



The Arc New York “Survey Ready Staff” Guidance

Do’s and Do Not’s to be a “survey ready staff”

DO:

Pre-Survey

- Clearly identify the agency survey designee(s) for the site/service
- Ensure staff have available the contact information to the agency survey designee(s) for the site/service
- Ensure agency numbers to contacts for survey questions are readily available to all site/service staff (*i.e. administration, quality improvement, compliance, relevant clinical and nursing staff*)
- Have a simple means for staff to notify all relevant parties of the arrival of surveyors (*group email listings are a good option*)
- Ensure that agency survey designee(s) have knowledge of and access to the electronic health record systems (EHRs) to assist surveyors in record review (as applicable)
- Ensure the prior survey(s) results are on site and shared with all site staff and management
- Conduct announced and unannounced mock surveys
- Emphasize to staff that they should expect to have their skills and knowledge of the individual’s, site/service and agency challenged by surveyors

During the survey

- **BE HONEST**
- Present yourself in a professional and confident manner
- Ask for identification upon entry, follow agency policy on visitors
- Have survey team sign in (if applicable to site/agency policy and procedure)
- Introduce yourself to the survey team and advise you will need to notify your administration
- Contact your administration to report the survey – Ask for assistance if needed
- Introduce the individuals to the surveyors to ensure their comfort level
- Make surveyors comfortable
 - Offer quiet location to work, internet access, beverages, local eateries for lunch, etc.
- Let the agency survey designee be the primary point of contact
- Attend the Entrance Conference (if directed by your agency)

Do's and Do Not's to be a "survey ready staff" (continued)

DO:

Addressing the surveyor(s) and their questions

- Be readily available
- If you are unsure, advise the surveyor "I'll find out" as opposed to "I don't know", then follow up right away using site resources, administrative assistance, etc.
- Utilize resources to answer surveyor questions – documents, schedules, calendars, etc.
- Stay within your knowledge base- defer to other with more expertise (Nurses, Behavior Intervention Specialists, clinicians)
- Avoid stories, examples, and elaboration
- Present the facts – "Just answer the question"
- Correct yourself if you misspeak
- Bring any areas of disagreement to your agency survey designee and management for appropriate follow-up and discussion
- Know the regulations & agency policies and procedures

Post survey

- Attend the Exit Conference (if directed by your agency)
- Once surveyors depart, share your observations and experiences with the agency survey designee and other relevant staff and management

DO NOT:

During the survey

- **LIE or falsify ANY information**
- Update or create records unless expressly advised by documented surveyor request (typically as part of immediate corrections) and approved by agency administration
- Act any differently than a "normal day"
 - Do not adjust activities, staffing levels, etc. simply for the sake of the surveyor's presence
- Assume the agency and/or program has done something wrong
- Sign any survey documents unless you are the agency survey designee for the site/service

Addressing the surveyor(s) and their questions

- Avoid the survey team
- Watch surveyors do their work (outside of the program tour)
- Argue, become confrontational, bring up surveyors or survey experiences
- Present information that is outside of your knowledge base
- Get flustered – surveyors understand it can be nerve-wracking, it is ok to be a little nervous
- "Invent answers" or make excuses – just explain
- Blame other departments/areas of the program and/or agency as a whole

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Post survey

- Personalize any results
- Share results with anyone other than who the agency authorizes

Statute

Mental Hygiene Law § 16.11

(1) The review of facilities issued an operating certificate pursuant to this article shall include periodic visitation and review of each facility. Reviews shall be made as frequently as the commissioner may deem necessary but in any event such inspections shall be made on at least two occasions during each calendar year which shall be without prior notice, provided, however, that where, in the discretion of the commissioner, an operating certificate has been issued to a program with a history of compliance and a record of providing a high quality of care, the periodic inspection and visitation required by this subdivision shall be made at least once during each calendar year provided such visit shall be without prior notice. Areas of review shall include, but not be limited to, a review of a facility's: physical plant, fire safety procedures, health care, protective oversight, abuse and neglect prevention, and reporting procedures.

Types of Surveys (Post 10/1/16)

- ICF Site Survey (ICFs) – Same surveys that have always been conducted, may involve DOH surveyors
- Non ICF Sites – IRAs, Community Residences, Day Habilitation
 - Full Site Review
 - Person Centered Review
 - Agency Review
 - Partial Review – Complaint, monitoring, validation, supplement
- Life Safety Code (LSC) surveys with Office of Fire Prevention and Control (OFPC)

Typical Areas of Review:

- Heightened Scrutiny Triggers
- Physical Plant Condition
- Identify high risk issues: supervision, behavior supports, mechanical restraints, rights limitations, current illnesses, oxygen use, fluid intake, discharge from hospital follow up, skin integrity, diabetes management., eating/swallowing & food prep, medical follow up, Time Out, physical interventions, etc.
- Personal allowance
- Incidents and investigations
- Fire Safety (evacuation plans, individual safeguards, fire drill reports, alarm systems and equipment)
- Mealtime observation(s)
- Medication Administration Systems
 - Agency medication management policy and procedures

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- Record review: Bowel management, breast exams, semi-annual nursing a medication regimen reviews, labs, physician orders, medical appointments and follow up, nurses notes, RN verification of new orders, etc.
- Medication Administration Records
- Medication storage including medication separation and security
- Medication pass observation
- Addressing of medication administration and documentation errors
- Review of Medication Certifications
- Discussion of Nursing coverage and availability
- Infection Control processes and supplies
- Health-related training issues
- Deaths
- Interviews with the site RN, Manager, Administrator and additional staff as necessary
- Interviews with the individuals and their family and/or advocates as necessary
- Review of the previous State Exit Conference Form or Statement of Deficiency