



# South Dakota Department of Health

## **Ensuring Compliance and Quality: Nursing Home Surveyor Process, Role, and Training**

Jen Maeschen, RN

Rachel Luke, MS, RD, LN



# What is Public Health?

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases.



**VISION**  
Every South Dakotan Healthy and Strong

**MISSION**  
Working together to promote, protect, and improve health

# Objectives



- Understand and explain the role of surveyors in regulatory compliance
- Identify resources available to understand the Long Term Care Survey Process
- Describe the steps of the Long Term Care Survey Process

# Health Facilities Surveyor Role



- Surveyors play an important role in ensuring LTC facilities comply with federal regulations.
- They assess for compliance with **42 CFR Part 483** which includes the federal regulations for LTC facilities. Some key aspects of those include:
  - Resident Rights
  - Quality of Care
  - Infection Control
  - Physical Environment
  - Staffing
  - Resident Assessment
  - Compliance and Ethics program

# Health Facilities Surveyor Role



- Here are some key responsibilities to be covered in the upcoming slides:
  - Conducting surveys
  - Assessing compliance
  - Identifying deficiencies
  - Follow-up inspections
  - Ensuring resident safety
  - Providing guidance

# Key Responsibilities of Surveyors



- **Conducting Surveys:**

- Perform regular inspections of LTC facilities to ensure they meet the requirements for participation in Medicare and Medicaid programs.
  - Inspections include standard, abbreviated, or extended depending on the facility's compliance history and specific concerns.
  - Typically, LTC recertification surveys occur once every 15 months, with an average interval of about 12 months.
  - Inspections are unannounced and can occur at any time of day or day of the week.
  - More frequent inspections may be conducted if there are specific concerns or complaints about a facility.

# Key Responsibilities of Surveyors



- **Conducting Surveys (continued):**

- Unannounced complaint surveys may be triggered by several factors, including but not limited to:
  - **Resident, family, or representative complaints** about care quality, safety, or rights violations.
  - **Staff reports** of concerns such as inadequate staffing or unsafe practices.
  - **Facility reported incidents** related to falls, injuries, abuse allegations, etc.
  - **Regulatory violations** identified during routine inspections or revisits.
  - **Anonymous tips** from any source about issues in a LTC facility.
  - **Other agencies or health care facilities** about health or safety concerns.

# Key Responsibilities of Surveyors



- **Assessing Compliance:**

- Evaluate various aspects of the facility to ensure safe, high-quality of care to residents, including but not limited to:
  - Resident rights, freedom from abuse/neglect/exploitation, quality of life, quality of care, infection control, physical environment, nursing/dietary/physician/pharmacy services, and others.
- Surveyors review records, observe care practices, and interview staff and residents/representatives as part of the survey process.

# Key Responsibilities of Surveyors



- **Identifying Deficiencies:**

- If a facility fails to meet federal standards, surveyors document the deficiencies and provide a report to the LTC facility.
- Surveyors then work with the facility to ensure an acceptable plan of correction is developed for those deficiencies.
  - This ensures any issues are addressed promptly and effectively to maintain the safety and well-being of residents.

# Key Responsibilities of Surveyors



- **Follow-up inspections (revisits):**
  - After deficiencies are identified, the surveyor(s) conduct revisits to ensure the corrective actions have been implemented and determine if the LTC facility is back in compliance.

# Key Responsibilities of Surveyors



- **Ensuring Resident Safety:**

- Surveyors focus on preventing abuse, neglect, and exploitation of residents.
- Surveyors ensure facilities provide a safe environment and necessary services to maintain residents' physical, mental, and psychosocial well-being.

# Key Responsibilities of Surveyors



- **Providing Guidance:**

- Surveyors may offer advice and guidance on the regulations during surveys and through other training such as conferences, newsletters, resources, etc.

# Surveyor Qualifications



- **Educational background**
  - Surveyors generally have degrees in nursing, health administration, social work, dietetics/nutrition, or related fields
- **Clinical experience**
  - Most have several years of experience in healthcare settings, such as LTC, acute care, or related areas which helps them understand healthcare practices and standards.

