8-18-2025 Weekly Clinical Update

On August 13, 2025, McKnight's published an article titled, "CMS Kicking Survey Enforcement into Higher Gear, Experts Caution". That article emphasizes the increased scrutiny of CMS surveyors related to psychoactive medications and schizophrenia diagnoses. The article pointed out that CMS is re-starting the Schizophrenia Surveys, especially since the regulatory changes on April 28th moving the regulation for those drugs to F605, Chemical Restraint Abuse tag. So, this week, let's talk about a schizophrenia-focused surveys. If your nursing home is facing a schizophrenia-focused survey, it's likely part of CMS's intensified scrutiny around diagnostic accuracy and antipsychotic use, especially given the impact on the Five-Star Rating System. Here's what to expect and how to prepare:

- What to expect during a schizophrenia survey
    - Chart reviews
        - Surveyors will closely examine documentation supporting schizophrenia diagnoses, especially for residents receiving antipsychotics
        - They can and do interview practitioners who ordered the medications including psychiatric practitioners
    - Diagnostic validity
        - Expect scrutiny on whether schizophrenia diagnoses are clinically justified, not used to bypass antipsychotic quality measures
        - Surveyors want to see the history including assessments over time to substantiate the diagnosis
    - Resident interviews
        - Surveyors may speak with residents to assess understanding of their diagnosis and treatment
    - Staff interviews
        - Staff may be asked about care planning, medication rationale, and behavioral health interventions including non-pharmacological interventions
    - Impact of ratings
        - A flagged schizophrenia diagnosis can suppress short-stay and long-stay quality measures for up to 6–12 months
- How to prepare effectively for a schizophrenia survey (see last bullet in this section)
    - Prepare a "Schizophrenia Book" if you have ANY…even one resident with a diagnosis of schizophrenia and is ordered antipsychotic medications and keep all audit, copies of all consulting pharmacist reports related to

psychoactive medications, psychiatric consult reports, medication records including dates of latest GDRs

- Audit Diagnoses
  - Review all schizophrenia diagnoses for accuracy and clinical justification
  - Ensure diagnoses are made by qualified professionals and supported by psychiatric evaluations
- Review Antipsychotic Use
  - Confirm that antipsychotic prescriptions align with documented diagnoses
  - Evaluate non-pharmacological interventions and document their use and the effectiveness of the non-pharms
- Update Care Plans
  - Ensure individualized care plans reflect behavioral health needs and interventions
  - Include interdisciplinary team (IDT) input and resident/family involvement.
- Train Staff
  - Provide targeted training on schizophrenia, antipsychotic stewardship, and trauma-informed care by having all training records
  - Practice mock survey interviews to boost staff confidence and consistency
- Use Critical Element Pathways
  - Leverage CMS's updated Critical Element Pathways to anticipate surveyor focus areas
  - These act like an "open book test" for compliance readiness
- Strengthen Documentation
  - Ensure psychiatric consults, medication rationales, and progress notes are thorough and timely
  - Avoid vague or outdated entries that could raise red flags
- Prepare a Survey Book
  - Include diagnostic summaries, medication reviews, care plans, and training logs
  - Keep it organized and updated weekly

- Schizophrenia Diagnosis and Antipsychotic Use Audit Checklist

🔍 Resident-Level Review

Audit Item	Yes/No	Notes
Diagnosis of schizophrenia is documented by a qualified practitioner (e.g., psychiatrist, neurologist)	☐	
Psychiatric evaluation includes DSM-5 criteria and symptom history	☐	
Diagnosis is not solely based on behavioral symptoms or dementia-related behaviors	☐	
Antipsychotic use is clearly linked to schizophrenia diagnosis in progress notes	☐	
Non-pharmacological interventions attempted and documented	☐	
Informed consent for antipsychotic use is documented	☐	
Care plan includes behavioral health goals and medication monitoring	☐	
Medication regimen reviewed by pharmacist or IDT at least quarterly	☐	
Resident/family education provided on diagnosis and treatment	☐	

📁 Documentation & System-Level Review

Audit Item	Yes/No	Notes
Facility policy outlines criteria for schizophrenia diagnosis and antipsychotic use	☐	
Behavioral health consults are accessible and timely	☐	
MDS coding (Section I) aligns with clinical documentation	☐	
QA/QAPI includes review of schizophrenia diagnoses and antipsychotic use	☐	
Facility tracks antipsychotic rates and trends monthly	☐	
Staff training logs include behavioral health and trauma-informed care	☐	

Having the entire Interdisciplinary Team prepared for this potential, “extra” survey is essential to effectively & successfully preparing for, and managing a schizophrenia survey. They have NOT gone away, even though standard surveys are behind…they have not gone away. Besides, it’s just good practice and proves good care for the facility to be prepared.