

# Designing a Targeted Nursing Home Recertification Survey

Nursing home residents, staff and care partners rely on the Centers for Medicare and Medicaid Services (CMS) and state survey agencies (SSAs) to provide effective and timely oversight of nursing homes. As the NASEM report and Congressional leaders have made clear, major innovation is required to meet these demands. The Coalition will work with at least one SSA to develop and pilot a data-driven, two-day targeted recertification survey. This survey will facilitate an agency's ability to improve and sustain capacity to complete surveys in a timely manner, while boosting inclusion of residents' voices in oversight processes overall.

## Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"The Centers for Medicare & Medicaid Services (CMS) should develop and evaluate strategies (including the evaluation of potential unintended consequences) that make nursing home quality assurance efforts more effective, efficient, and responsive, including potential longer-term reforms."  
(Recommendation 5B, p. 527)

*The Coalition thanks the  
Quality Assurance Committee  
for writing this Action Plan.*

## Purpose

The Coalition believes that all nursing homes should be held responsible for delivering quality care, and consistently poor care should be addressed to ensure that residents and the broader community receive the care they need and want. However, state survey agencies (SSAs) may have limited resources to sufficiently focus on person-centered care and high-need and high-risk areas in nursing homes, while continuing to assess baseline compliance with state and federal regulations.<sup>1</sup>

Traditional (annual) and complaint surveys are intended to oversee and assess nursing homes' compliance with state and federal regulations. However, residents consistently note that their voice is rarely included in the current survey process.<sup>2</sup> This action plan seeks to improve the inclusion of resident voices both in terms of the content of the recertification survey itself and the time it seeks to free up for critical activities.

This action plan proposes a targeted recertification survey – a two-day version of the traditional recertification survey skilled nursing facilities and nursing facilities are required to undergo by the Centers for Medicare & Medicaid Services (CMS). The intent is to allow SSAs to dedicate more surveyor time to focus on nursing home complaint investigations and nursing homes with a history of non-compliance or lower quality measures (QMs).<sup>3</sup> The targeted recertification survey is designed for eligible nursing homes with a strong and consistent record of compliance, as demonstrated by past survey scores, staffing measures, and QMs. The new survey process could become part of the standard set of federal (CMS) recertification surveys conducted every nine to 15 months.

If successfully implemented, the targeted recertification survey would allow for better overall SSA functionality – including more efficient use of SSA resources, more consistent recertification surveys, and more timely complaint survey investigations. All of these improvements are key to effective oversight of nursing home compliance and earlier intervention when lower performance is identified.

In the short term, co-designing and piloting this survey with at least one survey agency will:

- Use data to determine nursing home qualification for a targeted survey based on past compliance history, staffing measures, and identification of high-risk quality metrics (CMS QMs).

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<sup>1</sup> See the U.S. Senate Special Committee on Aging 2023 report, “Uninspected and Neglected: Nursing Home Inspection Agencies Are Severely Understaffed, Putting Residents at Risk,” [here](#).

<sup>2</sup> As part of the Coalition’s work, Barbara Bowers (Steering Committee Member) has led a resident focus group and nationwide network to gather resident input. A report of this input will be posted on the Coalition website.

<sup>3</sup> See CMS’s QMs [here](#).

- Test and validate a new targeted recertification survey consistent with the standards of the traditional survey, to address compliance with quality of life and quality of care regulations. (Note: while a two-day targeted recertification survey is proposed here, it is possible that the length of time may vary, as determined during co-design of the new survey).
- Develop and adopt resident-centered interview protocols that will elicit more direct inclusion of resident voice in how the nursing home is meeting their goals and supporting their quality of life (see below).
- Complete post-survey interviews of residents and/or responsible care partners to obtain their feedback and perspectives on the targeted survey process.
- Complete post-survey interviews of surveyors and nursing home providers concerning the targeted survey process.

**Goal:** Develop a Targeted Recertification Survey to pilot in at least one state with one to two survey teams for roughly six to nine months.

## Phases of Work

### Progress to Date

The Committee has completed a general outline of what the targeted recertification survey will entail. This outline can be found in the action plan appendix. Additional details about which elements of the current traditional (annual) survey will be included and which ones will be omitted, as well as other more specific design elements will be part of early work in Year 2 (beginning July 2023).

The Coalition has begun discussions with CMS (the Office of the Administrator and the Center for Clinical Standards and Quality) as well as with government leaders in multiple states about the possibility of collaborating to co-design and pilot a targeted recertification survey with at least one SSA. A priority activity early in Year 2 will be to determine how to work with CMS and what falls under the primary authority of the state (as opposed to CMS or another federal agency). Ultimately, if a new survey is to be adopted nationally, CMS will need to be involved.

The Coalition has outlined a set of potential criteria for determining whether nursing homes will be eligible for participation in the targeted as opposed to traditional survey, including:

- The nursing home has had no G-level (actual harm) or higher citations in the prior three years – following the State Operations Manual (SOM) descriptions of deficiency classifications in the Scope and Severity Grid.<sup>4</sup>
- The targeted survey would not be used for initial certification or for the first recertification after a change of ownership.
- The nursing home’s high-risk QMs are better than the national averages. (Note: greater consideration will be given to the nursing home’s survey history and ownership stability than QM scores.)

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<sup>4</sup> See “[Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users’ Guide](#)” (CMS, 2023.)