# Surveyor Qualifications



- **Knowledge of Regulations**

- Familiarity with federal and state regulations related to healthcare facilities and staying updated on any changes in them.

- **Skills and Competencies**

- Key skills include analytical skills, attention to detail, communication, problem-solving, interpersonal skills, technical knowledge, time management, ethical judgement, etc.
- LTC surveyors must complete the surveyor minimum qualifications test (SMQT) and training requirements.

# Surveyor Qualifications



- **Ongoing Education**

- Participate in ongoing training to stay updated on health care practices, survey techniques, and regulatory changes.
- This may include:
  - Attending workshops, webinars, refresher courses, etc.
  - Reviewing CMS memos and updates.
  - Completing training provided by CMS and the state agency.
  - Accessing resources such as the State Operations Manual (SOM) and other CMS publications that provide detailed information on regulations and survey protocols.

# Surveyor Training



- **Initial orientation**

- Familiarize with regulatory framework, survey processes, and LTC requirements

- **Online/Classroom training**

- Instruction on federal and state regulations, survey protocols, survey tools, documentation, etc.

- **Field training**

- Onsite training at LTC facilities with experienced surveyors.
- Allows them to observe and practice surveying.

- **Mentorship**

- Paired with experienced mentors for guidance, support, and feedback.

# Surveyor Training



## CMS Required Training on QSEP

- At least 140 hours online training, plus the required regulatory reading (over 1,300 pages to become familiar with)

SOM Chapters 1 – 3, 5, 7

Exhibit 7a: Principles of Documentation



## Driving Healthcare Quality

Welcome to the Quality, Safety & Education Portal (QSEP)

Appendix PP:  
Interpretive Guidelines  
for LTC Facilities

Appendix Q:  
Guidelines for  
Determining IJ

Appendix R:  
RAI for LTC  
Facilities

# Available Resources



- QSEP – education materials publicly available
- <https://qsep.cms.gov/welcome.aspx>



- CMS Nursing Home Survey Resources
- <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>



# Available Resources



- CMS Nursing Home Survey Resources
  - Updated Appendix PP
  - Survey Resources (ZIP) folder – this is what surveyors use!!!
  - Check back regularly for updates



## Downloads

[Exhibit 358 - 11.10.2022 \(PDF\)](#)

[Exhibit 359 - 11.10.2022 \(PDF\)](#)

[CMS-802 \(PDF\)](#)

[LTCSP Initial Pool Care Areas \(ZIP\)](#)

[Initial Surveys \(ZIP\)](#)

[LTCSP Interim Revisit Instructions - Updated 07/11/2025 \(PDF\)](#)

[Revision History for LTC Survey Process Documents and Files 02/03/26 \(PDF\)](#)

[Survey Resources \(ZIP\)](#)

[Appendix PP State Operations Manual \(PDF\)](#)

# Surveyor Training



## CMS NH Infection Preventionist Training

- 19.75 hours, 15 Modules
- Learn about the nursing home infection prevention and control program, what are the required parts, and how to manage



## Preventing Legionnaire's Disease – from CDC

- 3 hours
- Learn about water management program as part of the infection prevention and control program



# Surveyor Training



- At least 6 months of precepted training.
  - Trainees are paired with the same preceptor for each step of the survey, from pre-survey prep, onsite survey work, to citation writing and completing corrections to their writing.
- Average of 9 recert surveys and 5 stand-alone complaint surveys during the first 6 months of training.
- Training Coordinator keeps track of how many surveys and assigns facility tasks to learn.
  - Each surveyor is required to become competent in ALL facility tasks.

