THE FEDERAL QIS COMPARATIVE SURVEY CHECKLIST

Centers for Medicare & Medicaid Services
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# THE FEDERAL QIS COMPARATIVE SURVEY CHECKLIST

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Policy
All QIS comparative surveys will be conducted in accordance with all applicable laws, guidelines, regulations, and policies relevant to Long Term Care (LTC) programs. The Regional Offices shall ensure that survey protocols are used by all Federal surveyors to measure compliance with Federal requirements.

Purpose
To ensure consistency and comparability of the survey outcome conducted by the Regional Office (RO) and the State Agency (SA), by comparing the findings of the SA with the RO findings. These procedures are intended to ensure consistency within CMS in the conduct of the comparative and assessment of State Agency performance.

Note: The QIS Comparative Checklist briefly outlines the QIS steps that need to be completed in black font. For detailed information for any QIS-related step, refer to the QIS Checklist. The steps that are specific to the QIS comparative are denoted in red, italicized text.

I. Offsite Comparative Preparation by the RO Evaluator

Step 1: Select a Survey

Policy
Survey selection will be objectively determined using criteria set forth by CMS and in accordance with all applicable laws, guidelines, regulations, and policies relevant to LTC programs. All comparative surveys must be performed on a certification or recertification survey conducted by the State Agency.

Purpose
To assure that surveys are objectively selected by criteria set forth by CMS Central and RO staff.

Procedure
CMS has identified selection criteria for conducting comparative surveys. Each comparative survey should be selected for at least one of the reasons listed below:

Special State Agency Focus
1. District Office
2. Team Composition
3. 2567 Process
4. IDR Process
5. Prior FOSS/FOQIS Results
6. Revisit Survey Performance
7. Complaint Survey Performance
8. Comparative Survey Results
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9. Specific Portion(s) of the Survey Process
10. Supervisor Request
11. DAR-RO Results
12. Other Reason

Specific Facility Focus
1. Geographic Location
2. Number of Beds
3. Facility Type
4. Ownership
5. Chain Affiliation
6. Resident Characteristics
7. CASPER Data
8. MDS Data
9. Quality Indicator Data
10. No Prior Deficiencies
11. S/S Findings
12. Substandard Quality of Care
13. Immediate Jeopardy
14. Enforcement History
15. Cmp Level Survey G or above
16. Reported Complaints
17. State Ombudsmen Reports

Step 2: Schedule a Survey

Policy
Federal surveyors shall be available on both a scheduled and an as-needed basis to conduct comparative surveys.

Purpose
To ensure that Federal surveyors are available to assess SA’s performance in the interpretation, application, and enforcement of Federal LTC requirements and evaluate facility compliance with Medicare and Medicaid requirements.

Procedures
• Comparative surveys will be initiated no sooner than 10 working days after the SA has completed the survey, but not later than 30 working days after survey completion by the SA.

• To assist the RO in developing the survey schedule, the SA will provide the RO with the following:
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Facilities surveyed in the preceding four weeks:

- Facility name, location, and provider number;
- Actual start date and time of the survey (indicating if the survey was conducted during off-hours);
- Actual type of survey initiated and concluded (initial, recertification);
- Team size and composition;
- Date the SA sent the CMS-2567 to the facility; and
- *If the SA is in the process of implementing QIS, whether the survey was a QIS.*

Facilities scheduled for surveys in the succeeding four weeks:

- Facility name, location and provider number;
- Size of the facility;
- Projected start date and time (indicating if the survey will be conducted during off-hours) and exit date of the survey;
- Anticipated type of survey (initial, recertification, complaint, revisit);
- Team size and composition; and
- *If the SA is in the process of implementing QIS, whether the survey is a QIS.*

The SA will provide the original four-week schedule by the third week of each month and provide any subsequent schedule changes to the RO.

Once you select the survey, the RO survey team leader contacts the SA and requests the information listed below.

a) Copy of any complaint information that pertained to the survey.

b) Copy of Ombudsman information provided to the SA team, with name and number.

The SA should forward the information as soon as possible after the request, but not later than five working days before the comparative survey start date (either by facsimile or overnight mail).

You will use other sources of information as prescribed in Appendix P of the State Operations Manual (SOM).

