**LTCSP Survey Outcome and Activity Report (SOAR)**

**SOAR Guide**

**What is the SOAR?**

The Survey Outcome and Activity Report (SOAR) is a series of Excel spreadsheet tabs that display information about state survey agency (SA) performance of the Long Term Care Survey Process (LTCSP). This guide describes the information provided in each report tab to help report users accurately interpret and use the information. The description for each tab also includes “What to Look For” sections with illustrative examples and suggestions to help spark ideas on using the report to identify patterns and trends in survey performance and support efforts to improve or reinforce state practices.

The SOAR is sent on a monthly basis and displays data from both the past 12 months (**a rolling year**) and quarterly data. Data received up to the end of a month are included in the reports that are sent the following month. For example, the June 2019 SOAR is distributed mid-June and includes data from June 2018 through May 2019. Then in the July 2019 SOAR, the tabs will show data from July 2018 through June 2019. Quarterly data is shown for the two most recent quarters for which data should be complete, with a lag of about two to three months. For example, the June 2019 report would show data from Quarter 4 in 2018 and Quarter 1 of 2019.

**Note: Four new tabs were added to the SOAR as of March 2019. These include:**

* SOAR Select Performance Measures (first tab) – replaces the Overview tab
* SOAR Select Performance Measures – Survey Level (second tab) – replaces the Overview – Survey Level tab
* Potential Citation and Scope/Severity Level: Surveyor Level (third tab)
* 2567 Citations Downgraded or Removed via IDR/IIDR (fourth tab)

All of the current (existing and new) SOAR tabs are described in the remainder of this document. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Select Performance Measures Tab (new March 2019)**

The Select Performance Measures tab displays select measures related to state survey agency effectiveness, efficiency, and workforce. This tab replaces the former “Overview – State, Regional, and National Averages to Date” tab.

For each of the Select Performance Measures, the tab shows the following information:

* **National – Current 12 Months (Except 0% Target for Items 16, 17, 18):** The numbers in this column are provided so that states can assess their values in comparison to the national average or percentage for the past 12 months or, for items 16, 17, and 18, to the target value of 0%.
* **Region – Current 12 Month Period:** Average or percentage for the CMS region with which the state is associated, for the past 12 months.
* **State – Current 12 Month Period:** Average or percentage for the state in the past 12 months.

\*The national, CMS region, and state values for the past 12 months are based on a “rolling year”. For example, in the June 2019 report, the tab will show data from June 2018 through May 2019. Then in the July 2019 report, the tab will show data from July 2018 through June 2019.

* **State – Two Most Recent Quarters:** Average or percentage for the state for the two most recent quarters for which data are available. For example, the June 2019 report may show data from Quarter 1 (January – March 2019) and Quarter 4 from the prior year (October – December 2018). SAs can use the quarterly data to help identify whether changes put in place to improve performance have made an impact as it can be difficult to discern change over time in the 12-month data. In addition, if the quarterly data show a new notable difference, the SA may want to watch the data for the measure over time to ensure that the notable difference between these quarters is just reflective of slight ups and downs over time and not the start of a downward trend.
* **Additional Detail:** This column displays a link that SAs can use to access more detailed information to help analyze potential performance issues related to a notable difference for each measure. The user can click on the link and automatically be taken to a different tab in the SOAR or, for items 18, 23, and 24, to resources outside of the SOAR.

***Note:*** CMS-2567 and CMS-670 data are typically available about two months after the LTCSP surveys are completed. Measures 1 to 8 are based on CMS-2567 data. Measures 19 – 21 are based on CMS-670 data. For reference when considering these measures, Row 26 provides the number of surveys that had CMS-2567/670 data available when the SOAR was generated. Measures 9 to 17 and 22 are based on LTCSP data for all surveys, regardless of CMS-2567 or CMS-670 data availability. Row 25 provides the number of LTCSP surveys completed during the 12 month period. Measures 18, 23, and 24 are calculated based on other data sources.

**What Should You Do with the Select Performance Measures Information?**

*Identify Notable Differences:* States should look for measures for which their value is notably different from the national value or the goal value for items 16, 17, and 18. Notable differences are a flag for the SA to look more deeply at the area being measured and determine whether any survey practice changes could be made.

*Identify the Root Cause:* Once a notable difference is identified, review the survey information on the Additional Details link (or other sources) and determine whether a pattern of particular survey teams, surveyors, or other factors exists.

*Implement Quality Improvement Activities to Address Surveyor Performance:* If concerns with surveyor performance are identified, determine the type of quality improvement activities that should occur.

*Monitor Reports for Improvements:* The SA can then review future SOAR information to determine whether measure values change based on their practice change efforts.

**How Can You Use the Information Accessed by the Additional Detail Link?**

As noted, the Additional Detail link provided for each of the Select Performance Measures shown on the first tab automatically takes the user to a different tab in the SOAR or, for items 18, 23, and 24, to other resources. You can use the information in those tabs or other sources to help better understand your SA’s performance on the measures of interest. Several of the SOAR tabs linked to the Select Performance Measures are set up to allow the user to filter and/or sort the information to facilitate efficient and effective review. Instructions for using this feature are provided in the box below.

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| **Additional Detail Links: How to Filter and Sort SOAR Tabs**   1. Several of the SOAR tabs are set up so the user can easily filter and/or sort the information by various columns. The Select Performance Measures – Survey tab (the second SOAR tab) is one example of a tab that includes filters. The purpose of the filter is to facilitate a more efficient review of the information (e.g., you can filter by county and the area of concern you are reviewing). 2. For these tabs, you will see a small gray box with an arrow next to the column header, in the lower right hand corner of the header cell of each column. 3. When you click on the corner box, you will see a pop up that allows you to sort and/or filter the data in several different ways. Two main methods to do so are:    1. Sort: Choose “Sort Lowest to Highest” or “Sort Highest to Lowest” if the column values are numbers, or “Sort A to Z” or “Sort Z to A” if the column values are words or letters.    2. Filter: In the bottom of the pop up, select or unselect a number or other value shown in the column by checking or unchecking the box next to the value to show only the surveys with the selected values.   \* These methods can be used in combination or on their own.   1. When you are done reviewing the rearranged information, **be sure to clear the filter and/or sort**:    1. If you used the filter method (i.e., you checked the boxes for particular values), pull up the pop up for the relevant column again and **check the “Select All” checkbox**. Skip this step if you just used the Sort option.    2. If you used the sort method, **go to the Exit Date column**, pull up the pop up box, and choose “Sort Newest to Oldest”, then click “OK”. This will clear the survey order you created and return to the listing of facilities by survey Exit Date. Skip this step if you just used the Filter option.   **Note:** When a filter or sort are in place on a column, you will see an **image of a funnel (for a filter) and/or an arrow (for a sort)** in the small corner box in the column’s header cell **as an indicator that the surveys are ordered by the filter and/or sort in this column**. When you want to see the full set of surveys listed by Exit Date and no other variable (i.e., the original order), be sure none of the other column headers are showing a funnel or arrow image (or both). |

**Select Performance Measures: Descriptions and Examples**

For each measure, the description includes the definition, numerator and denominator when relevant, the comparison value (national or target), the Additional Detail link, and a “What to Look For” section, which includes a list (not all encompassing) of relevant surveyor performance areas that should be considered when determining the root cause for a notable difference.

**Effectiveness Identifying Quality Concerns**

1. **Average number of deficiencies (2567 citations)**

Definition: Average number of deficiencies cited on the CMS-2567 across all surveys completed for the time period (past 12 months, most recent two quarters).

* Numerator: Count of deficiencies on the CMS-2567 for all surveys completed during the time period.
* Denominator: Number of surveys completed for the time period that have a CMS-2567.

Comparison Value: National average for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures – Surveys tab which displays all surveys conducted by the state in the past year by Exit Date. Column H displays the number of 2567 citations. The column is blank if CMS-2567 data was not available when the SOAR was generated. The user can scan down the survey list as is, can re-order the surveys by number of deficiencies (e.g., by choosing Sort from Smallest to Largest [lowest number of deficiencies to highest]), or can use the filter to display only the surveys that had certain numbers of deficiencies (by unchecking Select All and checking only the boxes next to the numbers you want to see displayed). Remember to clear the filter or sort when done reviewing the re-ordered surveys, as described above in **Additional Detail Links: How to Filter and Sort SOAR Tabs.**

What to Look For: Are surveyors identifying appropriate residents during screening (e.g., residents who have potential concerns) for the initial pool? Are surveyors appropriately identifying concerns during the initial pool and selecting an effective sample (i.e., residents with concerns warranting investigation)? Are surveyors conducting an adequate investigation that includes multiple observations and resident and/or RRI/family interviews? Are they using the pathways? Are potential citations removed from the CMS-2567 because the documentation does not support deficient practice? Do surveyors understand the regulation and interpretive guidance?

1. **Percent of deficiency-free surveys**

Definition: Percent of surveys completed during the time period with zero deficiencies on the CMS-2567.

* Numerator: Count of deficiency-free surveys with a CMS-2567 for the time period.
* Denominator: Number of surveys completed for the time period that have a CMS-2567.

Comparison Value: The national percentage for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures – Surveys tab. Column I on the survey level tab shows whether each survey was deficiency free (Yes, No, or Blank, which indicates that the CMS-2567 data were not yet available). The user can scan down the survey list as is, can use the filter to display only the surveys that were deficiency free (by checking only the box next to “Y”), or can re-order the surveys by choosing Sort from Z to A to group the deficiency-free surveys at the top.

What to Look For: Are surveyors identifying appropriate residents during screening (e.g., residents who have potential concerns) for the initial pool? Are surveyors appropriately identifying concerns during the initial pool and selecting an effective sample (i.e., residents with concerns warranting investigation)? Are surveyors conducting an adequate investigation that includes multiple observations and resident and/or RRI/family interviews? Are they using the pathways? Are potential citations removed from the CMS-2567 because the documentation does not support deficient practice? Do surveyors understand the regulations and interpretive guidance?

1. **Percent of surveys in facilities with 1 star in staffing or quality that are deficiency free**

Definition: Percent of surveys completed during the relevant time period in facilities with a one star rating in staffing or quality under the Five Star Quality Rating System that had zero citations on the CMS-2567. This measure uses the overall staffing rating, not the RN staffing rating.

\*Note that a small subset of facilities may have a one star rating in staffing because they did not report their staffing data.