# Surveyor Training



- Surveyor Minimum Qualifications Test
  - Standardized exam, 4 hours
  - At least 140 multiple choice questions
  - Open-book
  - Questions cover 11 different Knowledge, Skills, and Abilities (KSA) categories
  - Must pass the SMQT to survey independently
- QSEP considers your professional background and intentionally gives questions not related to that
  - Example: A nurse surveyor might get more questions regarding the environment and food safety vs. medications and diseases

# Surveyor Training

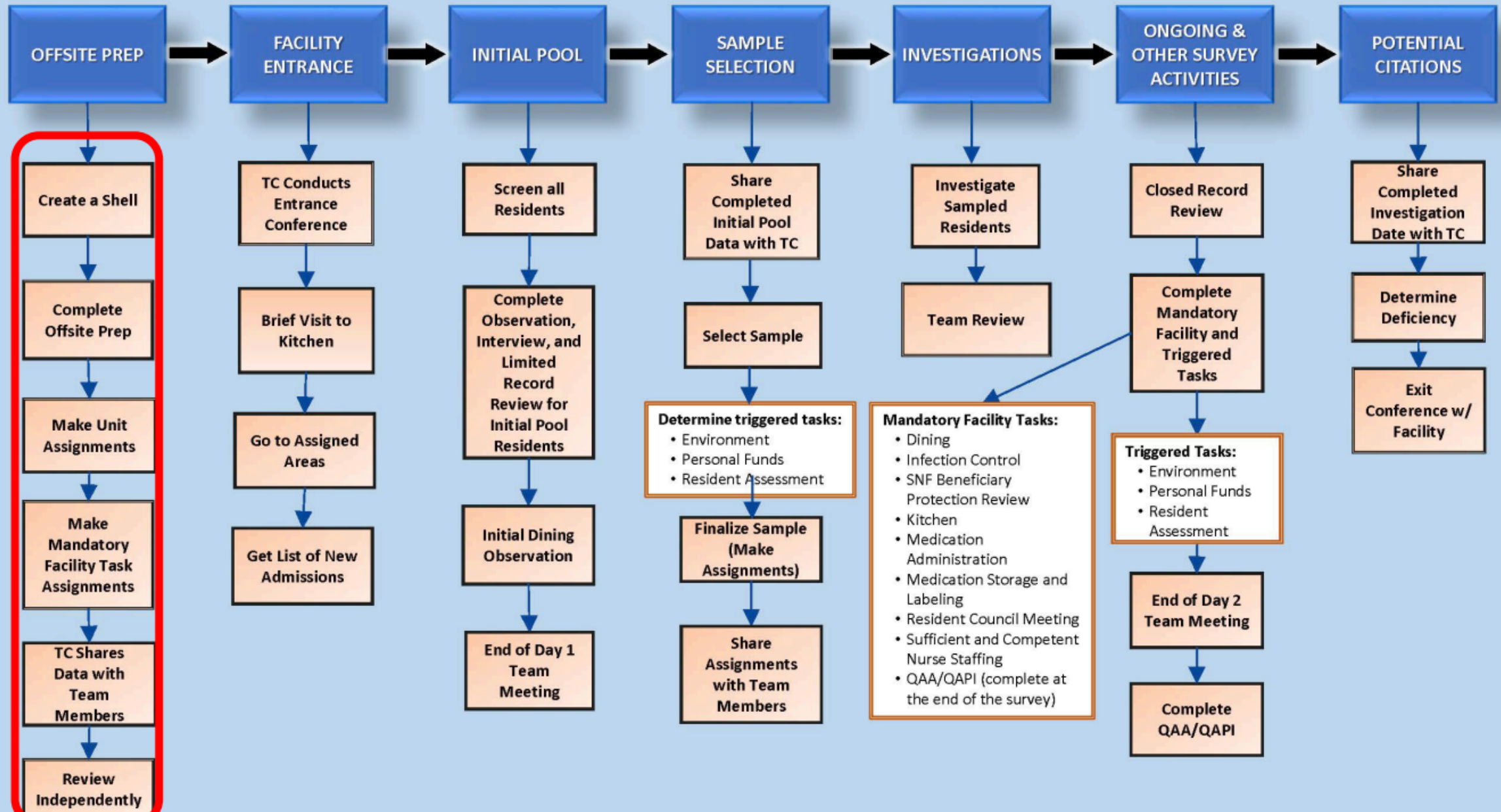


- After about 1 year of surveying, each surveyor learns how to be a Team Coordinator for LTC surveys.
  - Consists of 1 to 2 days of hands-on training, scenarios, and mock surveys in iQIES training environment.
  - About 5-7 precepted surveys learning the entire Team Coordinator process.
- From then on...branch out into additional provider types utilizing standardized QSEP training and precepted training.



