information and how to contact them quickly.

Also, carefully select the room the surveyors will be using. Of course, they will want privacy, but the facility should consider their privacy factor as well. Locating the surveyors opposite the administrator's or DON's office may assist you in keeping tabs on surveyors' comings and goings BUT it may also compromise your strategy pow wow session if you have designated one of these spaces as your Command Central. You don't want surveyors walking in on your or hearing sobbing in the adjoining hallway!

A covert surveillance system to keep tabs on the surveyors' coming and goings from their designated room is essential. Well placed mirrors or reflective glass frames can help with doing with 'surveyor head-count.' If their room is not readily viewable and there is a risk that they can access a stairwell or elevator, then station a staff member in the vicinity of the elevator, etc.... with a walkie-talkie?

Unit staff should be instructed to immediately contact Command Central if they see a surveyor on the loose anywhere in the building without an escort.

Escorts:

The facility has already identified the staff who will accompany surveyors. Many facilities provide escorts during the first tour on the first day of the survey, but don't follow through with the concept. It is essential that surveyors are never left alone to make observations. Any issue that is not addressed and (hopefully) resolved prior to their exit will likely show up as a finding. The best way to contest a surveyor observation is to have a staff member/escort present as a witness to the observation. Surveyors, most often, do not prevent staff from accompanying them but the surveyor is certainly not obligated to 'wait' for their escort. Aggression in an escort is not advisable but neither is shyness. At times when it may prove awkward to cleave to the surveyor's elbow, the escort can act as an unobtrusive 'shadow' circling in the general vicinity while observing.

When an escort sees an issue or problem occurring, the escort should intervene by handling it directly and/or delegating to another staff member. The escort should not 'hope the surveyor didn't notice' the issue or problem and let it go. Surveyors are evaluating staffs' awareness, observation skills, and ability/commitment to intervene.

A key escort function is to immediately report any potential problem (read as potential deficiency) to Command Central. Other units or staff can then be instructed to investigate the potential problem and/or ensure that similar observations do not occur on other units.

Strive to have the same escort accompany the respective surveyor throughout the entire survey. This, ideally, allows for rapport and trust-building. But, if the chemistry is off, make a quick substitution.

Give and Take:

- Give the surveyors a reasonable place to work and offer them reasonable hospitality.
- Give the surveyors respect; expect that they will treat you and your staff the same way.
- Give the residents the right of way; their care comes first.

- Take discussions with surveyors about any of the residents out of the resident area.
- Take a break ONLY when the surveyors take a break.
- Don't give them anything they didn't ask for – unless it is a carefully considered decision that acts in your best interest.
- Give them what they ask for promptly... but not if 'promptly' impacts on your ability to effectively respond to questions/concerns. Review everything before you give it!
- Initiate a log of what is asked for, by whom, and when; include what is given, to whom, and when.
- Make a copy of anything given to the surveyors.

Even if a facility has handled the preceding 6 Reasons Why most F-tags get cited, ineffective survey management leading to inaccurate surveyor perception, failed communication, etc. can result in an undeserved deficiency.

About the Author:

Dorrie J. Seyfried is Vice President of Method Management, Risk Management & LTC Consultants, now part of Insurance Program Managers Group, based in St. Charles, Illinois. Under her directions, the Method Management team provides the risk management services to LSN's Workers Compensation Trust and LSN's liability insurance Risk Retention Group as well as a comprehensive array of consultation services to long to term care providers including mock surveys, plan of correction & informal dispute resolution development, incident management, and leadership development and a 24-hour risk management hotline exclusively for LSN members.

For questions about the contents of this newsletter, contact Jacque Thornton, at the Aging Services of Georgia office at 404-872-9191.