* Numerator: Number of surveys completed during the relevant time period in facilities with a one star rating in staffing or quality that had zero citations on the CMS-2567.
* Denominator: All surveys completed in facilities with a one star rating in staffing or quality.

Comparison Value: Zero. States are comparing their percentage to the target value of zero for this measure. The SA should examine and address anything over zero.

Additional Detail: The link takes you to the Select Performance Measures – Survey Level tab in the SOAR. Column J shows a Y (Yes) or N (No) for any survey that was completed in a facility with a one star rating in staffing or quality and indicates whether the survey was deficiency free. A dash (-) is noted for all facilities that did not have a one star rating in either staffing or quality and are therefore not relevant to this measure. Blank cells indicate that the CMS-2567 is not yet available. To help review the relevant data, filter by column J to group all deficiency free surveys (i.e., a “Y” response) in facilities with one star in staffing or quality at the top of the tab. You can then review these surveys to determine if particular survey teams, surveyors, or other factors are contributing to the high percentage for this measure.

What to Look For: Are survey teams aware of a facility’s low star rating in staffing and quality when on survey? Are surveyors referring to the Sufficient and Competent Staff pathway? Are surveyors reviewing concerns, including patterns of resident/family complaints, and discussing potential staffing concerns? Are surveyors identifying concerns appropriately and conducting comprehensive investigations?

1. **Percent of surveys identifying G, H and I scope and severity (2567 cites)**

Definition: Percent of surveys completed during the time period that cited one or more deficiencies (on the CMS-2567) with a scope and severity score of G, H, or I.

* Numerator: Count of surveys completed during the time period that cited one or more deficiencies on the CMS-2567 with a scope and severity score of G, H, or I.
* Denominator: All surveys with a CMS-2567 that were completed during the time period.

Comparison Value: The national percentage for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures – Survey Level tab in the SOAR. This tab lists all surveys completed in the state in the past 12 months. Column K displays the number of deficiencies with G, H, or I scope and severity for each survey. The user can filter and/or sort the data to group the surveys by the number of such deficiencies and then review to identify the surveys with zero or very few G-, H-, or I-level deficiencies to help determine whether a pattern exists.

What to Look For: Are surveyors marking the Harm box during the initial pool process to ensure residents who have suspected harm are included in the sample? Are surveyors referring to the Psychosocial Outcome Severity Guide to determine the severity of psychosocial outcomes resulting from noncompliance? Do surveyors understand how to identify, investigate and cite harm (e.g., provide surveyors with training examples of harm in specific deficiencies and guide them in determining if the concern is at a pattern or widespread)?

1. **Percent of surveys identifying J, K and L scope and severity (2567 cites)**

Definition: Percent of surveys completed during the time period that cited one or more deficiencies (on the CMS-2567) with a scope and severity score of J, K, or L.

* Numerator: Count of surveys completed during the time period that cited one or more deficiencies on the CMS-2567 with a scope and severity score of J, K, or L.
* Denominator: All surveys with a CMS-2567 that were completed during the time period.

Comparison Value: The national percentage for the past 12 months. Note that even small percentage differences are more significant when considering low percentages overall.

Additional Detail: The link takes you to the Select Performance Measures – Survey Level tab in the SOAR, which lists all surveys completed in the state in the past 12 months. Column L displays the number of deficiencies with J, K, or L scope and severity for each survey. Blank indicates that the CMS-2567 is not yet available for the survey. The user can filter and/or sort the data to order the surveys by number of such deficiencies and then review to identify the surveys with zero or very few J-, K-, or L- level deficiencies to help determine whether a pattern of survey teams, surveyors, or other factors exists.

What to Look For: Are surveyors marking the IJ box for applicable residents during the initial pool process to ensure the residents are included in the sample? Are surveyors referring to Severity Level 4 examples in the Interpretive Guidance for applicable tags? Are surveyors referring to the Psychosocial Outcome Severity Guide to determine the severity of psychosocial outcomes resulting from noncompliance? Do surveyors understand how to identify, investigate and cite IJ (e.g., provide surveyors with training examples of IJ in specific deficiencies and guide them in determining if the concern is at a pattern or widespread). Are surveyors using Appendix Q to determine whether deficient practice reaches this level of scope and severity? Have surveyors taken the new IJ training posted in March 2019 on ISTW?

1. **Percent of surveys where 2 or more potential citation deficiencies were excluded from the CMS-2567**

Definition: Percent of surveys completed during the time period that have at least two fewer citations included on the CMS-2567 than were included as potential citations while onsite.

* Numerator: Count of surveys completed during the time period with at least two fewer citations included on the CMS-2567 than were included as potential citations while onsite.
* Denominator: All surveys completed during the time period that have a CMS-2567.

Comparison Value: The national percentage for the past 12 months.

Additional Detail: The link takes you to the Potential Citations Screen - Survey tab in the SOAR. Column L on this tab indicates Y (Yes) or N (No) to designate when a survey had at least two fewer citations included on the CMS-2567 compared to the LTCSP Potential Citation Screen. (Blank indicates that the CMS-2567 is not yet available for the survey.) The user can filter the data to group the surveys by Y or N to facilitate reviewing the surveys that have a Yes for this measure to determine if any pattern exists (e.g., particular surveyors, survey teams, and/or supervisors have this occur more frequently).

What to Look For: Is supervisory review consistently rigorous in removing citations? Are the removals justifiable? Are particular citations typically removed or is it across the board? Are surveyors frequently including potential citations without sufficient justification, resulting in removal by the supervisor? If so, does this occur for particular citations, particular issues (e.g., lack of observations), and/or particular surveyors?

1. **Percent of tags downgraded (lower scope and severity) or removed via IDR/IIDR**

Definition: Percent of tags (on the CMS-2567) for which IDR or IIDR was completed that were either downgraded in scope and severity or removed as a result of IDR or IIDR.

* Numerator: Count of tags cited on the CMS-2567 (across all surveys) that were downgraded in scope and severity or removed as a result of IDR or IIDR.
* Denominator: Count of tags cited on the CMS-2567 for which IDR or IIDR was completed.

Comparison Value: The national percentage for the past 12 months.

Additional Detail: The link takes you to the IDR/IIDR – Surveys tab in the SOAR, entitled 2567 Citations Downgraded or Removed via IDR/IIDR. This tab only displays information about the tags that were removed or changed as a result of IDR/IIDR; tags that underwent IDR or IIDR but were not removed or changed are not listed. The user can review the tab to identify which tags were removed, which tags were downgraded in scope and severity, and how much the tags were downgraded (e.g., from G to D).

What to Look For: Review the decisions as to why particular citations were downgraded or removed (e.g., did the surveyors need to include more observations, interviews or examples of systems issues) and provide feedback to the surveyors.

1. **Percent of facilities rated as 1 star in staffing cited for sufficient nursing staff (F725)**

Definition: Percent of facilities with a one star rating in staffing on the Five Star Quality Rating System that were cited for sufficient nursing staff (F725) on the CMS-2567. This measure uses the overall staffing rating, not the RN staffing rating.

* Numerator: Count of facilities with one star in staffing that were cited for sufficient nursing staff (F725) on the CMS-2567.
* Denominator: All surveys of facilities with one star in staffing that have a CMS-2567.

Comparison Value: The national percentage for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures – Survey Level tab. Column N shows a Y (Yes) for any survey that was completed in a facility with a one star rating in staffing and was cited for sufficient nursing staff (F725) and N (No) for a survey in such a facility that did not cite sufficient nursing staff. A dash (-) is noted in this column for all facilities that did not have a one star rating in staffing and are therefore not relevant to this measure. This column is blank if the facility has a one star rating in staffing but the CMS-2567 data are not yet available. To help review the relevant data for this measure, the user can use the filter feature on Column N to display only surveys that did cite F725 for a facility with one star in staffing (i.e., a “Y” response) and/or could Sort Z to A to display all surveys but group those with a “Y” response at the top followed by those with a “N” response.

What to Look For: Are surveyors aware of the staffing concerns being sent to the SA that identify low weekend staffing and/or a high number of no RNs? Are surveyors appropriately identifying, investigating and citing sufficient nursing staff (F725), particularly in facilities with one star staffing ratings? Are surveyors referring to the Sufficient and Competent Staff pathway? Are surveyors reviewing concerns, including patterns of resident/family complaints, and discussing potential staffing concerns?

1. **Sample Size: Percent of surveys with 4 or more residents than the target sample size**

Definition: Percent of surveys on which the survey team’s sample included four or more residents over the target sample size (as listed in Attachment A to the LTCSP Procedure Guide) for the facility census.

* Numerator: Count of surveys on which the number of residents marked in the LTCSP software as being in the sample exceeds the required sample size for the facility census by four or more.
* Denominator: All LTCSP surveys completed for the relevant time period, not just those with a CMS-2567.

Comparison Value: The national percentage for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures – Survey Level tab. The SA can filter or sort the data to view which surveys exceeded the sample size by four or more residents (i.e., response of “Y” [Yes] to column N) and which did not (i.e., response of “N” [No] to column N).

What to Look For: Consistently exceeding the required sample size by several residents results in a greater workload and higher time onsite, which also can affect surveyor job satisfaction. Although it can be challenging to prioritize which residents to include in the sample, working to keep the sample size close to the required number in general (knowing that there will always be exclusions) will help teams work more efficiently and manage onsite time more effectively. If surveyors are not identifying deficient practice for the additional sample residents, are surveyors discussing and prioritizing residents for the sample appropriately (e.g., referring to the considerations in the LTCSP Procedure Guide)?

1. **Sample Size: Percent of surveys under the target sample size**

Definition: Percent of surveys that were under the required sample size for the facility census. This includes being under the required sample size by any amount.

* Numerator: Count of surveys for which the sample size was below the required size for the facility census as stated in Attachment A to the LTCSP Procedure Guide.
* Denominator: All LTCSP surveys completed during the relevant time period, not just those with a CMS-2567.

Comparison Value: The national percentage for the past 12 months. For this measure, SA teams should be aiming for as close to zero as possible, while also comparing the state percentage to the national as a gauge of relative performance.

Additional Detail: The link takes you to the Select Performance Measures – Survey Level tab in the SOAR. The SA can filter or sort the data to view which surveys were under the sample size and which were not.