*Mid-Point  
Question  
Break*

# Long-Term Care Survey Process



# LTC Survey Process



## Offsite Prep

- Team Coordinator gathers information in iQIES
- Contact local Ombudsman
- Coordinate travel and set an entrance time
- Team reviews offsite prep info independently to prepare for Day 1

CASPER Report 0003D  
Provider History Profile  
Report Selection Criteria

PBJ Staffing Data Report  
CASPER Report 1705D  
FY Quarter 2 2024 (January 1 - March 31)



# LTC Survey Process



## Facility Entrance

- Team Coordinator meets with admin, DON, or designee
- Person assigned the kitchen task briefly tours the kitchen
- Everyone else goes to their assigned areas and starts making observations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	
<b>ENTRANCE CONFERENCE WORKSHEET</b>	
<b>INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE</b>	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/>	3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/>	4. A list of residents who smoke, designated smoking times, and locations.
<b>ENTRANCE CONFERENCE</b>	

# LTC Survey Process



## Initial Pool Process

- Screen each resident. Introductions.
- Choose residents to include in initial pool.

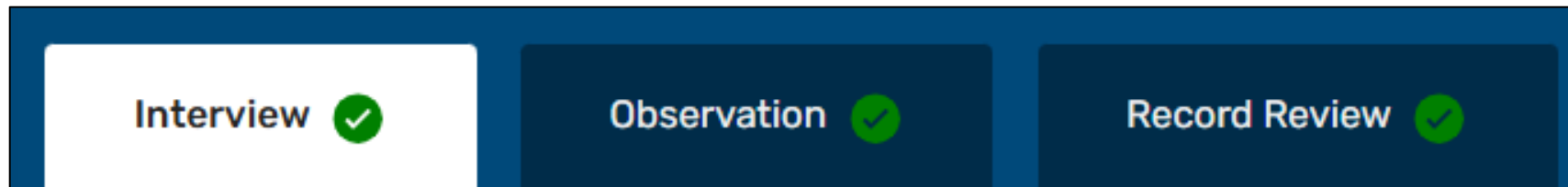
Attachment A: Sample Size, Recommended Team Size, Initial Pool Size, and Active Intake Size  
This table shows the following survey expectations based on facility census size: recommended number of surveyors, maximum number of active intake residents that can be included in the initial pool and sample, expected initial pool size, and sample size. Also see “Note on Survey Team Size” below the table.

Facility Census	Recommended # of Surveyors	Max # Active Intake Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size #
1-8	2	5	All residents	All residents
9-15	2	5	All residents	8
16-19	2	5	16	8
20-48	2	5	16	12
49-52	3	6	24	13
53-56	3	6	24	14
57-61	3	7	24	15
62-65	3	7	24	16
66-69	3	7	24	17
70-90	3	8	24	18

# LTC Survey Process



- Initial Pool Process – 8 to 10 hours
- Each resident we choose for the initial pool, complete:
  - Resident Interview – 52 different categories
  - Resident Observation – 36 different categories
  - Record Review – Number of categories varies



# LTC Survey Process



- Initial Pool Process – Dining Observation
  - Observe first full meal served during the survey
  - Each surveyor is responsible for recording observations
  - Utilizing Dining Observation Pathway

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CENTERS FOR MEDICARE & MEDICAID SERVICES

## **Dining Observation**

**Dining Observation** - *Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents. The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns. The surveyor assigned primary responsibility will answer all CEs. Any other surveyor assigned a dining location will complete the observations and answer CEs of concern. While it is not mandatory, the team member responsible for the Kitchen task should also consider completing the Dining task. Potential nutrition or hydration concerns should be investigated under the resident.*

# LTC Survey Process



## Team Meetings

- The survey team meets at the end of each day to discuss pertinent findings, interview strategies, and assignment readjustments as needed.
- Day 1 team meeting: talk about initial pool process.
- Day 2 team meeting: discuss investigation findings, the need to expand the sample to rule out SQC, and any need to reassign investigations or tasks.