## Proposed Timeline

Activity	Completion Date
Confirm pilot state selection. Document agreement on collaboration with SSA. Inform CMS.	October 2023
Co-design the targeted recertification survey protocol with an identified SSA director and team. Include surveyor instructions/training, as well as how the new model will align with the State Operations Manual (SOM) Appendix P (see Appendix for more details.)	April 2024
Finalize administrative logistics, regulatory approval, and evaluation protocols for the pilot to prepare for testing after June 2024. Consider potential funding opportunities to support evaluation.	June 2024
Pilot test the targeted recertification survey process. The pilot will be run alongside with traditional survey for comparison and evaluation, in the manner determined by the Coalition and the SSA.	To begin upon completion of the previous activity.

## Additional Details

### Partners and Stakeholders

**State Survey Agency:** At least one SSA is needed to co-design and ultimately pilot the model.

**CMS Division of Nursing Homes Senior Leader:** CMS will need to be informed and provide some support. The Coalition is determining the degree to which CMS approval is needed.

**An Evaluations and Analytics Team:** The team will be needed throughout the work. Part of Year 2 work will involve identifying funding sources to support the evaluation team.

**Diverse Stakeholders:** Leading voices from nursing homes, the Coalition resident focus group, state professional nursing home association chapters, advocates, and the Association of Health Facility Survey Agencies (AHFSA) are needed as advisors in the planning and testing phases of this action plan. Current or previous SSA directors and senior leaders as well as current or recently employed nursing home surveyors will be recruited to be part of the co-design team. Nursing home residents should be engaged in understanding and participating more in the survey process.

### Equity

There is considerable variability among nursing homes in terms of resident demographics and backgrounds. It will be important to consider race, ethnicity, and socioeconomic status (typically reflected in nursing home payment sources) when pilot testing the new survey process. The new survey will need to be co-designed and reviewed by individuals that have expertise in evaluating programs for diversity, equity and inclusion. Specifically, the goal is to promote equal access to quality care for people living in nursing homes and to identify any potential care disparities based on race, ethnicity or other characteristics that may be affected by this model.

### Sustainability and Financing

If the targeted recertification survey, as part of the portfolio of state surveys, leads to more efficient and effective survey enforcement processes, then the targeted recertification survey process is likely to be sustainable and replicable in multiple states.

An improved process may lead to sustained ability for an SSA to maintain efficient survey timelines for complaints and keep up with the CMS nine-to-15-month window for recertification surveys. The SSA will have greater oversight capability with nursing homes

with lower performance, while still maintaining timely enforcement and oversight frequency for all nursing homes. This process also supports greater inclusion of resident input.

Inclusion of a two-day targeted recertification survey will be cost neutral to the SSA. It will improve overall resource allocation to promote timely completion of all surveys and improved timeframes for conducting complaint and annual surveys. There may be some additional costs to states during the pilot. If surveyor turnover is reduced, increased staff stability will lower state costs overall.

Benchmarks for an improved survey process include:

- More timely recertification surveys through a blend of targeted and standard processes.
- More timely response to complaints and reportable incidents.
- More timely revisit surveys for nursing homes with higher risk for harm or higher harm citations (Scope and Severity G level, actual harm or above).
- Improved focus on person-directed care elements.

## Appendix

# Proposed Outline for the Two-Day Targeted Recertification Survey Pilot

*The following is a high-level overview. Additional details about which elements from the traditional survey will be included and which will be omitted from the targeted recertification survey will be determined during early Year 2.*

### Day 1 – Resident-centered onsite observation and interviews

- Environmental rounds, general environment, staff/resident interactions and infection control – using current protocols per State Operations Manual Appendix P (not always available to the public) and Appendix PP.<sup>5</sup>
- Resident-centered interviews – based on other Coalition work related to person-centered care.
- Staffing review – using payroll-based staffing journal (PBJ) data and current two-week staffing schedule per current traditional survey protocol.

### Day 2 – Record review

- High-risk areas – based on QMs identified for nursing home based on pre-entrance QM data – as determined by initial co-design work.
- If an area is worse than national standards, then:
  1. Use CMS established critical element pathways currently used in the traditional survey process.
  2. Use current critical pathway of infection preventionist interviews.
  3. Interview Administrator, Director of Nursing/Assistant Director of Nursing, Director of Social Work, and Medical Director.

### End of Day 2

- If no harm level deficiencies or higher (G level or actual harm) citations are identified, then the survey is considered complete, and the survey team writes up the results on the standard survey form.
- If harm level deficiencies are identified, the survey team will complete the traditional recertification survey per Appendix P. *Triggers for a full traditional survey must be developed by the Coalition during the pilot phase. This has yet to be determined and will be part of work early in Year 2 (July-September 2023).*

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<sup>5</sup> See Appendix PP [here](#).



**Note: Traditional Surveys will be conducted during the pilot**, per CMS State Operations Manual. Traditional survey outcomes will be compared to targeted recertification survey outcomes during the pilot.

- The co-design phase will determine the pilot process while continuing current recertification surveys.
- After the completion of each survey, the evaluation team will work with the SSA to compare outcomes and deficiencies identified in the traditional and targeted models.
- The evaluation team, along with the SSA, will use available comparative data to determine any significant citations that were not identified on the targeted recertification survey.

## Acknowledgements

The Coalition thanks the Quality Assurance Committee.

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