What to Look For: It is important for SAs to meet the sample size for the survey to ensure that the residents in the facility are adequately sampled for potential concerns. Do surveyors understand they are required to meet the required sample size? Are surveyors including the recommended number of residents in the initial pool (as listed in Attachment A to the LTCSP Procedure Guide) based on the recommended facility size? Are surveyors identifying concerns appropriately during the initial pool? Are surveyors including residents in the sample to cover the mandatory areas (dialysis, hospice, ventilator, and transmission-based precautions) even if there were no concerns identified during the initial pool?

1. **Sample Size: Percent of surveys when IP was equal to or less than target sample size**

Definition: Percent of surveys on which the initial pool size was equal to or lower than the target sample size noted in Attachment A in the LTCSP Procedure Guide.

* Numerator: Count of LTCSP surveys (not just those with a CMS-2567) on which the initial pool had the same or lower number of residents as the target sample size.
* Denominator: All LTCSP surveys completed during the time period, not just those with a CMS-2567.

Comparison Value: The national percentage for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures – Surveys tab in the SOAR. The SA can review the data in Column R to identify the surveys that had an IP that was equal to or smaller than the target sample size. The user can filter so that only the surveys with a “Y” (Yes) response to this measure are displayed and then review the magnitude of the difference by comparing Columns P (Target Sample Size) and S (Actual IP Size). The surveys that had a particularly large difference may be the first to examine, but all surveys with a “Y” are problematic for this measure and should be considered. The user can review the information to determine whether particular survey teams, surveyors, or other factors (e.g., part of the state, time period when the surveys were conducted) appear to be associated with this issue. The SA can then discuss the issue with the relevant surveyors and/or provide refresher training for all surveyors to ensure that all understand the IP requirements (and are following the Procedure Guide) as well as the underlying design and rationale for the larger initial pool in terms of ensuring that the quality of care is examined for a larger number of nursing home residents before narrowing further to the sample.

What to Look For: Identifying an adequately sized initial pool is an important aspect of the funneling design of the LTCSP. The funneling process begins with the survey team screening (laying eyes on every resident) then narrowing down to the initial pool for a closer look at a broad group of residents prior to further funneling down to selecting the sample and investigating concerns. Including the target number of residents in the initial pool allows for the survey team to have a comprehensive view of the care and services provided to the residents. Survey teams should refer to Attachment A in the Procedure Guide and adhere as much as possible to the target initial pool size and sample size noted for the facility census. The actual initial pool should be close to the target initial pool size noted in Attachment A and should very rarely if ever be the same size or smaller than the target sample size.

1. **Average number of investigations per survey**

Definition: Average number of investigative care areas investigated across all surveys completed during the time period. May include more than one care area investigated for a single resident (e.g., three different care areas investigated for a single resident is counted as three care areas). This count includes all investigations except for facility task investigations.

* Numerator: Count of investigative care areas investigated across LTCSP surveys during the time period, not just those with a CMS-2567.
* Denominator: All surveys completed during the time period, not just those with a CMS-2567.

Comparison Value: The national average for the past 12 months. In addition, the SA should consider whether the number of investigations is manageable for their survey teams.

Additional Detail: The link takes you to the Survey Performance Measures - Survey Level listing. The SA can review the values in Column U for the number of investigations for each listed survey. The user can use the sort option to re-order the surveys by number of investigations, by sorting from highest to lowest or lowest to highest, or could use the filter option to isolate surveys with particular numbers of investigations by unchecking “Select All” and checking only the checkboxes next to those numbers. Be sure to remove the filter or sort when done reviewing.

What to Look For: Are surveyors ruling out investigations during the initial pool process by asking a few follow-up probing questions when a potential issue arises to determine if an investigation is necessary? Are surveyors marking FI for record review areas they are unable to finish instead of taking more time to complete the initial pool or asking other team members for help? Are surveyors automatically marking MDS indicators as FI instead of determining whether any MDS indicator requires an in-depth investigation? Are surveyors forgetting to change an FI to No Issue after they rule out an FI? Are surveyors using the FI option inappropriately as an organizational tool (e.g., as a reminder to review the record)? Are surveyors addressing all of the resident interview, observation, and limited record review areas during the initial pool process and identifying appropriate concerns? Are surveyors conducting multiple observations to adequately identify concerns?

1. **Percent of investigations that led to potential citations**

Definition: Percent of investigative care areas investigated that led to one or more citations on the Potential Citation Screen for all surveys conducted over the time period. If the same care area is investigated for different residents on a single survey and both investigations led to a citation (even if it is the same tag), this counts as two areas cited. If an investigation of a single care area for a single resident led to two different tags, this counts as one investigative care area cited.

* Numerator: Count of investigative care areas that are listed as associated with a citation on the Potential Citation Screen in the LTCSP.
* Denominator: All investigative care areas that were investigated on LTCSP surveys conducted during the time period, regardless of whether they resulted in a citation.

Comparison Value: The national percentage for the past 12 months.

Additional Detail: The link takes you to the Survey Performance Measures – Survey Level tab in the SOAR, Column V (% of investigations that led to citations). The user can sort the surveys on this measure from lowest to highest or highest to lowest, or can use the filter feature to isolate surveys with particular citation percentages by unchecking “Select All” and checking only the checkboxes next to those numbers. Remember to clear the filter (i.e., uncheck the boxes in the pop-up) or, if a sort was used, return to the Exit Date column to sort from newest to oldest.

What to Look For: Are surveyors asking residents additional, probing questions to determine whether a possible concern needs further investigation or if it can be ruled out during the initial pool process? Are surveyors making careful and accurate decisions on when a possible concern identified during the initial pool should be moved on as an area of investigation (i.e., marked FI) versus probing the issue with effective questions to help rule it out as a concern? Are surveyors conducting thorough investigations for sample residents, guided by the CE pathways and/or Appendix PP that will identify deficient practice when it exists?

1. **Number of care areas with a high FI and low potential cite rate (41 total)**

Definition: The number of care areas with a high investigation rate but a low potential citation rate across all surveys completed during the time period. Includes only investigations based on an FI, not surveyor initiated investigations. Based on potential citations listed on the LTCSP Potential Citation screen.

* A *high FI rate* means that the SA survey teams chose to investigate the care area (by marking FI during the initial pool process) at a rate that is in the top 25th percentile of FI rates for the care area among all SAs nationally.
* A low *citation* rate means that the care area was cited by the SA at a rate that is in the bottom 25th percentile of the citation rates of all SAs for the care area.
* Exceptions to this definition include Dementia Care, Death, Neglect, and Unnecessary Medication Review. Highlighting for these areas on the Investigations – Survey level tab is based on citation rate only because they don’t have an initial pool item that can be marked as FI.
* States with fewer than 15 total surveys during the time period are excluded from the percentile calculations. For individual states, a dash (-) is shown if there were fewer than 15 surveys completed (e.g., for the quarter).

Comparison Value: The average of each state’s number of care areas that had a high FI rate and low citation rate. (The region is the average of this number for each of the states in the region.)

Additional Detail: The link takes you to the Investigations-Survey Level tab (Citation Status of Investigations – Investigations per Survey). This tab lists the 41 care areas, the percentage that were marked FI, and the percentage that were cited for the state and nationally. The tab also shows the percentage of areas that were surveyor initiated and percentage of those that were cited. **As noted, the care areas included in the Measure 14 count are highlighted in yellow on this tab for easy reference.**

What to Look For: Are surveyors marking FI for these areas too often (i.e., could have ruled out issues during the initial pool with more probing questions)? Do surveyors understand the intent of the area? Are surveyors marking all MDS indicators as FI instead of determining whether the area can be ruled out during the initial pool? Are surveyors marking FI for record review areas they are unable to finish instead of taking time to complete them during the initial pool process or asking other team members for help? Are surveyors forgetting to change an FI to No Issue after they rule out an FI? Are surveyors using the FI option inappropriately as an organizational tool (e.g., as a reminder to review the record)? When conducting investigations once residents are in the sample, are surveyors not investigating as thoroughly as they could (e.g., not using the pathways or guidance in Appendix PP)?

**15a. Number of mandatory facility tasks with low potential cite rate (9 total)**

Definition: The number of mandatory tasks (nine maximum) that had a low potential citation rate based on the LTCSP Potential Citation screen across all surveys completed during the time period.

* *Low potential citation rate* means, for this measure, that the SA cited the task at a rate that is in the **bottom 10th percentile** of the potential citation rates for all SAs nationally for the task.
* States with fewer than 15 total surveys during the time period are excluded from the percentile calculations. For individual states, a dash (-) is shown if there were fewer than 15 surveys completed (e.g., for the quarter).

Comparison Value: The average of each state’s number of mandatory facility tasks with a low potential cite rate. (The region is the average of this number for each of the states in the region.)

Additional Detail: The link takes you to the Facility Tasks-MandatoryAvg tab to review the citation percentages for the yellow highlighted tasks (i.e., those included in the count for this measure). The SA can also review a listing of surveys and which mandatory tasks were cited on each survey on the FacilityTasks-MandatorySurveys tab. The user can filter or sort by a particular task to facilitate the review. For example, if Infection Control had a low potential cite rate, the user can pull up the filter pop up for the Infection Control header column, uncheck “Select All”, and check only the box next to “Blanks” (i.e., Investigated and Not Cited) and click OK. The tab will now display all surveys that did not cite Infection Control. The user can review this list and also look across the columns to see if other tasks were cited on those surveys. Remember to clear the filter by pulling up the filter pop up and checking “Select All”.

What to Look For: Are surveyors using the facility task CE pathways? Are surveyors conducting comprehensive investigations? Are all surveyors assisting with (e.g., making observations or interviewing residents to identify concerns) the infection control, dining, and sufficient and competent staffing tasks? Are surveyors investigating the facility tasks early enough to allow for adequate time to complete the investigations? Do surveyors understand how to identify deficient practice?

**15b. Number of triggered facility tasks with low potential cite rate (3 total, Resident Assessment excluded)**

Definition: The number of triggered tasks (three maximum) that had a low potential citation rate based on the LTCSP Potential Citation screen across all surveys completed during the time period. *Resident Assessment will be excluded from the count until programming changes are implemented in software version 11.7.*

* *Low potential citation rate* means, for this measure, that the SA cited the task at a rate that is in the **bottom 25th percentile** of the potential citation rates for all SAs nationally for the task.
* States with fewer than 15 total surveys during the time period are excluded from the counts percentile calculations. For individual states, a dash (-) is shown if there were fewer than 15 surveys completed (e.g., for the quarter).

