

## Quality and Safety State SNF Survey Model Executive Summary

### Overview

This Quality and Safety State Survey Model (Q&S) proposal advances the principle of establishing a more frequent presence in Skilled Nursing Facilities (SNFs) by the California Department of Public Health (CDPH). This increased presence will support both the Department and facility objectives and provide opportunities for improving overall Quality of Care through not only frequent assessment and regulatory enforcement, but also through effecting a proactive approach that offers more systematically recurrent feedback to SNF providers. In addition to the once annual Centers for Medicare and Medicaid Services (CMS) re-certification survey, surveyors will be assigned to visit each skilled nursing facility approximately once every four to six weeks. Essential to this process is the surveyor's consistent approach in interpreting, applying and assessing facility compliance with regulations and providing timely and accurate feedback on non-compliance issues to facility leadership and staff. The regulatory focus of this program will be to drive system improvement through effectively utilizing, but not limited to, information pertaining to a facility's past non-compliance in addition to past and current complaint and facility reported incident data. This frequent assessment process will help facilities develop more real time and meaningful corrective action plans for non-compliance issues that are both implementable and sustainable motivated by routine reevaluation of facility performance. This model aspires to bring significant improvements in outcomes and move facilities toward meeting and potentially exceeding minimum standards resulting in safer SNFs for Californians.

### Statement of the Problem

Nation-wide skilled nursing facilities are facing high fatality rates, increased infection spread rates, negative health care outcomes and lack of consistency with regulatory quality and safety compliance oversight. Although the COVID-19 pandemic has highlighted a gap in vital quality and safety components in SNF health care delivery, the problems further exposed during the pandemic have existed for years. In addition to exacerbated lapses in infection control precautions under the strain of the pandemic, many facilities lack effective systems to ensure overall quality of care, quality of life, and resident safety. The reasons for this are multifactorial: less than ideal RN staffing ratios, turnover of administrative leadership and staff, lack of fulltime infection preventionists, and lack of medical director engagement and leadership, all contribute to a lack of sustained corrective actions.

Currently, every state in the US contracts with Centers for Medicare and Medicaid Services (CMS) to have surveyors conduct cyclical inspections at SNFs within a window of 12.9 to 15.9 months. However, as is evidenced by ongoing non-compliance patterns across facilities in California, and nationwide, a once a year unannounced survey does not create sustainable changes in practice. Periodic surveys to conduct complaint or facility reported incident investigations are also intermittent based on triaged priority and do not appear to have any real-time greater impact on overall long-term sustainable improvement. An irregular and long-interval model misses an important opportunity to provide regular, timely and critical feedback that is essential to fostering an environment of quality improvement and performance. There needs to be a robust and sustainable oversight presence with a more active approach to quality and safety oversight focused on system improvement which comes with increased presence and frequent compliance assessment in facilities.

### **Proposed Solution**

The CDPH Quality and Safety (Q&S) surveyors, formerly known as licensing and certification surveyors (L&C) will provide increased monitoring, timely feedback by way of statements of deficiencies when appropriate, and consistent accountability to promote sustainable regulatory compliance and improved quality of care.

In addition to the once annual CMS re-certification survey, surveyors will be assigned to visit each skilled nursing facility approximately once every four to six weeks, using state inspection authority to enter a facility and initiate a periodic inspection. The reason for changing the name of the surveys is to focus the survey model on the purpose of our oversight rather than on the tasks associated with CDPH oversight. The Q&S HFEN will identify one or more focus areas from state regulations to review/investigate during each onsite visit. Facility past compliance will be considered in the decision of which areas to be reviewed at each visit. Routine Quality and Safety Oversight periodic inspections are not intended to replace CMS recertification surveys, other CMS directed investigations or State re-licensing surveys. At any time during the periodic inspection the surveyor identifies potential violations of federal regulation, the surveyor shall begin an abbreviated federal investigation under existing dual (state and federal) enforcement processes as appropriate.

