

**SURVEY PROCEDURES FOR STATE VETERANS HOMES (SVH) PROVIDING
NURSING HOME AND ADULT DAY HEALTH CARE**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook provides the policy for the survey of State Veterans Homes (SVH) providing nursing home and adult day health care.
- 2. SUMMARY OF CHANGES.** This VHA Handbook contains updated procedures for surveying SVH facilities providing nursing home and adult day health care.
- 3. RELATED ISSUES.** VHA Directive 1145 (to be published).
- 4. FOLLOW-UP RESPONSIBILITY.** The Office of Geriatrics and Extended Care within the Office of Patient Care Services is responsible for the contents of this Handbook. Questions may be referred to 202-461-6064.
- 5. RESCISSIONS.** VHA Manual M-5, Part VIII, Chapters 1, 2, 3, 4, and 5 are rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for re-certification on or before the last working day of May 2015.

Robert A. Petzel, M.D.
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 5/18/2010

CONTENTS

**SURVEY PROCEDURES FOR STATE VETERANS HOMES (SVH) PROVIDING
NURSING HOME AND ADULT DAY HEALTH CARE**

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Scope	1
4. Definitions	1
5. Responsibilities of the VHA Office of Office of Geriatrics and Extended Care (OGE)	3
6. Responsibilities of the Veterans Integrated Service Network (VISN) Director	4
7. Responsibilities of the SVH VISN Liaison	4
8. Responsibilities of Director, VA Medical Center of Jurisdiction	5
9. Responsibilities of the SVH VA Medical Center Representative	5
10. Responsibilities of the Fiscal Representative at the VA Medical Center of Jurisdiction	6
11. Annual Survey Process	6
12. Recognition Survey Process	9
13. "For-cause" Survey Process	10
 APPENDIXES	
A State Veterans Home Issue Brief Cover Page and Template	A-1
B Role of the Administrator of the State Veterans Home Facility	B-1

SURVEY PROCEDURES FOR STATE VETERANS HOMES (SVH) PROVIDING NURSING HOME AND ADULT DAY HEALTH CARE

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides guidance to the field for overseeing and processing annual, recognition, and “For-cause” surveys of State Veterans Homes (SVH) providing nursing home and adult day health care.

2. BACKGROUND

a. Currently, there are over 130 State Veterans Homes (SVH) across the United States providing nursing home, domiciliary, adult day health, or hospital care. The state receives a per diem payment from the Department of Veterans Affairs (VA) for providing care to eligible Veterans in the facility when VA recognizes the home as a State Home. In addition, VA annual certification is required for nursing home care and adult day health care. The state is responsible for operating, managing, and funding these facilities. VA is required by law to survey the SVH to ensure the facilities meet VA standards to be eligible for per diem payments.

b. VA has identified the need to standardize the national survey process and has made the decision to contract with a private firm to assist VA in conducting the required surveys for the SVH program.

3. SCOPE

a. This Handbook provides guidance on VHA policy and a standardized approach for the following:

- (1) Internal policies for recognition, annual, and “For-cause” surveys.
- (2) The communication and relationships between VA, SVH and the survey team.

b. Once a facility has been recognized, the VA Medical Center of Jurisdiction, Veterans Integrated Service Network (VISN) and the Office of Geriatrics and Extended Care (GEC) (114) are responsible for ensuring the SVH is surveyed in accordance with this Handbook.

c. The SVH Program needs to reside under the GEC program or service line within the VA Medical Center of Jurisdiction.

4. DEFINITIONS

a. **Anniversary Month.** The month of the initial determination regarding recognition and the certification of a SVH by VA.

b. **Annual Survey.** An annual survey is the yearly survey performed to determine the SVH's compliance with VA standards.

c. **Certification.** After a home has been recognized as providing nursing home and adult day health care meeting all standards, full certification is granted by the Director, VA Medical Center of Jurisdiction for a SVH. In an annual survey, a provisional certification is issued by the VA Medical Center of Jurisdiction Director only upon a determination that:

(1) SVH management does not meet one or more of the standards,

(2) Deficiencies do not jeopardize the health or safety of the residents, and

(3) The SVH management and the facility Director have agreed to a plan of correction to remedy the deficiencies in a specified amount of time (not more time than the VA Medical Center of Jurisdiction Director determines is reasonable for correcting the specific deficiencies).

d. **Corrective Action Plan (CAP).** A CAP is a detailed plan listing actions, implementation schedules, and evidence of corrections written by the SVH to correct identified deficiencies.

e. **"For-cause" Survey.** A "For-cause" Survey, previously known as a Focused Review, is a survey authorized by GEC to investigate specific, or a series of, incidents, complaints, deficiencies, or events that may jeopardize the health or safety of residents. A "For-cause" Survey covers all VA standards, the same as an annual or recognition survey.