Comparison Value: The average of each state’s number of triggered tasks with a low potential cite rate. (The region is the average of this number for each of the states in the region.)

Additional Detail: The link takes you to the Facility Tasks-TriggeredAvg tab to review the citation percentages for the highlighted tasks (i.e., those included in the count for this measure). The SA can also review a listing of surveys and which triggered tasks were cited on each survey on the FacilityTasks-TriggeredSurveys tab. The SA can filter or sort by a particular task to facilitate the review. For example, if Personal Funds has a low potential cite rate, the SA can pull up the filter pop up for the Personal Funds column, uncheck “Select All”, and check the boxes of interest – to review all surveys that did not cite Personal Funds for any reason, the user should check “I” (surveys that investigated but did not cite the triggered task), “NI” (surveys that did not investigate the triggered task but should have), and “P” (surveys that had partially completed tasks). (Note that if a particular column has no entries with a certain value, such as “P”, that option will not show up on the filter.) The tab will now display all surveys that had one of these three entries for Personal Funds. The user can review which surveys did not cite this task and can look across the columns to see if other triggered tasks were cited on those surveys.

What to Look For: Are surveyors asking probing questions to rule out potential concerns with triggered tasks during the initial pool process? Are teams reviewing and assigning triggered tasks during the sample meeting? Does the TC confirm all triggered tasks were investigated prior to conducting the Potential Citation meeting? Are surveyors using the facility task CE pathways? Are surveyors conducting comprehensive investigations? Are surveyors investigating the triggered facility tasks early enough to allow for adequate time to complete the investigation? Do surveyors understand how to identify deficient practice (e.g., for the Phase 2 tags)?

1. **Percent of Surveys where 1 or more Mandatory Tasks Not Investigated**

Definition: Percent of surveys on which one or more Mandatory Tasks was not investigated. Excludes those tasks that have been removed (e.g., If the facility had no Resident Council and the task was removed, it is not counted as not investigated).

* Numerator: Count of surveys on which one or more Mandatory Tasks was not investigated.
* Denominator: All LTCSP surveys completed for the time period.

Comparison Value: 0%. States are comparing their percentage to the target value of 0% for this measure. The SA should examine and address anything over zero.

Additional Detail: The link takes you to the Facility Tasks-MandatorySurveys SOAR tab to review the survey listing and identify which tasks are marked as NI (not investigated) on which surveys. Scroll through the survey listing or use the filter feature to identify any “NI” (not investigated but should have been) entries to see the specific surveys where particular tasks were not investigated.

What to Look For: Why were the mandatory tasks not investigated? Does the TC confirm all tasks were investigated prior to conducting the Potential Citation meeting? An important area to emphasize is the need to assign a primary surveyor to shared mandatory tasks to ensure that a single surveyor is responsible for ensuring that all CEs are answered for the task.

1. **Percent of Surveys where 1 or more Triggered Tasks Not Investigated (exclude Resident Assessment)**

Definition: Percent of surveys on which one or more of the triggered tasks that triggered for the survey was not investigated. *Resident Assessment will be excluded from the count until programming changes are implemented in software version 11.7.*

* Numerator: Count of surveys on which one or more tasks that triggered (other than Resident Assessment) were not investigated.
* Denominator: All surveys on which one or more tasks (other than Resident Assessment) triggered.

Comparison Value: 0%. States are comparing their percentage to the target value of 0% for this measure. The SA should examine and address anything over zero.

Additional Detail: The link takes you to the Facility Tasks-TriggeredSurveys SOAR tab to review the survey listing and identify which tasks are marked as NI (not investigated) on which surveys. Scroll through the survey listing or use the filter feature to identify any “NI” (not investigated but should have been) entries in each triggered task column to see the specific surveys where particular tasks were not investigated.

What to Look For: Why were the triggered tasks not investigated? Does the TC confirm all relevant tasks were investigated prior to conducting the Potential Citation meeting?

**Efficiency**

**18. Percent of Overdue Surveys (months since last survey: 16 months or more)**

Definition: Percent of facilities for which a recertification survey has not occurred for 16 months or more.

* Numerator: Count of facilities for which a recertification survey has not occurred for 16 months or more.
* Denominator: All currently active providers (i.e., not terminated as of the date the SOAR was run).

Comparison Value: 0%. States are comparing their percentage to the target value of 0% for this measure. The SA should examine and address anything over zero.

Additional Detail: The link takes you to the QCOR website (https://qcor.cms.gov/, Nursing Homes Overdue Survey Report).

1. **Survey Time – Pre Survey Hours**

Definition: Average number of hours reported on the CMS-670 spent on pre-survey activities averaged across all surveys completed during the relevant time period.

* Numerator: Number of hours (reported on the CMS-670) spent on pre-survey activities for all surveys conducted during the relevant time period.
* Denominator: Number of surveys with CMS-670 data for the relevant time period.

Comparison Value: National average for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures – Survey Level tab on the SOAR. Blank cells for column W indicate that the CMS-670 data had not been received at the time the SOAR was generated. To help review the data more easily, the user can pull up the filter pop up for column W and uncheck the box next to “Blanks” to eliminate the surveys without a CMS-670 from view and then choose “Sort Largest to Smallest” to see the surveys listed in order by the highest number of hours. The user can then see which surveys had particularly high pre-survey hours and therefore raised the average number of hours, or if all the surveys clustered closely around the average hours, then the high number of pre-survey hours is a widespread issue.

What to Look For: What are surveyors reviewing to complete offsite prep? Does the TC know how to link the complaints from ACTs to the recertification survey? Does the SA have a system so the TC can easily review a facility’s history of complaints and FRIs to reduce the pre-survey time spent on this review?

***Note on Measures 20a – 20d: Onsite Time***

In the four measures below, the onsite time is shown for four different facility size groupings: 1 – 48 residents; 49 – 95 residents; 96 – 174 residents; and 175 or more residents. Providing the onsite time by facility size groups allows the SA to see if their onsite time is an issue for a particular facility size group. Presenting onsite time for all facilities together, averaged across a very large number of surveys, can dilute the value of the information and mask notably high onsite time for particular facility size groups. Providing the information in this way gives SAs the opportunity to identify and address time-consuming practices in a more focused manner

What to Look For in Measures 20a – 20d: If onsite time is high for any of these groupings, try to identify which portion of the survey is contributing to an increase in onsite time (e.g., initial pool, investigations)? The Best Practices and Time Saving Tips document includes some tips and recommendations for strategies to help reduce onsite hours.

**20a Survey Time – Onsite Hours (1 – 48 census)**

Definition: Average number of onsite survey hours reported on the CMS-670 for surveys completed during the relevant time period at facilities with a census of 1 to 48 residents.

* Numerator: Number of onsite survey hours reported on the CMS-670 for surveys completed during the relevant time period at facilities with a census of 1 to 48 residents.
* Denominator: Number of surveys (with CMS-670 data) completed for facilities with a census of 1 to 48 during the relevant time period.

Comparison Value: National average for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures - Surveys tab on the SOAR. The SA can see if their onsite time is an issue for the smallest facilities, a finding likely masked when the average onsite time for all sizes of facilities was presented together. The user can review the survey level data on the Select Performance Measures - Survey Level tab in Column X to determine whether any patterns or trends exist in terms of particular survey teams, surveyors, or other factors that appear to be associated with a higher number of onsite hours for these facilities. To facilitate the review, the user can filter so none of the surveys with a blank (i.e., CMS-670 data has not yet been received) or dash (i.e., facility surveyed was not in this census grouping) are displayed and then sort the remaining surveys so they are listed in order from highest to lowest number of onsite hours.

**20b. Survey Time – Onsite Hours (49 – 95 census)**

Definition: Average number of onsite survey hours reported on the CMS-670 for surveys completed during the relevant time period at facilities with a census of 49 to 95 residents.

* Numerator: Number of onsite survey hours reported on the CMS-670 for surveys completed during the relevant time period at facilities with a census of 49 to 95 residents.
* Denominator: Number of surveys (with CMS-670 data) completed for facilities with a census of 49 to 95 during the relevant time period.

Comparison Value: National average for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures - Surveys tab on the SOAR. The user can use the filter feature by pulling up the pop up box and unchecking the boxes with blanks (CMS-670 data not yet received) or dashes (surveys not in this census grouping) so that only surveys for this census grouping and with time data are displayed. The user can then sort the displayed surveys from Largest to Smallest (or vice versa) for Column Y.

**20c Survey Time – Onsite Hours (96 - 174 census)**

Definition: Average number of onsite survey hours reported on the CMS-670 for surveys completed during the relevant time period at facilities with a census of 96 to 174 residents.

* Numerator: Number of onsite survey hours reported on the CMS-670 for surveys completed during the relevant time period at facilities with a census of 96 to 174 residents.
* Denominator: Number of surveys (with CMS-670 data) completed for facilities with a census of 96 to 174 during the relevant time period.

Comparison Value: National average for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures - Surveys tab on the SOAR. The SA can review the survey level data on the Select Performance Measures Survey Level tab in Column Z to determine whether any patterns or trends exist in terms of particular survey teams, surveyors, or other factors that appear to be associated with a higher number of onsite hours for these facilities. To facilitate the review, the user can filter so none of the surveys with a blank (i.e., CMS-670 data has not yet been received) or dash (i.e., facility surveyed was not in this census grouping) are displayed and then sort the remaining surveys so they are listed in order from highest to lowest number of onsite hours.

**20d Survey Time – Onsite Hours (175 + census)**

Definition: Average number of onsite survey hours reported on the CMS-670 for surveys completed during the relevant time period at facilities with a census of 175 or more residents.

* Numerator: Number of onsite survey hours reported on the CMS-670 for surveys completed during the relevant time period at facilities with a census of 175 or more residents.
* Denominator: Number of surveys (with CMS-670 data) completed for facilities with a census of 175 or more residents during the relevant time period.

Comparison Value: National average for the past 12 months.

Additional Detail: The link takes you to the Select Performance Measures - Surveys tab on the SOAR. For some states, there are very few facilities with 175 or more residents; a dash will be displayed for these facilities in Column AA. To facilitate the review, the user can filter so none of the surveys with a blank (i.e., CMS-670 data has not yet been received) or dash are displayed and then sort the remaining surveys so they are listed in order from highest to lowest number of onsite hours. The SA can then identify whether any surveys in this facility grouping had what the SA would deem to be a high number of onsite hours.