This strategy serves to increase oversight presence in SNFs. Limited focus of Quality and Safety Oversight periodic surveys will ensure surveyor's efficiency in evaluating assigned facilities and timeliness in issuing more real-time feedback on non-compliance by way of statement of deficiencies. In an effort to improve quality and compliance, when necessary, surveyors will engage in constructive dialogue with facility representatives to explain areas of non-compliance and how the facility's operations failed to meet the minimum standard. Such discussions are not to replicate or replace a facility's appeal of findings nor stand in lieu of appropriate enforcement actions. The activities of Quality and Safety Oversight periodic surveys are not equivalent of consultant services and unless otherwise directed by state or federal processes for directed plans of correction, surveyors will not guide or prescribe a facility's corrective action plan.

## **Keys to Success**

### Assumptions:

- i. This will be a professionally cooperative approach between the facility and the surveyor that allows for “real time” feedback in order to create immediate solutions and plans of correction; this in turn, creates more timely changes for better quality and safety systems.
- ii. Everyone participating, including the surveyor, facility leadership and staff, will do so with the presumption of good intent and the common goal of safety in mind.

### Strategy: To maintain integrity and objectivity of this survey model:

- i. When available, surveyors will engage with the leadership of the facility, including but not limited to the Infection Preventionist, the Medical Director, the Administrative team in charge of quality and safety.
- ii. Each district office will establish an annual rotational system for surveyors. Surveyors assigned for Quality and Safety Oversight periodic inspections will not participate in CMS re-certification or state re-licensing surveys at the same facilities during the same federal fiscal year, however, based on availability of surveyor resources may be assigned complaint and facility reported incident investigations at the assigned facilities or other facilities, as needed.
- iii. Each facility will have a monitoring visit at least every six weeks.
- iv. During the visit, the surveyor will monitor facility compliance using state and/or federal regulations as indicated, complete Facility Reported Incident investigations (FRIs) when appropriate based on the focus of the survey, review plan of correction implementation, and hold the facility accountable to their plans via state citations and cross-reporting to other state agencies with appropriate jurisdiction, such as Nursing Home Administrator’s Program and the Board of Registered Nursing when applicable.

## **Impact Measurement**

Quarterly evaluation of the effectiveness of the new SNF model. The metrics used for measurement are:

- Long term reduction in number of identified, repeated deficient practices of a regulation
- Timely issuance of statement of deficiencies
- Timely and sustained implementation of corrective action plans
- Long term reduction in number of harm level citations
- Reduction in infection control outbreaks
- Clinical metrics such as readmission rates, polypharmacy, psychotropic use, pressure ulcers, falls, etc.

- Facility evaluation of quality and safety survey process and its' impact

## **Quality and Safety State Survey Model Proposal**

**Authority** - HSC Section 1279. Periodic Inspections (c) . . . as often as necessary to ensure the quality of care being provided.

### **Role of Quality & Safety (Q&S) Enforcement**

**Quality and Safety** - The role of the Q&S HFEN is to provide regulatory oversight with the goal of improving the quality of care and safety of skilled nursing facility residents. The Q&S HFEN will communicate state and federal healthcare regulatory requirements to assist the facility's understanding of non-compliance. The Q&S HFEN will conduct onsite visits for enforcement approximately once every four to six with each facility. The Q&S HFEN will perform the following responsibilities for each facility:

- Conduct regular onsite focused visits for monitoring
  - Survey the facility to verify compliance with state regulatory requirements. Any noncompliance noted that falls under Federal regulations for which there is no state regulation or where the Federal requirement is more stringent will require the Q&S HFEN to investigate and cite Federal regulations.
- Should the Q&S HFEN identify concerns rising to the level of possible Immediate Jeopardy (IJ), the HFEN will follow the CDPH federal Critical Pathway form and follow the guidance in Appendix Q of the State Operation Manual (SOM).
- Assess and monitor facility implementation of their previous plan of corrections
  - Review CASPER, last survey, complaint and FRI data from ASPEN
  - Review historical data in Risk and Safety Solution (RSS)
- Q&S HFEN will be assigned 3 - 5 facilities depending on facility size, compliance history of facility, geographical distance, and annual survey schedule (e.g. not all due around the same time).
- Q&S HFEN visits to a facility will not occur during the annual recertification survey. Focus will be on other assigned facilities.
- Monitor any current or ongoing POC for ongoing compliance. Cite facility for lack of compliance using state or federal regulations.
- The Q&S HFEN will identify one or more focus areas from state regulations to review/investigate during each onsite visit. Facility past compliance will be considered in the decision of which areas to be reviewed at each visit. Additionally, the Q&S HFEN will follow-up on facility regarding previous concerns and citations to hold the facility accountable for maintaining their plan of correction and cite identified deficient practices.
- State Requirements (Title 22, Health & Safety Code, Welfare & Institutions Code) focus areas will include:
  - **Article 3: Required Services §72301**