# LTC Survey Process



## Sample Selection:

- Is Initial Pool work completed?
- Closed resident record review and unnecessary resident medications.
- Discuss each resident in initial pool.



### Attachment A: Sample Size, Recommended Team Size, Initial Pool Size, and Active Intake Size

This table shows the following survey expectations based on facility census size: recommended number of surveyors, maximum number of active intake residents that can be included in the initial pool and sample, expected initial pool size, and sample size. Also see “Note on Survey Team Size” below the table.

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66-69	3	7	24	17
70-90	3	8	24	18
91-95	3	8	24	19
96-100	4	9	32	20
101-105	4	9	32	21
106-110	4	9	32	22
111-115	4	10	32	23
116-123	4	10	32	24
124-128	4	10	32	25

# LTCSP Survey Process



- Investigations are chosen based on initial pool process interviews, observations, and record reviews.
- Examples:
  - Resident's flooring is bowing and bumpy from water damage. Potential investigation pathways include Environment or Accident Hazards.
  - Resident states they are fearful of another resident that wanders into their room. Potential investigation pathways include Abuse (triggered from res-to-res interactions), Accident Hazards (triggered from unsafe wandering), or General (triggered from privacy).
  - Surveyor observed resident resting on their back in bed at 8:15 a.m., 9:00 a.m., 10:00 a.m., and 11:15 a.m. Potential investigation using Pressure Ulcer pathway.

# LTC Survey Process



## Ongoing and Other Survey Activities

- Closed Record Reviews – Expired, Hospitalized, and Unplanned Discharges
- Required Facility Tasks – Dining, Infection Control, SNF Beneficiary Notification Review, Kitchen, Med Admin, Med Storage and Labeling, Sufficient and Competent Nurse Staffing, QAPI
- Triggered Facility Tasks – Resident Council Interview, Personal Funds, Environment, Resident Assessment, Binding Arbitration Agreement, Extended Survey

# LTC Survey Process



## Additional Survey Activities

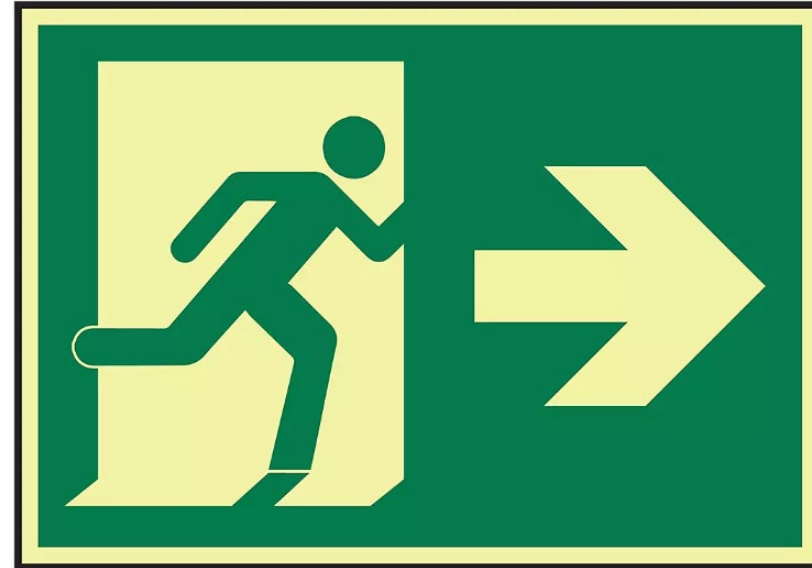
- NH State Licensure Review
  - Assessing for compliance with ARSD 44:73
- The SD BON now oversees the Nurse Aide Training Program Review
  - Surveyors still assess nurse aide training and competencies as part of the Sufficient and Competent Nurse Staffing Task and the NH State Licensure Review
- LSC surveyors complete the Emergency Preparedness and Life Safety Code surveys

# LTC Survey Process



## Potential Citations

- Completion checks.
- Team discussion.
- Final interviews.
- Prepare for exit.