1. **Survey Time – Post Survey Hours**

Definition: Average number of hours reported on the CMS-670 spent on post survey activities across all surveys completed during the relevant time period.

* Numerator: Number of hours (reported on the CMS-670) spent on post survey activities for all surveys done during the relevant time period.
* Denominator: Number of surveys with CMS-670 data for the relevant time period.

Comparison Value: National average for the past 12 months.

Additional Detail: The link takes you to Column AB on the Select Performance Measures - Surveys tab. Blank cells for this column indicate that the CMS-670 data had not been received at the time the SOAR was generated. To facilitate the review, the user can sort the data by clicking on the box in the lower right corner of the Column AB header cell and then choosing Sort from Highest to Lowest to see the surveys with the highest number of post survey hours at the top of the list. The SA can consider whether particular survey teams, surveyors, number of citations, or other factors appear be associated with high post survey hours.

What to Look For: How efficient are surveyors in writing citation documentation? Are surveyors documenting directly in the LTCSP software during the initial pool and investigation since that is the foundation for the CMS-2567? Are they documenting using the POD in mind? Are they loading citations in ASE-Q to ensure all LTCSP investigation notes pull forward into ASE-Q and ACO? If they have time onsite, are they using the Edit Potential Citation screen to finalize their documentation?

1. **Average number complaints/FRI residents brought on survey**

Definition: Average number of complaint and/or FRI residents brought on survey for the relevant time period. Includes the following:

* Complaint/FRI residents in the initial pool, identified based on subgroup;
* Any complaint FRI residents not in the initial pool and investigated only for their allegations (i.e., Direct investigations from the Offsite Prep screen);
* Any closed record complaint; and
* Complaints related to facility tasks.

Numerator: Number of complaint and/or FRI residents brought on survey for the relevant time period.

Denominator: Number of surveys completed during the relevant time period.

Comparison Value: National average for the past 12 months.

Additional Detail: The link takes you to the FRIs and Complaints - Survey Level tab on the SOAR. The user can review the list of surveys to determine the number of complaint/FRI residents brought on each survey and identify more information about these residents (e.g., how many were in the initial pool, how many were investigated through closed record review, how many complaints were brought on survey but not investigated, etc.). A dash (-) indicates that the relevant data were not available for the time period.

*Note:* The average for the past 12 months for the nation, region, and state will not reflect a full 12 months of data until the September 2019 SOAR because this measure includes data starting with the 11.4 software release.

What to Look For: Although states may include only five complaint or FRI residents in the initial pool and sample, it is up to the state to decide how many total complaint/FRI residents to bring on survey, as long as any over five are investigated for allegations only and do not count toward the target initial pool or sample size. Because the SA understands their own state-specific practices in terms of the number of complaint/FRI residents generally brought on survey (e.g., more or fewer than most states), the SA can consider the comparison of their average to the national average in that context. If there is a significant increase in the number of complaint allegations for a particular facility, are surveyors conducting comprehensive investigations and identifying deficient practice when appropriate to substantiate complaints?

**Workforce**

1. **Percent of LTC surveyors up-to-date on LTCSP software training**

Definition: Percent of long-term care surveyors who have used the specified software version for at least one survey and have registered for and completed the mandatory LTCSP software training issued by CMS. The percent may be shown for more than one software training. For example, the report may display the percentage of LTC surveyors using the 11.4 software version who had completed the 11.4 software training and a second percentage of LTC surveyors using the 11.7 software version who had completed the 11.7 training.

The measure is intended to assess whether surveyors conducting surveys with a new software version have completed the CMS training on the software.

\* Note that a dash (-) for this measure indicates that the data for the state were not available at the time the SOAR was generated or no surveyors have yet used the new software version. If 0% is shown, this indicates that surveyors have conducted a survey using the new software version but have not completed the training.

* Numerator: Count of long term care surveyors who have used the specified LTCSP software version and have registered for and completed the mandatory LTCSP software training issued by CMS.
* Denominator: All long term care surveyors who have used the specified software version for at least one survey.

Comparison Value: National percentage of long term care surveyors who have used the specified software version for at least one survey and have registered for and completed the mandatory LTCSP software training issued by CMS.

Additional Detail: The link takes you to the Integrated Surveyor Training Website (ISTW).

1. **Percent of LTC Surveyors Terminated for Any Reason**

Definition: Percent of LTC surveyors whose position was terminated for any reason, including retirement, resignation, or being terminated by the SA.

* Numerator: Count of LTC surveyors terminated at any time during the relevant time period.
* Denominator: All LTC surveyors employed by the SA at any time during the relevant time period.

Comparison Value: National percentage. (Numerator = Total number of LTC surveyors who were terminated from all SAs during the past 12 months; Denominator = Total number of LTC surveyors employed at any SA at any time during the past 12 months. Not an average of all states’ percentages.)

Additional Detail: The link takes you to the Integrated Surveyor Training Website (ISTW). States can access information on the number of terminated LTC surveyors and total number of LTC surveyors employed during the time period, listed by state, on ISTW.

What to Look For: Given the costs of getting new surveyors trained and comfortable with the survey process, states clearly are motivated to keep turnover as low as possible. This measure allows states to compare their termination rate with the nation and region.

1. **Number of LTCSP Surveys**

Hypothetical Example

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NATIONAL | REGION | STATE | STATE - Q3 | STATE - Q2 | Additional Detail |
| 13,407 | 673 | 100 | 25 | 25 | NA |

This item shows the total number of LTCSP surveys that were completed nationally, for the region, and for the state. This information is provided as a reference point when considering the data for the Select Performance Measures. In this example, 13,407 were completed during the past 12 months for the nation. In the hypothetical example shown above, the region completed 673 LTCSP surveys during the past 12 months and the state completed 100 during the past 12 months and 25 for each of the past two quarters. For small states that complete very few surveys during a given quarter, the quarterly data will not be as informative because there are not enough surveys to determine if a pattern or trend exists.

1. **Number of Surveys with a CMS-2567 and 670**

Hypothetical Example

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NATIONAL | REGION | STATE | STATE - Q3 | STATE - Q2 | Additional Detail |
| 11,307 | 593 | 88 | 22 | 23 | NA |

As noted, the CMS-2567 and CMS-670 data are typically available about two months after the LTCSP surveys are completed. Therefore, the SOAR measures (the Select Performance Measures and the rest of the SOAR tabs) that are based on CMS-2567/670 data reflect a smaller number of surveys and include citation information after supervisory review. The SOAR measures based on all LTCSP surveys include a larger number of surveys (noted in item 25) and reflect information based on the LTCSP screens.

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**SOAR Select Performance Measures – Survey Level (new March 2019)**

This tab is provided to give SAs additional detail on their survey level information related to many of the Select Performance Measures displayed on the first tab of the SOAR. The Additional Detail link shown for each measure on the first tab brings the user to the relevant column on this tab.

The tab displays Facility Name, Provider Number, ZIP Code, County, Event ID, Exit Date, and Software Version for each survey in columns A through G. **Columns H through AB provide survey level data related to Select Performance Measures 1 – 5, 8 – 13, and 19 – 21.** In addition to the directly linked columns for these measures, the tab includes four additional data columns on Target Sample Size, Actual Sample Size, Actual IP Size, and Target IP Size in columns P through T. SAs can review these columns in particular when considering state performance on Select Performance Measures 9 – 11.

The tab shows completed surveys listed in order by Exit Date, starting with the most recent. Due to CMS-2567 and CMS-670 data lag time, some of the columns (e.g., columns W through AB on survey time) may be blank for surveys with recent Exit Dates. However, all surveys completed by the state in the past 12-month period will be shown on every SOAR and blank fields will be filled in when data becomes available.

**Maximize your Use of the Survey Level Information:**

* *Sort/filter to facilitate review.* Scan down the survey list as is or sort and/or filter the information to isolate or group the surveys based on the column of interest (e.g., sort surveys based on number of deficiencies from lowest to highest). Re-ordering can help you look more deeply at the individual surveys that contributed to your aggregate results shown on the first tab. Specific sort and filter suggestions are noted in the *Additional Detail* section for each Select Performance Measure described in the first part of this Guide.
* *Look for patterns.* Review the filtered or re-ordered data to look for patterns or trends. For example, look to see if surveys with notably low percentage of surveys identifying G, H, or I scope and severity are clustered in certain counties or if your SA’s internal documentation shows that particular survey teams conducted the surveys.
* *Be willing to systematically review individual survey results.* In particular, it may be effective to review survey level information while having access to a list of the surveyors who conducted each survey to help determine whether SOAR information is associated with particular survey teams, surveyors, or other factors. Uncovering reasons for very high outliers for individual surveys can help you address problematic practices or interpretations of survey protocols.
* *Consider associations between columns.* Look at the values across columns to see if the surveys you sorted or filtered might be associated with data elements in other columns. For example, you might notice a potential concern such as surveys with the lowest number of citations tending to have high numbers of investigations.
* *Think about root causes.* You may need to dig into documentation beyond the SOAR information to uncover root causes for issues you identify. For some issues, you may easily identify potential underlying reasons; for example, you may find that a survey with particularly high onsite hours and low citations had a team with several new surveyors. Other notable differences may require more investigation. For example, you might filter to display the surveys that had initial pools smaller or the same size as the target sample size and determine that the same two surveyors were on all of the surveys with this issue. You may then review survey shells and talk with the surveyors and learn that they did not fully understand that they are to adhere to the initial pool size in Attachment A to the LTCSP Procedure Guide.

