



Anatomy of a CMS Facility Review

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CMS: perspectives

All surveys are unannounced





- Expect 100% compliance of 100% of the regulations, 100% of the time (that's what they're paying for)
- Due to accreditation, hospitals reluctantly are their lowest priority
- Surveys are prompted by complaints or validation of accreditation surveys




CMS: perspectives (continued)

Complaints routed through CMS, and they warrant a full survey

- Validation surveys occur a few weeks after accreditation survey
- No facility, especially a hospital, is too small or too busy to accommodate an unannounced survey
- “In God we trust, all others must document.”



Preparing for possible CMS survey:



- Surveys follow form CMS-2567
- The “2567” is an outline consisting of 27 “conditions” (major functions like radiological services or infection control)
- Conditions are broken down into “standards” and further broken down into over 700 individual citations
- Each of these conditions, standards, or individual citations can be cited and are called “tags”



Preparing for possible CMS survey: (cont.)

- The “2567” includes wording for each tag and a brief guideline. Note that these can be very generic
Download electronic version of the “2567” to compare your policies and procedures (P&P)
- Use the “2567” to develop a cross linked listing with your P&P to help:
 - Ensure compliance
 - Expedite the survey
 - Reduce frustrations for everyone during this stressful time



Preparing for possible CMS survey: (cont.)

Initial survey is done by 1 surveyor

Survey takes 1-4 days

- If CMS determines that a full survey is needed that survey will not include the condition that relates to the compliant, but a follow-up would cover all tags
- Realize that surveyors and staff (especially the nervous ones) are individuals so findings can vary widely



Accommodating a CMS survey:

- Have a protocol in place
- keep key people on stand-by
- Minimize the use of in-house language/abbreviations
- Have a large centrally located conference room available for the entire survey time (normally 3 – 5 days) with convenient food, drink, toilet facilities
- Keep all relevant P&P, open/closed charts, meeting minutes, etc. readily available to the conference room

Accommodating a CMS survey: (cont.)

- Typical survey teams consist of 4 nurses and 1 life safety specialist (in Michigan there is also a sanitarian/engineer)
- Surveys start with an entrance conference to layout the surveyor's needs/schedules and ends with an exit conference to summarize the findings
- They start visiting nursing units
- Surveyors spend most of their time in document review and interviewing staff

Accommodating a CMS survey: (cont.)

- Life safety and possible sanitarian/engineer will spend almost all their time surveying the facility, doing limited document review
- Ideally a scribe, along with the hospital representative will accompany each surveyor during the facility tours and interviews(too many can get in the way)
- Wear comfortable shoes and have all needed keys
- Surveys are normally conducted during normal business hours, but can occur anytime of day/night



After the survey:

- The team gather off-site to compare notes and write up any citations (the number of has been increasing)
- The report is sent to the hospital who will have 10 days to submit a “Plan of Correction” (POC) – keep in mind that this is a public document that could end up as evidence in trial
- The biggest problems with POC’s is they argue the cite or lack a compliance date vs. fully addressing the cite
- CMS expects all cites to be resolved within 60 days, many should be addressed during the survey (but can still be cited)



After the survey: (cont.)

- So big/complicated issues should be taken care of prior
- Normally these surveys are conducted by your state agencies, hope CMS themselves don't show up
- Depending on scope of citations and how well the POC addresses the citations a follow-up survey may be made
- Follow-up survey teams are typically smaller, with only the cites being investigated over a shorter time
- Unresolved conditions will result in loss of certification



Current CMS hot issues:

- Patient dignity/privacy/records security
- Proper reprocessing (endoscopes, central sterile) – see 09/11/15 CDC Health Advisory CDCHAN-00382
- Over utilization of flash sterilization
- Needle reuse (regardless if clean or same patient)
- Infection control vs. infection prevention
- Surge capacity/emergency preparedness
- Patient dumping (EMTALA)



TYPICAL PHYSICAL PLANT FINDINGS

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Backflow

Not a wasting tee



Backflow

This is a wasting tee
(notice the drip at
the bottom)



Backflow

Another wasting
tee



Backflow

RPZ (Reduced Pressure Zone backflow device) w/ Annual Inspection Tag

Do you know hazard levels and what type(s) of device are appropriate?