- Physician Service §72303 - 72307
  - Nursing Service §72309 -72331
    - Staff Development §72517, HSC 1263, 1337.1, 1337.3, 1337.4
    - Employee Files §72533(a)(1)(A-I), 72551(c), 72535(a-b), W&IC 15633, 15655(a)(1)
  - Dietetic Service §72333 - 72351, HSC 1265.4
  - Pharmaceutical Services §72353 - 72377
  - Activity Program §72379 - 72389
  - **Article 4: Optional Services** §72401 - 72475
  - **Article 5: Administration**
    - Administrative Service §72501 - 72557
      - Patient Rights §72527
      - Transfer and Discharge HSC § 1439.6; 1599.1 and 1599.60 et seq; WIC § 14124.7, Title 22 § 72520, 72527
  - **Article 6: Physical Plant** §72601 -72665
- See Attachment A – Title 22 Regulations Chapter 3 – SNF Crosswalk

## Training

- The CHCQ Training Section will coordinate district office and HFEN training via a mandatory training with a competency exam prior to roll-out.
- RSS app training will be facilitated by the Performance Improvement Management (PIM) team prior to the Q&S Team training.

## Facility Outreach

- First communication will be via a facility email blast or AFL to stakeholders addressing the Q&S Model purpose & goals.

## Logistics and Reporting

- Recommend training needs and opportunities for training RSS; need to determine objectives-and time frames for training in implementation plan.
- Evaluation of POCs and sustained improvement.
- Obtain and use feedback from evaluators regarding process to measure strengths, weaknesses, and improvements in the Q&S Oversight project plan.
- Identify and document key indicators to measure success of project.
- Obtain facility ASPEN reports to include 2019 recertification and all intakes to use for baseline assessment of quality issues at each individual facility.
- Define the reporting process to periodically assess the project as it moves forward.

**Implementation:**

CDPH has shifted its priorities as part of the COVID-19 response. Routine licensing and certification surveys have been put on hold and replaced with more frequent focused surveys on COVID mitigation, infection control, surge monitoring and complaint and facility reported incident investigations. As we transition to post-pandemic operations and phase out the COVID Mitigation surveys, we will be replacing the Mitigation Surveys with the Q&S Survey Model. This will allow CDPH to maintain its frequent presence in SNFs, which improves the quality of care.

**Project Evaluation Period:**

As part of the COVID-19 Response, CDPH required SNFs to implement COVID Mitigation Plans that address six specific areas. CDPH implemented SNF Mitigation Plan monitoring every six to eight weeks. The Mitigation Surveys served as the pilot for the Q&S Survey Model to increase the frequency of CDPH's presence in SNFs. One of the lessons learned in this pandemic is regardless of where the SNF is located, the size of the SNF, the compliance history of the SNF, or the actions taken by CDPH at the SNF, the most critical difference is frequency in which CDPH surveyors and HAI are onsite. Even though California case rates continued to soar upward in summer, and the numbers of hospitalizations surged in late summer, the SNF case rate remained stable, and SNF resident death rates decreased since the beginning of the pandemic and have since stabilized. Taking this model and applying it to broader compliance monitoring will result in long-term better outcomes for SNF residents. CDPH takes a continuous quality improvement approach to implementing new processes. As we launch the Q&S Survey Model, we will continue to monitor compliance and outcome data to evaluate the effectiveness of this survey model using the key indicators referenced above. Monitoring the effectiveness of the model will allow CDPH to make adjustments as needed to our enforcement activities to improve resident health, safety and quality of care.