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**Potential Citation and Scope/Severity Level: Surveyor Level (new March 2019)**

This tab displays **surveyor** level citation information. The tab includes total counts across surveys (e.g., Total Number of Potential Citations) for each surveyor and averages per survey for the same area (e.g., Potential Citations per Survey) for each surveyor. The following columns are included:

* Surveyor ID
* Surveyor Name
* Number of Surveys
* Total Number of Potential Citations
* Potential Citations per Survey
* Total Number of Potential Citations at G, H, or I
* Potential Citations at G, H, or I per Survey
* Total Number of Potential Citations at J, K, or L
* Potential Citations at J, K, or L per Survey
* Total Number of Deficiency Free Surveys
* Percent of Deficiency Free Surveys

***What to Look For***: The user can filter or sort the values by any of these columns to help identify potential surveyor-level issues. For example, choose Sort from Smallest to Largest to compare the Potential Citations per Survey (column E) across surveyors. When comparing averages such as this, it is important to note the number of surveys completed by the surveyors. If very few surveys have been completed, the information is less indicative of the true picture. Questions to consider include whether certain surveyors have a much lower average number of potential citations per survey compared to other surveyors? Is this potentially problematic or are there known reasons for this (e.g., the part of the state has many high performing facilities)? Do some surveyors have much lower averages for G and higher scope and severity citations compared to other surveyors and to the state, regional, or national averages (on the Select Performance Measures tab)? Are there known reasons for this or should this issue be pursued? Do some surveyors have much higher percentages of deficiency free surveys? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2567 Citations Downgraded or Removed via IDR/IIDR (new March 2019)**

This tab (IDR\_IIDR) shows the tags that underwent IDR and/or IIDR and were removed or downgraded in scope and severity as a result. This survey level data is **linked to Measure 7 of the Select Performance Measures** on the first SOAR tab. Survey information is provided for each tag, including Facility Name, Provider Number, ZIP Code, County, Event ID, and Exit Date. The surveys are listed by Exit Date. The following information is also displayed:

* **IDR or IIDR**: The review type, either IDR or IIDR. If the same tag is reviewed under both IDR and IIDR, the same tag is listed on two lines in the tab with the IDR results and IIDR results shown on the two separate lines.
* **IDR/IIDR Date Completed**: The date the review was completed.
* **Tag**: The specific F-tag reviewed (e.g., F0692).
* **IDR/IIDR Result**: One of the following three results:
  + Tag Removed (05)
  + S/S Change (06)
  + S/S Change/Examples Removed/Other Wording Change (08)
* **S/S**: The tag’s new scope and severity level if the tag was changed as a result of IDR/IDDR. Or, if the tag was removed, it is the scope and severity prior to being removed.
* **Original S/S if Changed**: If the scope and severity was changed based on IDR/IIDR, then the tag’s original scope and severity level is shown here. If the S/S was not changed or the tag was removed, this column is blank.

This tab reflects the data that states enter into ACO. If a tag was removed, the *S/S* column will show the tag’s scope and severity prior to being removed and the *Original S/S if Changed* column should be blank. If a tag’s scope and severity was changed, the *S/S* column shows the new S/S (e.g., downgraded to D) and the *Original S*/S *if Changed* column shows the S/S of the tag prior to undergoing IDR/IIDR (e.g., started at G). Due to variability in the ways states enter the data, it is possible that some of these columns will be blank.

***What to Look For:*** The user can sort or filter to facilitate review of the information. For example, the user can filter on the Tag column (i.e., pull up the filter pop up, uncheck the box for “Select All” and check the box next to the particular tag or tags of interest) and review the IDR/IIDR Result for those tags to view how often the tag was removed versus downgraded. The SA also can look at the changes in scope and severity for all downgraded tags to determine the magnitude of changes for all or particular tags. Questions to consider might be whether particular tags are being removed or downgraded more frequently? Would training on citation documentation for particular or all tags be beneficial? Does a particular survey aspect (e.g., interviews, continuous observations) need to be strengthened on survey and in terms of thorough and defensible documentation of deficient practice?

Note that **the tab only displays information about the tags that were removed or changed as a result of IDR/IIDR.** Tags that underwent IDR or IIDR but were not removed or changed are not included on this tab.

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**Citation Status of Investigations – Investigations per Survey**

This tab shows the number and percentage of surveys on which each investigative area was investigated for one or more residents in the sample and the number and percentage of surveys on which the investigative area was cited on the Potential Citation Screen.

***Note:* New in March 2019, the care areas counted for Measure 14 in the Select Performance Measures on the first SOAR tab (i.e., those with a high FI rate and low potential citation rate) are highlighted on this tab.**

Investigative areas are listed in the leftmost column of the tab. The following information is displayed for each investigative area:

* **Areas Marked FI (State)** – This refers to the initial pool areas that were marked as Further Investigate (FI) by a surveyor during the initial pool process. Numbers and percentages refer to the totals across all surveys in the state.
  + **Total**: The number of surveys on which the investigative area was marked FI and investigated for at least one resident. If an investigation was completed for several residents on a single survey, the count remains as one survey on which the area was investigated.
  + **% FI**: The percentage of surveys on which the investigative area was marked FI and investigated for at least one residents. (Total divided by count of all surveys).
  + **# Cited**: The number of surveys on which each investigative area (marked FI and investigated) was cited on the Potential Citation Screen.
  + **% Cited**: The percentage of surveys on which each investigative area (marked FI and investigated) was cited on the Potential Citation Screen (# Cited divided by Total).
  + **Q2 2018 Cited**: The percentage of surveys on which each investigative area (marked FI and investigated) was cited on the Potential Citations Screen for surveys with exit dates between April and June. Additional summaries by calendar year quarter will be added to the SOAR.
* **Areas Marked FI (National)** – These columns show the same information as noted above for the state but for totals across all surveys in the nation.
* **Surveyor Initiated Areas (State)** – This refers to the investigative areas that were surveyor initiated at some point during the surveys. Numbers and percentages refer to the totals across all surveys in the state.
  + Information under the **Total, % SI, # Cited, and % Cited** columns is the same as described above except that it only includes information on surveyor-initiated investigations. Again, the counts refer to the number of surveys on which the investigative areas were surveyor-initiated. Investigations for more than one resident on a single survey count as only one survey in the “Total” column.
* **Surveyor Initiated Areas (National)** – This refers to the investigative areas that were surveyor initiated at some point during the surveys. Numbers and percentages refer to the totals across all surveys in the nation.
  + Information under the **Total, % SI, # Cited, and % Cited** columns is the same as described above for the state-specific information.

***What to Look For:***

* Ideally, a reasonable percentage of the areas investigated on a survey will be cited, indicating that surveyors are able to identify areas of concern for investigation that truly are concerning.
* Look for investigative areas that have a high number of surveys on which the area is marked FI but is rarely cited. **The highlighted areas are a good place to start.**\* If an area is often investigated but rarely cited, it may be worth examining: a) whether surveyors’ investigations are effective, and b) whether surveyors are effectively probing to rule out possible concerns during the interview and observation. For example, if a surveyor observes tooth problems but probes further and learns that the resident has a scheduled dentist appointment then the surveyor would not mark FI.
* If only a small percentage of surveys with surveyor-initiated investigations for particular areas result in citations, it is worth examining surveyor practices, as one would expect that investigations that surveyors specifically initiate would have a relatively high citation rate.
* Compare the state, regional, and national percentages to determine if the state or region is notably different (higher or lower) compared to the national averages. For example, if the Accidents investigative area was cited on 22% of the surveys on which it was marked as FI on the national level but was cited on only 3% of surveys on which it was marked FI on the state level, you may want to take note and examine possible reasons for this difference. You might implement changes in your surveyor practices to address the difference and then observe future trends in this report.

**\* The highlighted areas are those that met the definition of high FI rate and low potential cite rate used for Measure 14 in the new (as of March 2019) Select Performance Measures. The measure defines a high FI rate as an area marked FI by the SA at a rate that is in the top 25th percentile of FI rates for the area among all SAs nationally. A low potential cite rate is defined as an area cited by the SA at a rate that is in the bottom 25th percentile of citation rates for the area among all SAs nationally. Note that the following areas: Death, Dementia Care, Neglect, and Unnecessary Medication Review do not have the option to mark FI during the initial pool process and therefore meeting the definition of a high FI rate is not relevant for these areas. If they are highlighted, only the fact that they meet the definition of low citation rate is relevant.**

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**Citation Status of Investigations – Number of Residents per Investigation**

This tab shows the **average number** of residents in the sample for whom each investigative area was investigated and the **average percentage** of resident investigations that were cited on the Potential Citation Screen. Multiple resident investigations may occur for the same investigative area on a single survey and all are included in the calculations for this report (e.g., if three residents were investigated for Choices on the same survey, this would count as three residents when calculating the average number of residents, shown under the Total column). The following information is displayed:

* **Areas Marked FI (State)** – This refers to the investigative areas that were marked as Further Investigate (FI) by a surveyor during the initial pool process.
  + **Total**: The average number of resident investigations across the surveys that included at least one such investigation. This the total of all residents investigated for the specific care divided by the number of surveys that had an investigation of that specific care area..
  + **# Cited**: The average number of resident investigations based on an FI that resulted in a citation on the Potential Citation Screen.
  + **% Cited**: The percentage of resident investigations based on an FI across surveys that resulted in a citation on the Potential Citation Screen (# Cited divided by Total).
  + **Q2 2018 Cited**: The percentage of resident investigations based on an FI across surveys that resulted in a citation, for surveys with exit dates between April and June 2018.
  + **Example**: The Nutrition investigative area shows that an average of 2.2 resident investigations were completed based on FIs across all surveys in the state that investigated Nutrition. An average of 1.5 resident investigations for Nutrition based on FI were cited. Therefore, about 68% of resident investigations for Nutrition based on FI were cited.
* **Areas Marked FI (National)** – These columns show the same information as noted above but for totals across all surveys in the nation.
  + Information under the **Total, # Cited, Cited, Q2 2018 % Cited** columns is the same as described above for the state-specific survey information.
* **Surveyor Initiated Areas (State)** – This refers to the investigative areas that were surveyor initiated at some point during the surveys. Numbers and percentages refer to the average number of resident investigations that were surveyor initiated across all surveys in the nation.
  + Information under the **Total, # Cited, % Cited, and Q2 2018 % Cited** columns is the same as described above except that it only includes information on surveyor-initiated investigations. Again, the information refers to the average number of resident investigations for the investigative area that were surveyor-initiated.
* **Surveyor Initiated Areas (National)** – This refers to the investigative areas that were surveyor initiated at some point during the surveys. Numbers and percentages refer to the average number of resident investigations that were surveyor initiated across all surveys in the nation.
  + Information under the **Total, # Cited, % Cited, and Q2 2018 % Cited** columns is the same as described above for the state-specific information.