You should not review the CMS-2567 issued by the SA prior to determining the facility’s level of compliance based on the comparative survey.
Step 3: Create the QIS RO Comparative in ARO

Create the QIS RO Comparative survey shell in ARO, according to your Region’s procedures. If the State’s QIS survey is not marked as complete, you will receive an error that the FMS survey cannot be created until the State imports the completed survey to ACO. If this happens to you, you cannot complete the comparative until you follow-up with the State to ensure they import the completed survey back into ACO. Once they have done that, you have to repeat Step 3.

Note: The completed SA survey is transferred when a QIS RO Comparative survey shell is exported.

When the comparative shell is created, there are five SA data sets included in the comparative shell:

1. The State’s entire Resident Pool, which includes the MDS generated residents and any resident added onsite by the State team.
2. The facility census number and sample size from the State survey.
3. The final admission and census samples from the State survey.
4. The MDS data used by the State team. This ensures you will be looking at the exact same triggers and residents for the MDS QCLIs as the State.
5. The State information on the Review Materials screen and the residents reviewed by the State for facility tasks such as Liability Notices will automatically populate on your screen.

Step 4: Import the QIS RO Comparative survey shell into ASE

- Import the QIS RO Comparative survey shell into ASE. Note: if you select just the RO survey, the SA survey will automatically be pulled in.

Note: The team will have two distinct event IDs listed in the facility tree – one event ID represents the SA’s completed survey; the other event ID represents the comparative survey that you will conduct.

Step 5: Update the Team

- Each team member updates the team roster either in ARO or in ASE and designates one surveyor as the team leader.
Step 6: Identify SA Family Interviews

- Request that the SA send you a list of the three family interviews that were conducted including the resident’s name and ID as well as the family member’s name.

OR

If you want to independently identify the family interviews from the State survey complete the following steps:

- One of you must activate the team leader for the SA survey.
  - Right click on Team in ASE for the SA Event ID
  - Select Update Team
  - Identify who the team coordinator was on the SA survey (blue diamond)
  - Select Close
  - Expand the listing of team members in ASE for the SA Event ID
  - Right click on the SA team coordinator’s name
  - Select the option Make Active Surveyor
- Access the QIS Tool
- Change to All Surveyors
- Go to the Transition - QCLI Results screen in the SA survey
- Find the (C) Abuse (Family Interview) QCLI (it may be listed under QCLIs Exceeded Threshold or QCLIs Did Not Exceed Threshold)
  - Expand the QCLI and document the family interview residents
  - Under Stage 1, Census Sample, click on Family Interview, Question A1 – Relevant Findings for each family interview to find out who the SA interviewed.
- Exit the SA survey
- Make sure to reactivate yourself before going back into the RO survey

Step 7: Complete Offsite Preparation in ASE-Q

- Review the SA information pre-populated on the Review Materials screen.
- Complete the Review Materials screen assignments.

Note: The information from the SA survey will be automatically populated in your Review Materials screen.

- Print all necessary Entrance Documents.
- Make mandatory facility task assignments.
- Review the supplies and set-up information needed for the comparative.
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- Update the team roster screen if the method of synchronization is not USB (e.g., the team is using a wired method).
- Synch Offsite Prep Info and Assignments.

II. Onsite Comparative Activities

Step 8: Complete Onsite Preparation

- Review the information needed upon entrance to the facility – *ask for the facility census number to verify the SA number seems reasonable.*
- Complete the Entrance Conference
- Complete the Initial Tour.
- Complete the Returned Resident Lists.
- Complete Resident Reconciliation – *do NOT update the facility census number. You will use the same facility census number and sample size as the State Agency. However, make sure the SA’s facility census number is reasonable (e.g., if you have 90 residents in the facility and the SA only entered 60 residents, you may want to follow-up with the SA regarding this discrepancy). Make sure the pre-populated unit/room numbers are correct. Make sure to add the unit/room number for any resident that was added to the Census Sample.*

**Note:** The unit/room number will carry forward from the SA survey.

After reconciliation is complete, your Census Sample will include the same residents as the SA team’s Census Sample that are still residing in the facility, plus any replacements made during the reconciliation. Your Admission Sample will not differ from the SA’s Admission Sample.

- Complete Stage 1 Assignments.
  - *If any of the SA family interview residents remain in the facility, attempt a family interview with a representative who was interviewed by the SA. If this is not possible, conduct any family interview from the non-interviewable Stage 1 Census Sample residents.*
  - *Notify the surveyors assigned to the SA family interview residents the name of the family member that the SA interviewed.*
- Synch Stage 1 Samples and Workload.
- Print the applicable Stage 1 Reports.