Is backflow protection needed?

Does it fill from above the rim?

Does it recirculate water?

If it has internal RPZs, who is qualified to test them?



Backflow Questions

It is acceptable to connect multiple automatic scope reprocessing machines through one RPZ ?

Has equipment been added? Do you routinely do a facility wide survey?





Legionella

- Cooling towers
- Potable water
- ASHRAE 188 finally published
 - Addition, renovation, new construction design
 - Facility survey, document existing system
 - Water management (treatment/maintenance/testing)
 - Contingency
 - Annex A: health care facilities (the value of having a highly qualified Infection Preventionist)

Backflow - dialysis hookups

Good:

- Handwashing maintained
- Drain can be air-gapped
- Supply must be routinely exercised
- Drain P-trap must stay wet



Backflow - dialysis hookup

- Actual finding
- How many violations can you find?



Handwashing

How embarrassing

(the note says "do not use - leaks downstairs")

Does the lab still have handwashing sinks throughout?

Do all radiology rooms have handwashing sinks?



Splash contamination

Use wall hung
lavatory or splash
shields for staff use
sinks

Use large capacity
disposable towel
dispensers



Inaccessible sink

Note that the Market Forge cup sink is too small and equipped with spring loaded push control (not "hands free" controls)

Wonder how it gets cleaned or if the trap has dried out



Unsupervised, unsecured crash carts

- Inventory controls are not a means for security
- This one had the inventory control in place, but allowed access to some medications
- How soon after use are your crash carts replaced?



Non UL 1363A relocatable power tap

Check your
anesthesia and
crash carts too

(Some will want to
argue that the
defibrillator isn't
plugging in while in
use, but advise
against creating
that atmosphere
during a CMS
survey)



Portable eye wash

- Only acceptable if in addition to OSHA acceptable eyewash
- Recommend eliminating need for eyewashes where possible
- Having both types confuses staff, recommend having only OSHA approved



Eyewash – poor design

Has to be tested routinely,
so every time there'll be a
wet floor.

Why not just plumb it to
the drain?