***What to Look For:***While the survey level tab shows how often an investigative area is cited when it is investigated *at all* on a survey (whether there was one resident investigation or five for that area on a single survey), this tab shows citation frequency on the **resident** investigation level. Ideally, a reasonable percentage of the resident investigations on a survey will be cited, indicating that surveyors are able to identify areas of concern for investigation that truly are concerning. As with the previous tab, a key issue to look for is investigative areas that are frequently investigated but relatively rarely cited. Again, it would be expected that surveyor-initiated investigations would result in a higher average citation rate compared to areas investigated based on an FI marked during the initial pool process. Some areas (e.g., hospice, dialysis) must be initiated by the survey team and may not have a high citation rate. Compare the state and national percentages to determine if the state is notably different (higher or lower) compared to the national averages for any investigative area. For example, if the average citation rate (i.e., % Cited) for resident investigations of Dental was 1% for the state compared to 12% nationally, it may be worth examining surveyor practices (e.g., interview and observation approaches during initial pool activities, investigative practices) related to the Dental area to determine if changes are warranted. It may be that some concerns could be ruled out during the initial pool activities instead of during investigations or it could be that investigations for Dental are less comprehensive and thorough than they could be. You can then use the report to track improvement in the comparisons over time.

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**Facility Task Citations and Investigations – Mandatory Tasks: Comparison Information**

This tab shows the percentage of surveys on which each of the nine mandatory tasks was cited. This citation rate is displayed on the national, regional, and state levels for surveys completed to date. For example, when comparing information for the Kitchen task, you might see that the task was cited for 30% of all surveys completed nationally to date, 22% of all surveys completed in the region to date, and 24% of all surveys completed in the state to date.

***Note:* New in March 2019, the mandatory tasks that had a low potential citation rate as defined for Measure 15a in the Select Performance Measures on the first SOAR tab are highlighted on this tab. The highlighted tasks were cited at a rate that was in the bottom 10th percentile of the potential citation rates for all SAs nationally for the task during the time period.**

***What to Look For:*  Take note of the highlighted tasks for your state, if any, as they were in the lowest 10th percentile nationally of citation rates for those tasks.** The SA can examine possible reasons for these low citation rates, including reviewing survey level data for the mandatory tasks provided on the next tab. You may also wish to compare the state, regional, and national citation percentages to identify notable differences for any of the other tasks. For example, if Resident Council is cited on about 20% of national surveys and only 2% of state surveys, it may be useful to discuss with state surveyors how the Resident Council task is being investigated to ensure that deficient practice is not being missed. Differences may be observed in the other direction as well. For example, if Sufficient & Competent Staffing was cited on 30% of state surveys to date, 12% regionally, and only 10% nationally, you may want to discuss how these citations are being determined and reinforce positive practices. In any instances of notable differences, it may be worth examining state practices to determine the reason for the difference and if any changes or positive reinforcements are warranted.

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**Facility Task Citations and Investigations – Mandatory Tasks: Survey Level**

This tab displays survey level investigation and citation information for the nine mandatory tasks. All LTCSP surveys completed in the state to date are listed on the left side of the report, in order by Exit Date. ZIP Code, County, and Exit Date are noted for each survey. One of the following is shown for each survey, for each task:

* **C – Cited:** The task was investigated and cited on the survey.
* **NI – Not investigated but should have been:** The task was not investigated but it should have been because it is a mandatory task that was relevant for the survey. Each mandatory task must be investigated on every survey with the following exceptions: Beneficiary Protection Notification (applicable for SNFs only); Kitchen (removed if the facility does not have a kitchen); and Resident Council (removed if the facility has no Resident Council).
* **P – Partially completed task**
* **Blank:** The task was investigated but not cited on the survey.

**Note: The new sort and filter feature added to the tab as of March 2019 allows the user to reorganize the survey listing according to particular column entries (e.g., Sort the Kitchen task column from A to Z to group together all of the surveys on which the task was cited [C]). After finishing the review of sorted or filtered data, be sure to return to the Exit Date column and Sort from Newest to Oldest to re-organize the survey listing according to most recent Exit Date.**

***What to Look For:*** The individual survey data provides a quick look at task citation patterns for different surveys and also helps identify tasks that were not investigated but should have been. The ZIP code and county information can be used to help look at trends by geographic area in the state. Again, you can track and trend this information on the reports over time to see if SA changes have affected the comparisons or if additional efforts might be needed.

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**Facility Task Citations and Investigations – Mandatory Tasks Not Investigated**

This tab displays the percentage of surveys on which each of the mandatory tasks was not investigated (no CE responses). Information is shown at the national, regional, and state levels. Tasks removed by the survey team (e.g., the team removed the Kitchen task because the facility did not have an onsite kitchen) are not included when calculating the percentages. Tasks that the team started but did not finish also are excluded. The percentages include only tasks that should have been investigated and were not even begun by the team.

***What to Look For:*** Compare the state, regional, and national citation percentages to identify notable differences. Low percentages are expected and preferable as they indicate that few mandatory tasks are not being investigated. For example, if your state did not complete (i.e., the team did not even begin the investigation) the Dining Observation task for 4% of surveys compared to 1% at the national and regional levels, you may want to examine why Dining is not always being investigated when it should be by survey teams in your state. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Task Citations and Investigations – Triggered Tasks: Comparison Information**

This tab shows citation and investigation information on the national, regional, and state levels for the four non-mandatory tasks, which are triggered for completion in various ways, as described below:

* **Environment:** Triggered by an FI during initial pool activities or surveyor initiated.
* **Personal Funds:** Triggered by an FI during initial pool activities or surveyor initiated.
* **Resident Assessment:** Triggered by the system for residents with a most recent MDS assessment older than 120 days or triggered during initial pool activities if MDS Discrepancy is marked and No Issue is marked for an initial pool area. (If the area is marked FI, the resident assessment review is part of the pathway used for investigating the area, so the task is not triggered).
* **Extended Survey:** Triggered when substandard quality of care is identified.

***Note:* New in March 2019, the triggered tasks that had a low potential citation rate as defined for Measure 15b in the Select Performance Measures on the first SOAR tab are highlighted on this tab. The highlighted tasks were cited at a rate that was in the bottom 25th percentile of the potential citation rates for all SAs nationally for the task during the time period. This measure will exclude the Resident Assessment task until the 11.7 release occurs in May 2019 which will correct the issue with how residents are selected for this task.**

The following information is displayed for each triggered task:

* **# of Surveys Triggered & Not Investigated**: The number of surveys on which the task was triggered but not investigated. Note again that “triggered” is used in this report to mean any of the scenarios described above, including surveyor initiation.
* **# of Surveys Triggered & Investigated**: The number of surveys on which the task triggered and was investigated.
* **# of Surveys Cited:** The number of surveys on which the task was cited on the Potential Citation Screen.
* **% of Surveys Cited**: The percentage of surveys on which the task triggered, was investigated, and was cited on the Potential Citation Screen (i.e., # of Surveys Cited divided by # of Surveys Investigated).

***What to Look For:* Take note of the highlighted tasks for your state, if any, as they were in the lowest 25th percentile nationally of citation rates for those tasks.** The SA can examine possible reasons for these low citation rates, including reviewing survey level data for the triggered tasks provided on the next tab. You may also wish to compare the state, regional, and national citation percentages to identify notable differences for each triggered task. For example, if the state citation percentage for Personal Funds is notably lower than the regional and/or national percentages, it might be worth considering the following questions:

* Are any tasks triggering and not being investigated? How are triggered tasks assigned?
* Are state surveyors maintaining the intent of the initial pool areas that trigger the task and/or clarifying the area appropriately?
* Are surveyors probing enough to ensure the FIs are concerns warranting further investigation?
* Is the task triggering from FIs more than it should be, resulting in many investigations and a low citation rate?
* How comprehensive and thorough are surveyor investigations once triggered (e.g., is it triggering appropriately but the investigations are not effective in identifying deficient practice)?

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**Facility Task Citations and Investigations – Triggered Tasks: Survey Level**

This tab shows survey level citation and investigation information for the four triggered tasks. All LTCSP surveys completed in the state to date are listed on the left side of the report, in order by Exit Date. ZIP Code, County, and Exit Date are noted for each survey. Investigation and citation information is indicated for each task by the following:

* **C - Cited:** The task was triggered, investigated, and cited on the survey.
* **NI – Not investigated but should have been:** The task was not investigated but it should have been because it triggered for the survey.
* **P – Partially completed task**
* **I – Investigated and not cited:** The task was triggered and investigated but not cited on the survey.
* **INN – Investigated but wasn’t necessary/didn’t trigger:** This refers only to the Extended Survey and indicates when an Extended Survey was completed but it should not have been because the requirements for completing an Extended Survey were not met.
* **Blank:** Blank fields indicate that the task did not trigger on the survey.

**Note: The new sort and filter feature added to the tab as of March 2019 allows the user to reorganize the survey listing according to particular column entries (e.g., Filter by the “I” to just display the surveys on which the task was not cited [I]). After finishing the review of sorted or filtered data, be sure to return to the Exit Date column and Sort from Newest to Oldest to re-organize the survey listing according to most recent Exit Date.**

***What to Look For:*** The individual survey data provides a quick look at triggered task citation patterns and helps identify surveys on which triggered tasks were not investigated (i.e., a compliance issue and quality concern) or if a team completed the Extended Survey when it was not warranted (i.e., unnecessary use of time). If your surveyors are triggering a certain task often and it is not leading to citations, you may want to look into whether surveyors are probing enough to rule out the need to investigate the task; this could help reduce surveyor workload.

**Potential Citation Screen & CMS-2567 Comparison Information**

This tab shows citation information from the Potential Citation Screen in the LTCSP software and information on the final citations on the CMS-2567. The tab displays *average* numbers and percentages to date across all surveys at the state, regional, and national levels (the total number of surveys completed to date also is displayed for each of these levels). Information is grouped into two sections:

1) **All LTCSP Surveys - Potential Citation Screen**, which includes information from all LTCSP surveys for the time period; and

2) **LTCSP Surveys with 2567 Data**, which includes information only from the LTCSP surveys that have 2567 data. Because the 2567 data lag by about two months, this group of surveys will always be smaller than the total group.