**Note:** Your Admission Report for the Facility may differ from the SA list as some of the residents may have been discharged since the SA survey exit date, so be sure to give the facility the report generated from your survey.

- Conduct the Initial Team Meeting.
Step 9: Complete Stage 1 Survey

- Complete the Admission Sample
- Complete the Census Sample
  - Conduct the Stage 1 preliminary investigation as a QIS with a few differences.
    - When the person being interviewed (i.e., the resident, family member or staff member) expresses a concern and the Census Sample resident was in the SA Stage 1 sample, you should ask how long [the person] has had the concern and record the answer in relevant findings. This information will help determine whether the concern was present during the SA survey when comparing results during Transition. Some examples of how you can ask this follow-up question include:
      - How long has this been a concern?
      - Did you tell the State surveyor the same concern? Use this only if you are certain the SA interviewed the same person as you.
      - Has this concern been a problem in the last couple months (capture the time period of the State survey)
    - For a Stage 1 Census Sample resident who was in the SA Stage 1 sample, adjust the time period in the questions listed below based on the amount of time that has elapsed between the SA start date and the date you enter the facility so you are reviewing the same time period as the SA:
      - Resident Interview
        - P1: Exercise of Rights – Room or roommate change in the last 9 months + elapsed time
      - Family Interview
        - O1: Admission Process – Admitted in the last 9 months + elapsed
        - P2: Notification of Change – Change in condition in the last 3 months + elapsed time
      - Staff Interview
        - F1: Falls and Fractures – Fall or fracture in the last 30 days + elapsed time
      - Census Record
        - D2: Heights and Weights – Enter date/weight closest to SA Survey Start date
  - If you determine that a resident for whom the SA completed a family interview is in fact interviewable, complete a resident interview and try to determine whether the resident was interviewable at the time of the SA survey.
Note: The residents who were in the SA sample will have an (S) next to their name in the navigator menu and the header information for the resident will note that the resident was in the State sample.

• Complete the Stage 1 team meetings.
• Complete the daily back-ups of Stage 1 and mandatory facility task data, if applicable.
• Once all Stage 1 data are complete, Synch Stage 1 Survey Data.

Step 10: Mandatory Facility Tasks

• Complete the mandatory facility tasks throughout Stage 1 and Stage 2.

Note: The SA residents investigated for specific mandatory facility tasks are automatically pulled into your survey, which may include:

Liability Notices – CE1 and CE4, as applicable
Infection Control – CE10
Resident Council – CE1

Step 11: Transition – Calculate QCLIs

• Verify the completion of Stage 1 data.
• Calculate QCLI Results.

Note: The MDS QCLI calculations from the SA survey will be copied to your survey.

The non-MDS QCLI calculations will be not be copied and will be recalculated during your survey.

• Synch Stage 1 & QCLI Data.
• Review each care area and conduct the transition meeting.
  o To prepare for the transition meeting:
    ▪ Print a copy of your QCLI Results report.
    ▪ One of you should be on the QCLI Results screen in the SA survey.
    ▪ Everyone else will be on the QCLI Results screen in the RO survey.
    ▪ One of you should take notes of any Stage 1 data entry errors.
    ▪ One of you should take notes of any identified concerns with the SA performance in Stage 1 on a copy of your QCLI Results Report (the note should be concise yet include enough information that the SA can follow up on the concern – similar to the type or amount of
Complete the transition meeting as outlined in the QIS Checklist. In addition:

- If you determine that a resident for whom the State completed a family interview was Interviewable, document this discrepancy.
- Compare your list of resident interviews to the SA. If you interviewed a resident that the State did not, determine how the State coded the resident’s interview status. If the State marked the resident as non-interviewable, document this discrepancy if you are confident the resident was interviewable at the time of the State survey.
- For all of your triggered care areas, determine whether the SA triggered the same care area. If you triggered the care area, complete the following:
  - Resident Observation QCLI – No action required unless you are 100% confident the observed concern was present during the SA survey.
  - Resident/Family/Staff Interview QCLI or Census Record QCLI - If the QCLI that caused the care area to trigger is from a Stage 1 interview or census record review, determine whether the SA had the same residents you had in the Criteria Met category. If the SA did not have the same resident, determine whether the SA should have identified the same concern (e.g., using information regarding the length of time the concern existed).
  - Admission QCLI - If the QCLI that caused the care area to trigger is from the admission record review, determine whether the SA had the same residents in the Criteria Met category. The residents in the Criteria Met category should match 100% between the SA and you.
  - MDS QCLI – No action required since the MDS QCLIs are an identical match to the SA.