**How do we decide which  
regulations to cite?**

**Utilizing the Critical Element Pathways**

## Pressure Ulcer/Injury Critical Element Pathway

### Critical Element Decisions:

- 1) Did the facility ensure that a resident:
  - Receives care, consistent with professional standards of practice, to prevent pressure ulcers; and
  - Does not develop pressure ulcers unless the resident's clinical condition demonstrates that they were unavoidable; and
  - Receives necessary treatment and services to promote the healing of a pressure ulcer, prevent an infection, and prevent new ulcers from developing?If No, cite F686
  
- 2) Did the physician evaluate and assess medical issues related to the resident's skin status and supervise the management of all associated medical needs, including participation in the comprehensive assessment process, development of a treatment regimen consistent with current standards of practice, monitoring, and response to notification of change in the resident's medical status related to pressure ulcers?  
If No, cite F710
  
- 3) Did the facility use appropriate *infection control practices, such as* hand hygiene and PPE when providing wound care *and other high-contact care activities*?  
If No, cite F880
  
- 4) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?  
If No, cite F655  
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.



# LTC Survey Process



## The Writing Process

- Utilizing Exhibit 7A Principles of Documentation
- The Quality Assurance Coordinator and LTC Advisor or designee reviews each citation and makes recommendations.

### **EXHIBIT 7A**

#### **PRINCIPLES OF DOCUMENTATION**

**NOTE: Principles of Documentation are merely guidance for surveyors and do not impose obligations on either providers or surveyors for the suggestions contained in them.**

# LTC Survey Process



## The Writing Process

- QA team sends their corrections and recommendations back to the survey team.
- The survey team revises their citations.
- The Team Coordinator completes a final review of the 2567 before sending to the provider.



# LTC Survey Process



## Plan of Correction Review

- The Team Coordinator, QA Coordinator, and LTC Advisor reviews the POC. The ePOC Guidelines are utilized when reviewing the POC and requesting addendums.
- The Team Coordinator or designee is responsible for contacting the provider and requesting addendums as needed.

# LTC Survey Process



## Revisits

- Onsite Revisits are completed based on team recommendations depending on the deficiencies, for surveys with findings of IJ, SQC, or any tag cited at a s/s of G or higher.
- Offsite Revisits, conducted via phone and email, are required for all other surveys.
- Refer to SOM Chapter 7, Section 7317.2 – Revisits

# LTC Survey Process



Then the process starts all over again with the next complaint or recert survey!



# Questions & Contacts



## Office of Health Care Facilities Licensure & Certification

Telephone number 1-605-773-3356

Fax number 1-605-773-6667

### Key Personnel:

Jen Maeschen, Administrator

Hannah Peters, Assistant Administrator

Jean Koch, Eastern Regional Manager

Carrie Christopherson, Western Regional Manager

Jim Bailey, Supervising Engineer

Maurine Ford, Public Health Advisor

[Jennifer.Maeschen@state.sd.us](mailto:Jennifer.Maeschen@state.sd.us)

[Hannah.Peters@state.sd.us](mailto:Hannah.Peters@state.sd.us)

[Jean.Koch@state.sd.us](mailto:Jean.Koch@state.sd.us)

[Carrie.Christopherson@state.sd.us](mailto:Carrie.Christopherson@state.sd.us)

[James.Bailey@state.sd.us](mailto:James.Bailey@state.sd.us)

[Maurine.Ford@state.sd.us](mailto:Maurine.Ford@state.sd.us)



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