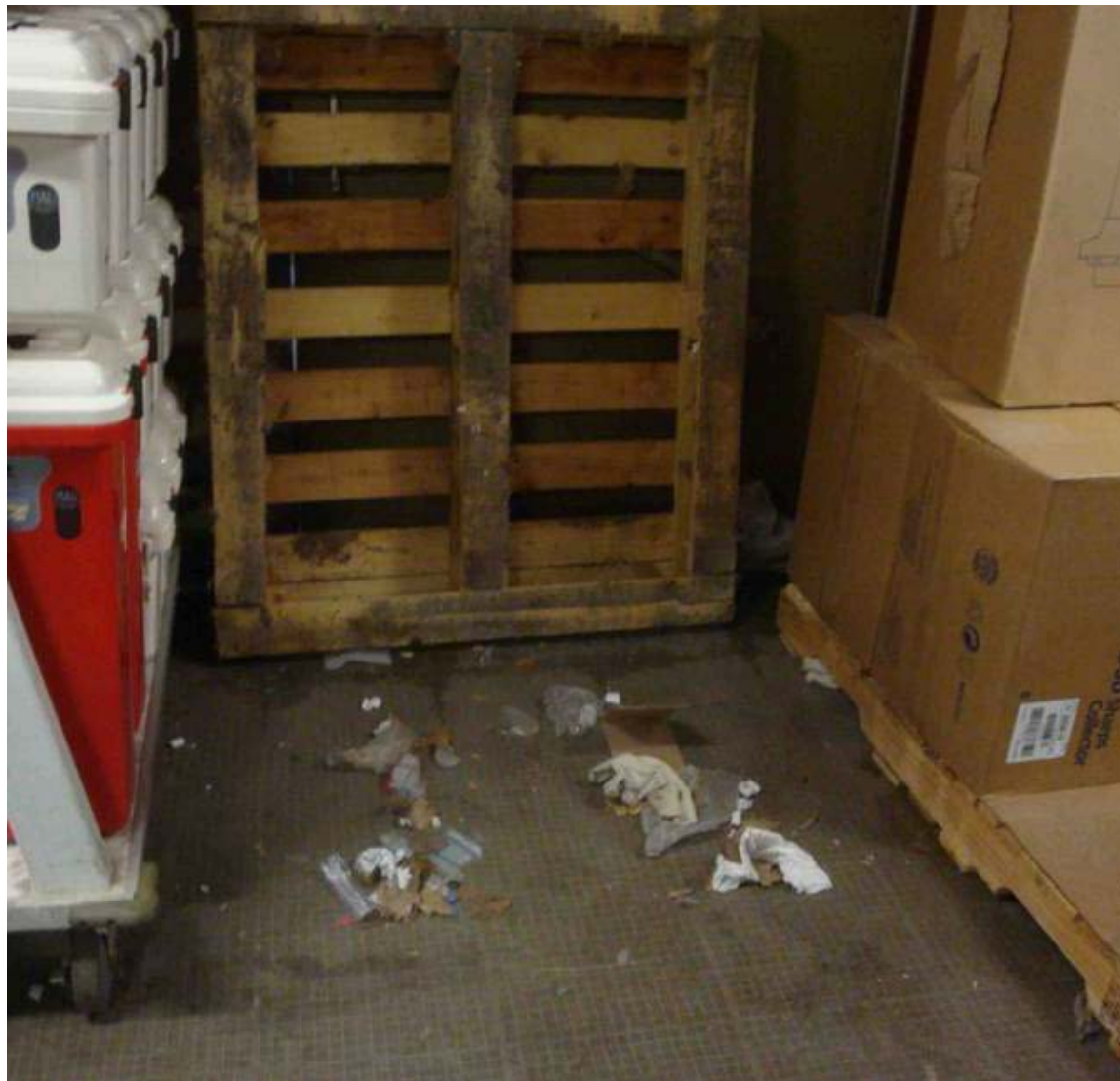


Sloppy practices:

- Poor housing (often not the fault of housekeepers)
- Food/drink throughout clinical spaces (do you want vermin, pest control measures applied in those places?)
- Excessive storage/office functions in nurseries (special concern in NICU's where they're never empty to do terminal cleaning)
- Excessive storage in surgical suite (only items that might be used for the next case belongs in O.R.s or interventional radiographic rooms)

Shipping pallets

- Inappropriate beyond the receiving dock
- Could be a food code violation, so...
- Why would you store clinical supplies here? (especially catheters that are often stored individually in 2 mil plastic bags)



Medical gas zone valve (& alarms)

- Blocked or not visible
- Found a small hospital with the valves/alarms hiding behind a series of pictures (the volunteers thought the nurse station looked too "clinical")



Medical gas zone valves (& alarms)

Blocked by door swing

Check to make sure all valves/alarms are clearly labeled (especially after renovation)

Avoid department or clinical naming





Sloppy practices: (cont.)

- Vendors don't follow hospital P&P
- PM not done on radiological equipment
- Excessive corridor clutter
- Improper hold-open devices used (clean/soiled areas/rooms cannot have doors kept open)
- ICU patient care modules lack grab bar, nurse call, TP

Nurse call pull station too remote

Recommend
locating on "side"
wall (within
sight/reach from
seated position)
near front lip of
bowl

Recommend solid
plastic cord to be
cleanable and of
a contrasting
color/hue to be
visible



Poor design

No ADA clear floor space outside stall (bench obstructs)

Where is the toilet, sink, nurse call, and storage for soap or towel?