- Print the transition reports by clicking the Print button. Do not actually print the reports, just push the buttons.
- Make Stage 2 assignments.
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**Note:** For any care area that both the SA and RO trigger for an in-depth investigation, the system will automatically include, in the Stage 2 sample, the same residents investigated for the care area by the SA team.

The software automatically includes in the RO’s Stage 2 sample the same SA sample residents for the following required investigations:

- Dialysis
- PASRR
- Hospice/End of Life
- Ventilator
- Unnecessary Medications

- Synch Stage 2 Samples and Workload.

**Step 12: Complete Stage 2 Survey**

- Complete all Stage 2 assignments.

**Note:** The SA residents investigated for specific non-mandatory facility tasks are automatically pulled into the RO survey, if triggered, which may include:

- Abuse Prohibition
- AT&D – CE6-9
- Personal Funds – CE1-9

The residents who were in the SA sample will have an (S) next to the care area that is being investigated by both the SA and RO on all Stage 2 screens.

- Complete the Stage 2 team meetings.
- Complete the daily back-ups of Stage 2 data.
- Once all Stage 2 data are complete, Synch Stage 2 & Fac Task Data.

**Step 13: Complete Stage 2 Analysis**

- Verify the completion of all Stage 2 data.
- Complete the Stage 2 analysis and decision making meeting.
- Complete potential citations.
- Print the reports (just click on the Print button). You only have to print the Stage 2 Sample List.
- The survey is complete.
- Export the completed survey.
- Conduct the exit conference.
III. Post-Comparative Activities

Step 14: Processing Form CMS-2567 (Statement of Deficiencies)

Policy
The RO survey team will follow procedures outlined in the Principles of Documentation to complete Form CMS-2567. This information will be communicated to the SA with instructions. All findings from a survey will be recorded on Form CMS-2567 and will follow survey protocols established to process Form CMS-2567.

Purpose
1) To clarify the procedures that RO survey teams shall follow to process Form CMS-2567, Statement of Deficiencies.

2) To assure accurate reporting of data collection and analysis.

General Procedures
- The RO team will utilize the ASPEN computer database program to generate Form CMS-2567, the Statement of Deficiencies.

- The RO team will utilize the SOM, Section 2728, and the Principles of Documentation as a resource for processing the Form CMS-2567. The CMS-2567 resulting from the comparative survey must be issued to the facility 10 working days after the survey has been completed.

- The RO should cite all findings of deficient practice on the CMS-2567, without reviewing the CMS-2567 resulting from the SA’s survey. The RO shall ensure that all areas of non-compliance are cited regardless of whether the findings have been previously cited by the SA. In cases where the RO surveys the same areas of concern identified by the SA and finds that the areas of deficient practice cited by the State no longer exists, the RO must confer with the SA to discuss the process for determining compliance. If agreement is reached between the SA and RO that the non-compliance no longer exists, the RO shall be responsible for sending a CMS-2567B to the facility for those areas of non-compliance not cited by the RO. This may result in the issuing of both a CMS-2567 and a CMS-2567B by the RO. The RO cannot issue a CMS-2567B for those tags without discussing the findings with the SA.

- Informal Dispute Resolutions (IDR) for comparative surveys is to be held in accordance with guidelines in the SOM and must be held at the RO level. Any determinations made in reference to IDRs of comparatives must be communicated to the SA. The SA shall also communicate the result of any IDR of surveys chosen for comparative review to the appropriate RO.
• Each RO responsible for the comparative survey will be responsible for approving the Plan of Correction (PoC).

• When applicable, comparative revisit surveys may be carried out by either the Region or the State, at the discretion of the RO.

There are several enforcement options for the RO to consider when the comparative survey is completed.

**Scenario 1A - The State survey determines substantial compliance (below level “D” deficiencies) and the Federal comparative survey also determines substantial compliance:**

- The RO should cite all findings of deficient practice on the CMS-2567.
- The RO must send the CMS-2567 to the facility, with a cover letter explaining that if the facility is in the process of implementing a PoC for the State survey, the facility should reference this information in their PoC being submitted to the RO, with the current status of the correction and any revised correction dates.
- The RO will send a copy of the CMS-2567 and the letter to the State Agency (SA).
- The RO should discuss the differences in findings with the SA.
- Revisits are discretionary for both the State and the RO for surveys where the highest citation is at a D, E, or F, and there is no SQC. (SOM 7317)

**Scenario 1B - The State survey determines substantial compliance (no deficiencies) and the Federal comparative survey also determines substantial compliance (no deficiencies):**

- The RO must send the CMS-2567 to the facility, noting that the entity is in compliance with all requirements.
- The RO will send a copy of the CMS-2567 and the letter to the SA.

