



SHARED EXPECTATIONS

It is the shared expectation of the provider community and the Division of Quality Assurance (DQA) that all parties will be treated with respect, dignity, and professionalism during the survey process and subsequent interactions. The ultimate goal of the survey is to promote quality resident care and services. Regardless of the survey outcome, both surveyors and nursing home staff should feel that the survey was conducted fairly and in a transparent manner consistent with the CMS Long Term Care Survey Process Procedure Guide, effective February 6, 2021.

1. The nursing home administrator (NHA) is responsible for the overall management of the facility. The NHA may delegate certain survey-related responsibilities to the Director of Nursing (DON). Upon commencement of the survey, the facility will inform the DQA team leader which staff person is the primary point person for the facility during the survey process.
2. The survey team leader is responsible for the activities and schedule of the survey. The DQA team leader does not have direct supervisory responsibility over the survey team; provider concerns should be brought to the individual surveyor and/or the team leader. All parties agree that issues or concerns that arise during the survey are best addressed on-site. However, in the event that a situation is escalating, the Regional Supervisor for the surveyors is the correct party to become involved.

Provider concerns that arise during the survey that cannot be addressed on-site should be referred to the DQA Regional Field Office Director/Supervisor. DQA concerns should be brought to the attention of the NHA or DON. If issues cannot be resolved or consist of a bigger concern, please contact the Deputy Bureau Director then the Bureau Director at BNHRC Regional Office Map and Contacts.

JOINT RECOMMENDATIONS OR STATEMENTS OF EXPECTATIONS

The following recommendations or statements of expectations are offered jointly by DQA and the provider community.

- Upon entrance to the facility the team coordinator will introduce the survey team members and any staff in training. If other staff join a team such as a consultant or the Regional Manager, inform the NHA.
- At the commencement of the survey, the facility representative and DQA team leader will meet to discuss their common understanding of how surveyor-facility communications will occur during the survey process and what information should be gathered to enable the surveyors to complete their assigned tasks.
- In the event the demeanor or conduct of facility staff during the course of the survey is viewed by a survey team member as being inconsistent with the common expectation depicted above, the survey team leader shall be notified. The team leader shall, in turn, alert the nursing home administrator (NHA) to the nature of the concern. Similarly, if a concern is expressed by facility staff that surveyor demeanor or conduct is not meeting shared expectations, the NHA shall be notified. The NHA shall, in turn, communicate that concern to the survey team leader. In either event, the team leader and administrator shall attempt to address and informally resolve all concerns expressed by or about their respective staff.
- When being interviewed by DQA surveyors, a facility staff member may request to be accompanied by another member of the facility staff. Such requests will be accommodated by DQA unless confidentiality or privacy concerns dictate otherwise.

- Whenever possible, on-site resolution of survey findings, concerns, or problems is encouraged. DQA surveyors will share information about potential deficiencies as permitted under the federally-prescribed Long-Term Care Survey Process. DQA encourages facilities to provide surveyors with additional information and documentation, as appropriate, to clarify any potential deficiencies.
- Facilities are encouraged to provide, as necessary and appropriate, additional information or documentation to DQA prior to issuance of the *Statement of Deficiencies* (CMS-2567); these materials may be submitted after the survey team exits the facility. If these materials are submitted in a timely manner, DQA agrees to acknowledge that they were reviewed and considered prior to issuance of the final CMS-2567. This is not meant to circumvent or replace the Informal Dispute Resolution (IDR) process.
- Facility nursing policies and procedures should reflect a recognized standard of practice. The Clinical Resource Center (CRC) (wisc.edu), provides free access to the Society for Post-Acute and Long Term Care Clinical Practice Guidelines, is an excellent source of recognized standards of practice. DQA acknowledges that many standards of practice exist for specific clinical areas. DQA will not issue a citation simply because one standard may be “favored” over another.
- DQA may, as appropriate, share information on facility best practices and innovations. In doing so, the provider community acknowledges that the sharing of this information is intended to improve the care and services to Wisconsin’s nursing home residents; it does not constitute an endorsement of such practices or innovations or imply blanket immunity to regulatory actions if adopted or followed.
- Regardless of the survey outcomes or performance, all providers are encouraged to complete the DQA *Post Survey Questionnaire* (DQA form F-62579), available at <https://survey.alchemer.com/s3/7754814/DQA-Post-Survey-Questionnaire>.