But note nice heavy towel/grab bar outside the stall



Another poor design

Large O.R.'s with
perforated diffusers
push lights to
perimeter of room

The 2 fixtures in the
middle had to be
added (otherwise
would have been
the darkest part of
the room)





HVAC findings:

- Improper net air flows/monitoring
- Poor filter maintenance/monitoring
- Hazardous exhaust not labeled
- Improper door hold-open practices
- Space fans in use
- Construction odors/dust
- No cooling under emergency power

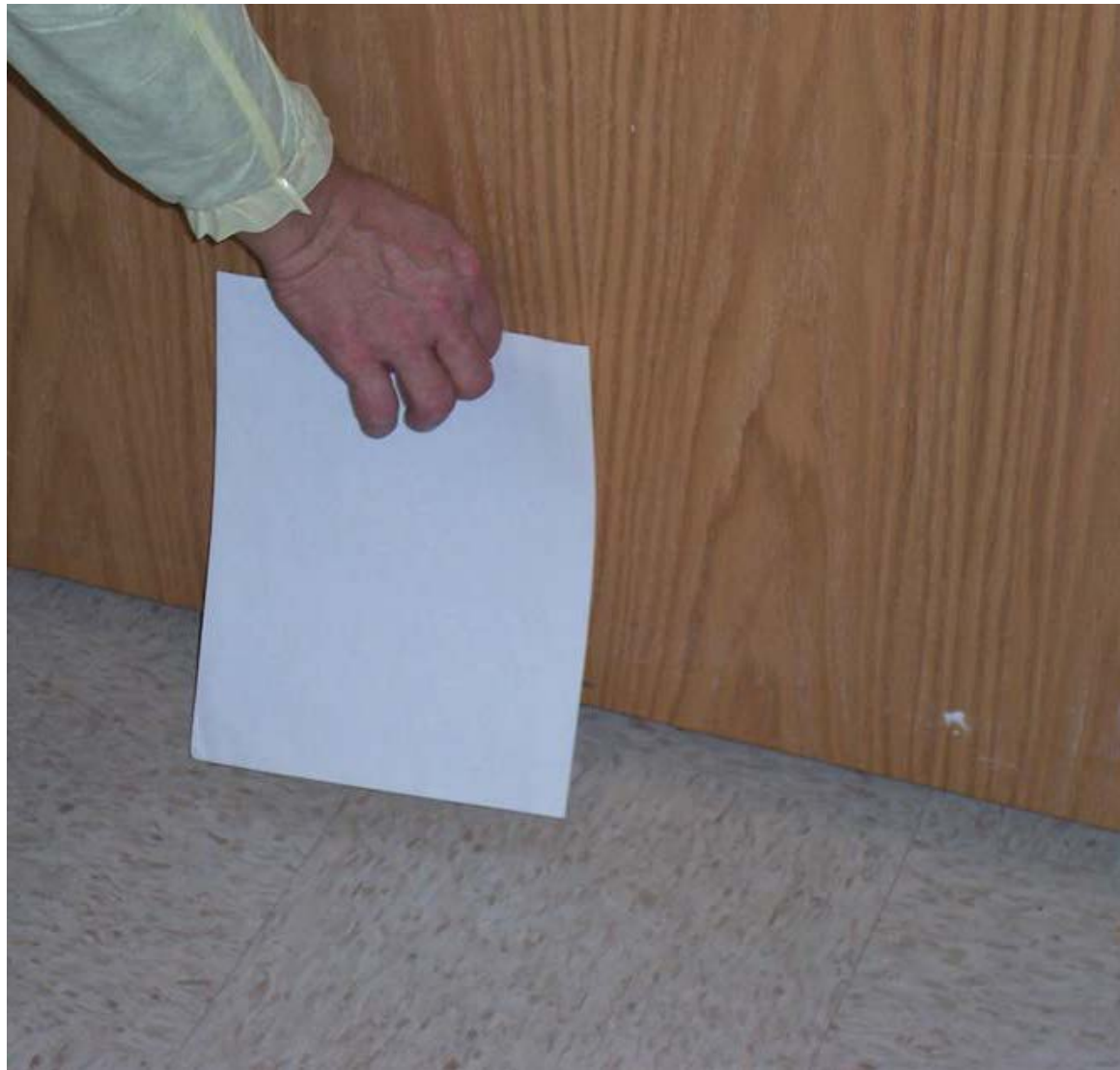
Proper pressurization (critical)

Positive

- OR, delivery, interventional
- I.V. admixture
- Chemo inpatient (some)
- Sterile processing

Negative

- Infectious isolation
- Bronchoscopy
- Chemo admixture
- Autopsy
- ETO
- Patient decontamination
- Xenon 133



Continuous pressure monitoring for iso-room

FGI requires visual but not audible

Even with pressure monitors facilities CDC requires once per visual checks (e.g. smoke trail, flutter strip) and daily when in use for TB.