# Attachment A

## [Title 22 Regulations Chapter 3 – S NF \(Link\)](#)

Tags:	Regulation	Tags:	Regulation
	<a href="#">Article 1. Definitions (Link)</a>		
72001-72119	Meaning of Words -- Unit Patient Health Record	72347	Dietetic Service – Cleaning and Disinfection of Utensils
	<a href="#">Article 2. License (Link)</a>		
72201-72217	Application Required -- Bonds	72349	Dietetic Service – Equipment and Supplies
	<a href="#">Article 3. Required Services (Link)</a>		
72301	Required Services	72351	Dietetic Service – Staff
72303	Physician Services – General Requirements	72353	Pharmaceutical Service - General
72305	Physician Services – Medical Director	72355	Pharmaceutical Service - Requirements
72307	Physician Services – Supervision of Care	72357	Pharmaceutical Service – Labeling and Storage of Drugs
72309	Nursing Service	72359	Pharmaceutical Service – Stop Orders
72311	Nursing Service - General	72361	Pharmaceutical Service – Orders for Drugs
72313	Nursing Service – Administration of Medications and Treatments	72363	Pharmaceutical Service – Drug Order Processing
72315	Nursing Service – Patient Care	72365	Pharmaceutical Service— Drug Order Records
72317	Nursing Service— Standing Orders	72367	Pharmaceutical Services – Personal Medications
72319	Nursing Service – Restraints and Postural Supports	72369	Pharmaceutical Service – Controlled Drugs
72321	Nursing Service— Patients with Infectious Diseases	72371	Pharmaceutical Service— Disposition of Drugs
72323	Nursing Service— Cleaning, Disinfecting and Sterilizing	72373	Pharmaceutical Service— Unit Dose Medication System
72325	Nursing Service – Space	72375	Pharmaceutical Service – Staff
72327	Nursing Service— Director of Nursing Service	72377	Pharmaceutical Service – Equipment and Supplies
72329	Nursing Service – Staff		
72329.1	Nursing Service - Staff	72379	Activity Program – General
72329.2	Nursing Service - Staff	72381	Activity Program – Requirements
72331	Nursing Services – Nurse Assistant Training and Certificate [Repealed]	72383	Activity Program – Activity Plan
72333	Dietetic Service – General	72385	Activity Program – Staff
72335	Dietetic Service – Food Service	72387	Activity Program – Equipment and Supplies
72337	Dietetic Service – Diet Manual	72389	Activity Program – Space
72339	Dietetic Service – Therapeutic Diets		
72341	Dietetic Service – Menus		
72343	Dietetic Service – Food Storage		
72345	Dietetic Service – Sanitation		

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## [Title 22 Regulations Chapter 3 – SNF \(Link\)](#)

Tags:	Regulation	Tags:	Regulation
	<a href="#">Article 4. Optional Services (Link)</a>		
72401-72475	Optional Service Units – General -- Special Treatment Program Service Unit - Space	72531	Liability for Rent and Return of Rental Advance
	<a href="#">Article 5. Administration (Link)</a>	72533	Employee Personnel Records
72501	Licensee – General Duties	72535	Employees' Health Examination and Health Records
72503	Consumer Information to be Posted	72537	Reporting of Communicable Diseases
72505	Fire Safety	72539	Reporting Outbreaks
72507	Smoking	72541	Unusual Occurrences
72509	Advertising	72543	Patients' Health Records
72511	Use of Outside Resources	72545	Admission Records
72513	Administrator	72547	Content of Health Records
72515	Admission of Patients	72549	Patient Death Reports
72516	Standard Admission Agreement	72551	External Disaster and Mass Casualty Program
72517	Staff Development	72553	Fire and Internal Disasters
72519	Patient Transfer	72555	Patient Identification
72520	Bed Hold	72557	Equipment and Supplies
72521	Administrative Policies and Procedures		<a href="#">Article 6. Physical Plant (Link)</a>
72523	Patient Care Policies and Procedures	72601-72665	Alterations to Existing Buildings or New Construction – Centralized Services Shared by Several Facilities
72525	Required Committees		<a href="#">Article 7. Violations and Civil Penalties (Link)</a>
72527	Patients' Rights	72701-72713	Definitions – Citation Review Conference
72528	Informed Consent Requirements		
72529	Safeguards for Patients' Monies and Valuables		