**All LTCSP Surveys - Potential Citation Screen**: This section shows the following information for all LTCSP surveys completed to date:

* **# of Surveys:** Number of surveys with LTCSP data.
* **Total # of Tags (Cited & Not Cited):** Average number of tags proposed by the survey team as listed on the LTCSP Potential Citation screen.
* **# of Tags Not Cited:** Average number of tags proposed by surveyors but not cited by the team. This includes citations that were initially proposed under one tag (which was not cited) but were moved to a different tag (which was cited on the Potential Citation Screen).
* **% of Tags Not Cited**: Average percentage of tags proposed by surveyors but not cited by the team (i.e., # of Tags Not Cited divided by Total # of Tags (Cited & Not Cited).
* **# of Residents Not Cited:** Average number of residents who were proposed to be in a citation but were not included in a citation for one of two reasons: a) the tag was not cited; or b) the tag was cited but the residents were not included in the tag.

**LTCSP Surveys with 2567 Data**: The following information is shown for the subgroup of LTCSP surveys that have 2567 data:

* **# of Surveys:** Number of surveys with 2567 data.
* **# of Tags Cited on Potential Citation Screen:** Average number of tags shown as Cited on the Potential Citation screen.
* **# of Tags Cited on 2567**: Average number of final citations on the CMS-2567.
* **% of Potential Citations Cited on 2567:** Average percentage of tags shown as Cited on the Potential Citation screen that were also cited on the CMS-2567 (i.e., # of Tags Cited on 2567 divided by # of Tags Cited on Potential Citation Screen).

***What to Look For:*** The main points to look for in this tab are: a) whether a high percentage of tags proposed by surveyors are not cited by the team on the Potential Citation Screen; b) whether a large number of residents are proposed for tags but are not included in cited tags on the Potential Citation Screen; and c) whether a high percentage of tags cited on the Potential Citation Screen are excluded from the 2567. Review the comparison information to see if your state is notably different from the region and/or nation for any of the columns on the tab. For example, if you see that in your state, an average of 80% of potential citations are included on the 2567 compared to an average of 95% for the region and nation, you may want to examine why your state would have so many potential citations excluded. Keep in mind that the 2567 data are about two months behind the LTCSP data and for the first few rounds of SOAR reports, the 2567 data might be based on very few surveys for your state.

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**Potential Citation Screen & CMS-2567 Information: Survey Level**

This tab shows primarily the same information as the preceding Comparison Information tab except on the individual survey level (i.e., actual counts and percentages are displayed rather than averages). The one exception is the newly added (in March 2019) column L, **Two or More Deficiencies were Excluded from the 2567 (Y/N)**, which links to Measure 6 on the Select Performance Measures on the first SOAR tab.

Surveys are listed on the left side of the tab in order by most recent Exit Date. ZIP Code, County, and Exit Date are noted for each survey.

Information is again grouped into two sections:

1) **All LTCSP Surveys - Potential Citation Screen**, which includes information from all LTCSP surveys for the time period; and

2) **LTCSP Surveys with 2567 Data**, which includes information only from the LTCSP surveys that have 2567 data. Because the 2567 data lag by about two months, this group of surveys will always be smaller than the total group.

The data columns for these two groups are the same as for the Comparison Information tab. Note that the **LTCSP Surveys with 2567 Data** section of the tab likely will be blank for surveys with recent Exit Dates. The 2567 information will be provided in future reports as the data come in, typically around two months after the survey exit date.

***What to Look For:*** Review the information to identify any survey level patterns that might be contributing to the differences you see in your state comparisons. For example, if your state has a higher percentage of tags proposed on the Potential Citation Screen but not cited by the team compared to the region and nation, you might look to identify particular surveys that show a high percentage of tags that were proposed but not cited by the team. You can then determine whether particular surveyors or survey teams tended to have this occur and have discussions to see why so many tags are proposed but not cited by the team. You can then implement new practices or resolve confusion around the issue and use the SOAR report to look for improvement in this area over time.

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**Investigations, Surveyor Initiations & Citations: Survey Level**

This tab provides a survey level view of investigations and citations. **The information on this tab supplements Measure 14 (Number of care areas with a high FI and low potential citation rate) in the Select Performance Measures and the other SOAR tabs that present investigation and citation information at a higher level.** Each survey is listed along the left side, including facility name, ZIP code, county, and Exit Date. All of the investigative care areas are listed across the top. Each investigative area has the following columns:

* **FI:** There will be an “x” in the FI column if the investigative care area was marked for further investigation and investigated during the survey.
* **SI:** If the area was surveyor initiated, an “x” will appear in the SI column.
* **Cite:** If the area was cited (for at least one resident), there will be an ‘x’ in the Cite column.

***What to Look For:*** On this tab, you can see exactly which investigative care areas were investigated on each survey and whether the investigation resulted in a citation. You can use these data to drill down to specific surveys. For example, if you are concerned about the high percentage of surveys where ADLs were marked for FI but not cited (which you have learned based on review of other SOAR tabs), you can easily scroll down the list to find surveys where it was investigated but not cited. You may notice patterns by ZIP code that help you identify that a problem is occurring in particular geographic areas, you may see that specific issues are occurring frequently for particular survey teams, or you may determine that a potential issue is occurring across all teams and ZIP codes. Using this information, you can examine why the identified issues are occurring by discussing the findings with the relevant surveyors, whether particular team(s) or across all teams. You can then act to resolve the issues, whether through targeted training or other changes.

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**FRIs and Complaints: Comparison Information**

This tab displays information on complaints and FRIs. With the release of the 11.2 version of the software, FRIs and Complaints are part of the survey shell and appear on the Offsite Preparation Screen. Using that screen, the TC can link the complaint to a task, a specific resident, a closed record or directly to an investigative area. Up to five complaint/FRI residents can be added to the initial pool (via the offsite prep screen). With the release of the 11.4 version of the software, an Initial Pool indicator was added to the Resident Manager screen. The averages on this worksheet use that Initial Pool indicator, so the surveys presented on this tab are limited to those conducted with the 11.4 software (or later versions).

The tab shows the following information:

* **# of Surveys with Complaints/FRIs:** Total number of surveys with complaint and/or FRI residents.
* **Total Resident Complaints/FRIs**
* # of Residents: Average number of residents across surveys with any type of resident-specific complaints.
* % Cited: Percentage of residents with resident-specific complaints that were cited.

*Note:* Total Resident Complaints/FRIs is based on the five different types of complaints (i.e., those shown on this tab and described below). However, the total may not be the sum of the residents listed under the individual types of complaints because a single resident can be counted under multiple types. For example, a resident may have a direct investigation complaint and a task related complaint and also an initial pool related complaint. Such a resident would be listed in the total as one resident, but would also be counted as one resident for each of the three different complaint types.

* **Closed Records**
* # of Residents: Average number of residents across surveys with complaints related to closed records.
* % Cited: Percentage of residents with complaints related to closed records that were cited for those complaints.
* **Direct Investigations:** Occurs when the area of concern is not covered by an initial pool area and the TC assigns an investigative area or Ftag for investigation, bypassing the initial pool process.
* # of Residents: Average number of residents with complaints assigned for direct investigation.
* % Cited: Percentage of residents with complaints assigned for direct investigations that were cited for those complaints.
* **Facility Tasks**: Includes both mandatory and triggered tasks.
* # of Residents: Average number of residents with complaints related to facility tasks.
* % Cited: Percentage of residents with complaints related to facility tasks that were cited for those complaints.
* **Initial Pool Residents:** Residents with complaints related to the initial pool areas, such as Activities or Choices. They may have been linked to care areas on the offsite prep screen or they may be residents added to the complaint or FRI subgroup on the Resident Manager screen after the offsite prep was completed.
* # of Residents: Average number of residents with complaints related to initial pool areas.
* % Cited: Percentage of residents with complaints related to initial pool areas that were cited for those complaints.
* **Total Nonresident-Specific Complaints**: Complaints listed with “facility, facility” as the resident name on the offsite prep screen. These are general complaints that don’t apply to a specific resident or anonymous complaints.
* # of Residents: Average number of residents with nonresident-specific complaints.
* % Cited: Percentage of residents with nonresident-specific complaints that were cited for those complaints.
* **Total Not Investigated Complaints:**  Complaints that do not get investigated, whether missed, overlooked, or for any other reason. For example, if the TC links a complaint to a resident on the offsite prep screen and picks initial pool care areas but forgets to include the resident in the initial pool, that resident will be counted as missed (unless the TC notices the mistake at some point during the survey and conducts the investigation). If a resident is marked for the complaint or FRI subgroup on the resident manager screen but not investigated, that resident would be part of the “not investigated complaint” count.
* # of Residents: Average number of residents across surveys for whom a complaint was not investigated.

***What to Look For:*** Review the information to determine how frequently resident-specific complaints of any type are cited. You may also wish to identify which types of complaints are most and least common in your state, and the frequency with which each type is cited. Is the data showing what you expected? Look also for the average number of residents for whom a complaint was not investigated. Lower numbers will help you confirm that your survey teams are not missing complaint or FRI investigations. As you identify trends that you would like to reinforce or turn around, you can refer to the survey level data on complaints and FRIs available on the next tab in the spreadsheet (described below).

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**FRIs and Complaints: Survey Level**

**This tab is linked to Measure 22 (Average number of resident complaints/FRIs) in the Select Performance Measures.** This tab contains the same complaint and FRI information as the prior tab but it lists the data for each survey individually. Surveys are listed down the left side along with ZIP Code, County, and Exit Date.

***What to Look For:*** If you see something in the averages on the prior tab that concerns you, you can use this tab to identify particular surveys that influenced the potentially problematic trends. For example, if the prior tab indicated that complaints were going uninvestigated more often than you would expect, you can quickly scan down the rightmost column on this tab to identify any surveys that had uninvestigated complaints. You may discover that a particular survey team consistently had missed complaint investigations on their surveys. You could then discuss the issue with the team and discover why this might be occurring (e.g., the TC tended to forget to include complaint residents in the initial pool [when relevant] and resolve the issue).

Even if you don’t see anything of concern on the prior tab, you can use this tab to review survey information. For example, is your state consistently following the CMS policy of limiting the initial pool to five complaint/FRI residents? You can quickly scan the “Initial Pool Residents” column to see if any surveys exceed the limit. If so, you can reinforce the policy to ensure that any complaint/FRI residents exceeding five are not included in the initial pool. This helps ensure that surveyors focus largely on offsite selected and onsite selected residents for the initial pool. If more than five complaint/FRI residents are included on the survey, five should be chosen for the initial pool and those over five should be included as “additional complaints” and investigated for their complaint allegations rather than including the residents in the initial pool interview, observation, and record review workload.

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