Door(s) from isolation room must have closer





HEAVY DUTY

B Precisionaire 20x25x2

HEAVY DUTY

Facet

Pleated Filter

20x25x2





Hazardous exhaust fan

Ductwork and fan
should be clearly
labeled

Even access to the
fan could be an
issue



Pressure loss gauges

Not labeled

Calibration not maintained

Central monitoring can't tell full story of the condition of filters

Does maintenance know what departments a given unit serves before shutting down for service?





A FEW LIFE SAFETY FINDINGS

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Improper sprinkler

Drop ceiling was removed, but downward aiming head was never reversed after renovation



Storage in front of door

The 20 minute door in this case becomes part of the 1 hour wall





Miscellaneous issues:

- RACE
- OSHA
- MRI safety
- Battery Recycling
- Confused surgical suite layouts (improper travel and/or gowning)
- Use of space fans (shows inadequate HVAC performance)
- ARC flash safety measures not well implemented

Nursing Home fire

- Started by resident around midnight who was smoking at his window
- Of course it was winter in the U.P.
- Cross corridor doors very effectively stopped the fire/smoke



Nursing Home fire

- Point of ignition
- Residents were not evacuated (did not survive)
- Door from the sleeping room to corridor was not closed



Proper labeling

- Does your lab refrigerator that is used to store specimens with flammable liquids include this label?



SCBA's

- Not maintained
- Staff not trained
- (At least they knew where they were)





Compressed air

> 30 psi, no safety tip = OSHA violation



Machine guarding – common violations

- No guard on backside (common violation)
- Check for nip/pinch points (dish machine)
- Guards not replaced after maintenance



MRI related safety

- Make sure you have dedicated non-magnetic tools/supplies
- Recommend dedicated closet nearby
- Simplyphysics.com flying objects
- Stay clear of quench discharge



Battery recycling

- Properly taped
- See 04/03/2009 DOT letter
- What happens if they're not properly taped?.....







Disaster Planning

- Disasters come in many sizes & flavors (2012)
- After years of construction do you still have full boiler redundancy (number/fuel)?
- How far down do you let the emergency generator fuel get before you refill (96 hours, with sludge/expansion accounted for?)
- Provisions for emergency powered cooling?
- How many days worth of everyday supplies (food, drink, linens, nursing supplies) are still stored on-site?



Renovation issues:

- Infection Control Risk Assessments
- Walk-off mats
- Maintaining 1 hour smoke tight separation
- Seal ductwork
- Proper phasing
- Proper use of zip walls
- Net (discernible) air flow towards renovation
 - 24/7 monitoring and documentation
 - Emergency power to fans and alarms

Proper/effective matting

Coming out:

- 1st – wet
- 2nd – dry
- 3rd – sticky
- Large enough
- Change often enough



Protect all ductwork

- Seal supply ductwork
- Filter return/exhaust (as needed to provide net air flow towards renovation)



Which way is the air blowing?

- Is the clinical sink still there?
- Each phase must be fully equipped with all needed and proper support facilities
- This applies no matter how small/short of duration the phase



Water intrusion

- Every room was flooded in this nursing home after a day of rain
- Immediately closed
- License was lost (judge said stupid people shouldn't be running nursing homes)



Signs do not make up for planning

- What is your plan?
- The 500 year storms are coming more often





Value of routine compliance checks

- Fresh set of eyes with a regulatory perspective
- Compliance waivers over time
- Avoids panic during survey (which never impresses)
- Major corrections can be done before, examples:
 - Complete new smoke alarm system needed (hospital wide fire watch posted until the work was completed)
 - 250+ shower nurse calls had to be added (fortunately the hospital had major projects on-going, so a nurse call vendor was already on-site)

Thank you

Contact us

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