**Scenario 2 - The State survey determines substantial compliance and the Federal comparative survey determines non-compliance.**

- The RO should cite all findings of deficient practice on the CMS-2567.
- The RO must send the CMS-2567 to the facility, with a cover letter denoting that the PoC be addressed to the Regional Office. The RO will send a copy of the CMS-2567 and the letter to the SA.
- The RO will follow the enforcement process as delineated at SOM Sections 7301, 7304, 7308, and 7310.
- The RO will determine whether the enforcement action should be “opportunity to correct” or “no opportunity to correct.” The RO will
provide the initial notice to the provider regarding the enforcement action to be taken.

- The RO should discuss the differences in findings with the SA.
- At the discretion of the RO, the SA will conduct the revisit survey and make additional recommendations to the RO regarding compliance/noncompliance and associated enforcement remedies.
- The RO will be responsible for all notice letters in accordance with the SOM.

**Scenario 3 - The SA determines noncompliance and initiates an enforcement action. The RO conducts a comparative survey and determines noncompliance. The RO will incorporate the comparative survey into the enforcement process initiated by the State.**

- As soon as the RO schedules the comparative survey, the RO will contact the SA so that the first revisit is delayed until the Federal survey is completed, unless the SA revisit has already occurred. If the SA has completed their revisit and determined compliance, the RO will follow the process at Scenario 2. If the SA has completed their revisit and determined continuing noncompliance, they should proceed with the enforcement process timeframes.
- Following completion of the comparative survey, the RO must send the CMS-2567 to the facility, with a cover letter explaining that if the facility is in the process of implementing a PoC for State survey, the facility should reference this information in the PoC being submitted to the RO, with the current status of the correction and any revised correction dates.
- The RO will send a copy of the CMS-2567 and letter to the SA.
- The RO will determine the appropriate enforcement action. If substantial compliance is not achieved, the RO must ensure the timely imposition of mandatory Denial of Payment for New Admissions. This may necessitate that the enforcement action initiated by the SA becomes a “No Opportunity to Correct” case.
- Once an acceptable PoC is submitted and approved by the RO, the RO will contact the SA.
- At the discretion of the RO, the SA will conduct the revisit survey for both the State survey and the comparative survey.
- The enforcement process will be followed as stipulated in the SOM Section 7317.
**Scenario 4 - The SA determines non-compliance and the Federal comparative survey determines substantial compliance:**

- As soon as the RO schedules the comparative survey, the RO will contact the SA so that the revisit is delayed until the Federal survey is completed, if possible.
- Following the completion of the comparative survey, the RO must discuss the findings of the survey prior to issuing a CMS-2567 for those areas found non-compliant by the SA but compliant by the RO. Once agreement has been reached between the SA and the RO, the RO will complete the CMS-2567 and send a letter to the facility.
- The RO will send a copy of the CMS-2567 and letter to the SA.
- Revisits are discretionary for both the State and the RO for surveys where the highest citation is at a D, E or F, and there is no SQC. (SOM 7317)

**Step 15: Complete Tag Review**

The RO evaluators ultimately compare their CMS-2567 F-tags to the SA’s CMS-2567 F-tag citations. When identifying mismatches in F-tags cited, the ROs should identify whether:

- There were any applicable issues with the SA’s Stage 1 performance,
- The related care area was investigated by both the RO and the SA, and
- The same residents were investigated (or should have been investigated had the SA completed Stage 1 correctly).

The RO should include an analysis of the discrepancy in the narrative report to the SA. In addition, the RO mails or sends an electronic copy of the RO QCLI Results report to the SA.

**Step 16: FMS Database Entries**

- In the Nursing Home FMS Database, enter the results from the QIS Comparative.

**Step 17: Export the Completed Survey to ARO**

- Export the final version of the comparative event ID to ARO from the team coordinator’s flash drive according to your Region’s procedures.

**Step 18: Delete the Survey from ASE**

- After the survey is exported to ARO, delete the survey from ASE.