



**Department of Health and Welfare Contract**  
**Study Relating to Division's Non-Compliance with CMS Survey Time Requirements**  
**Executive Summary**

*Background*

The Division of Licensing and Certification in the Idaho Department of Health and Welfare licenses and certifies 13 different types of facilities and agencies, and it provides oversight to over 3,400 health care and residential facilities with over 22,000 treatment beds across the state.

The Division is comprised of seven work teams. This report represents an analysis of one of the seven teams--the Long-Term Care Team. The Long-Term Care Team inspects nursing facilities for state licensure as well as for federal certification with the Centers for Medicare and Medicaid. Federal Certification allows facilities to receive Medicare and/or Medicaid payments.

Although references are made to the Division, the analysis and recommendations in this report are limited to the Division's Long-Term Care Team. Please see the Division Organizational Chart at Tab 11.

The Division of Licensing and Certification is not in compliance with the Federal requirement for conducting annual surveys of nursing facilities. The Division of Licensing and Certification is experiencing a high turnover and vacancy rate. At the beginning of this project seven of thirteen positions were vacant; at the time of this report there are six of thirteen positions that remain open. The Division has entered into a contractual agreement with an outside agency to assist with the federal certification surveys.

In addition, the Division is under scrutiny from the Provider Community, with negative reports relating to the survey process itself, high citation rates at high scope and severity, as well as inconsistencies in citations as compared to other States.

*Scope*

- Identify inconsistencies in survey data when comparing Idaho to three standard survey States (Alaska, Wyoming and Montana).
- Study the organizational culture of the Division.
- Search for data correlations that will lead to causes and solutions for vacancy rate, high turnover and any identified survey inconsistencies.
- Answer the question: "What do all the issues mean to the quality of care being provided to the citizens of Idaho?"
- Provide recommendations.

### Summary of Findings

There are four major issues leading to failure to comply with CMS Survey Timing Requirements:

1. **High rate of employee turnover and vacancies** caused by
  - poor hiring practices
  - inadequate pay
  - low employee engagement

These lead to

- a stressful working environment
- strained communication
- lack of team cohesion and cooperation

2. **The high number of high scope and severity citations** (G level citations) lead to an increased number of visits. Idaho leads all three comparative States in G level citations. Reasons include:
  - surveyors are stricter than their out-of-state colleagues in interpreting, applying and citing CMS Requirements
  - based on results of Informal Disputes, surveyors have a mentality of cite first, justify later and often do not consider all of the available evidence
  - lack of quality systems and processes at a provider level.
  - poor communication and rapport between providers and the surveyors

3. **The high number of failed revisits** adds to surveyor workload.

The number of Idaho survey revisits has increased steadily over the past three years. Reasons include:

- surveyors are stricter than their out-of-state colleagues in interpreting, applying and citing CMS Requirements
- based on results of Informal Disputes, surveyors have a mentality of cite first, justify later and often do not consider all of the available evidence

- inadequate design and/or implementation of plans of correction at a provider level.
  - poor communication and rapport between providers and the surveyors
4. **Surveyor workload is exaggerated** by the style of writing citations, insufficient staffing, and scheduling survey schedule.
- Too much time and effort is going into the Division's documentation of survey citations. The length and detail of citations is far greater than that seen from the comparison States. (Wyoming and Montana are in compliance with the CMS documentation quality measure and do not have such length and repeat documentation when citing survey deficiencies.)
  - The surveyors each must take on duties that would be assigned to the vacant positions, including serving on committees and a variety of other tasks
  - Inefficiencies and scheduling difficulties result from the current policy of alternating weeks between being in the field surveying and being in the office doing paperwork and organizational tasks
  - The Informal Dispute Resolution (IDR) Process is successful in changing a number of survey citations. However, there is a long delay in scheduling. If IDR occurred sooner, revisits could potentially be decreased

In addition to the four major issues above, there may be other issues that are contributing to the present situation. However, the Division is not analyzing and trending data as part of a Quality Improvement Program in order to better understand the data provided by CMS, the survey high scope and severity citations and the revisits. There may be opportunities for improvement that are being missed.

In general, the citizens of Idaho are receiving good care.

- CMS Nursing Home Compare web site identifies Idaho as doing better in many of the quality of care measures than other comparative States.

### Recommendations

Actions must be taken in the areas of hiring, website improvements, consideration of pay increases, succession planning and employee engagement to improve overall job satisfaction and communication among team members.

The Division's Quality Improvement program requires updating with the overall goal of using data to identify and analyze system and process issues and to create opportunities for improvement.

Examination of survey practices and citations requires further review, especially in the areas of revisits and documentation of citations, and the scheduling of IDR's.

There continues to be divisive communication between some Division surveyors and providers. The Division has begun implementing actions to address these concerns. However, further action is required on both the Division and the Provider's part.

The Provider community should consider review of facility systems and processes for facilities that fail revisit, staffing and education, as well as acknowledging the positive work the Division has accomplished in the last year.