f. **Issue Brief (IB).** An IB is a written form of communication used by the VA Medical Center of Jurisdiction for immediate notification of specific and unexpected events at a SVH. IBs are forwarded to GEC through designated SVH Veterans Integrated Service Network (VISN) Liaisons, as appropriate (see App. A).

g. **Per Diem.** Per diem is the VA-established daily reimbursement rate to a state for providing a specified level of care to eligible Veterans at a State Home facility, once that facility is officially recognized by VA and, with respect to facilities providing nursing home and adult day health care, maintains certification.

h. **Recognition Survey.** A Recognition Survey is the VA survey of a State Home used to determine its compliance with VA standards for purpose of recognizing the home as a SVH by VA.

i. **Scope and Severity Matrix.** The Scope and Severity Matrix is a tool developed by the Centers for Medicaid or Medicare Services (CMS) to assess if a deficiency in a standard is isolated, a pattern, or widespread and the level of potential harm to residents.

j. **Sentinel Event.** A sentinel event is an adverse event that results in the loss of life, limb, or permanent loss of function.

k. **State Survey.** A State Survey is a survey performed by the state to ascertain if a nursing home meets requirements for participation in the CMS programs. The State Survey evaluates performance and the provision of safe and quality care and quality of life.

l. **State Veterans Home (SVH).** The state is responsible for operating and managing the SVH. A SVH means a home, approved by VA, which a state has established primarily for the care of Veterans disabled by age, disease, or otherwise, who by reason of such disability are incapable of earning a living. A SVH may provide domiciliary care, nursing home care, adult day health care, and hospital care; however, hospital care may only be provided when the SVH also provides domiciliary or nursing home care.

5. RESPONSIBILITIES OF THE VHA OFFICE OF GERIATRICS AND EXTENDED CARE (GEC)

The GEC is responsible for:

- a. Providing clinical and survey oversight for the SVH program.
- b. Processing recognition packages.
- c. Notifying the state officials and the Director, VA Medical Center of Jurisdiction, of their responsibilities.
- d. Informing the SVH VA Medical Center Representative and the SVH VISN Liaison when a recognition decision has been reached by the Under Secretary for Health.
- e. Reviewing and providing comments, as necessary, for the annual survey reports.
- f. Authorizing "For-cause" surveys, reviewing findings, and determining appropriate action.
- g. Providing oversight for surveyor performance.
- h. Providing a national analysis and summary of the survey findings submitted by the SVH VISN Liaisons to the Office of Patient Care Services.
- i. Providing clarification and guidance to the field regarding SVH program.
- j. Notifying the Director, VA Medical Center of Jurisdiction, of the scheduled date for the annual survey and providing contact information for the private firm that will assist in conducting the survey.

6. RESPONSIBILITIES OF THE VETERANS INTEGRATED SERVICE NETWORK (VISN) DIRECTOR

The VISN Director is responsible for:

- a. Administering the SVH program within the VISN in accordance with established policies and procedures.
- b. Appointing a SVH VISN Liaison to perform the duties listed under SVH VISN Liaison (see par. 7). The SVH VISN Liaison must have the capacity, skills, and experience to provide guidance to the SVH VA Medical Center Representative and effectively communicate with state officials, VISN, and GEC staff. *NOTE: For the purpose of this Handbook, state officials refer to the personnel of the state agency responsible for the SVH facility.*
- c. Meeting with the SVH VISN Liaison to ensure awareness of any issues at the SVH.
- d. Submitting IBs to GEC using the SVH IB format. The VISN Director has the discretion to determine which IBs are serious enough to send to GEC, and does so within 48 hours of notification by the SVH VA Medical Center Representative.

7. RESPONSIBILITIES OF THE SVH VISN LIAISON

The SVH VISN Liaison, the main intermediary between the SVH VA Medical Center Representative and GEC, is responsible for:

- a. Managing the SVH program within the network and ensuring the performance of the following duties including but not limited to:
 - (1) Reviewing IBs for completeness and requesting additional information if necessary.
 - (2) Sending a brief email alert to GEC within 24 hours of notification by the SVH VA Medical Center Representative that a sentinel event, negative publicity, or any situation resulting in immediate jeopardy to residents' health or safety has occurred.
 - (3) Being the point-of-contact for:
 - (a) Communications about the survey process, survey findings, training, follow-up and all activities pertaining to the SVH program; and
 - (b) Managing survey-related problems, including those that impact per diem.
 - (4) Serving as educational resource for VA medical center staff regarding SVH program.
 - (5) Reviewing and providing comments as necessary for the annual survey report.
- b. Monitoring and communicating reportable events.

8. RESPONSIBILITIES OF THE DIRECTOR, VA MEDICAL CENTER OF JURISDICTION

The Director, VA Medical Center of Jurisdiction, the field level official responsible for the oversight for the SVH program, is responsible for:

- a. Appointing a VA official to serve as the SVH VA Medical Center Representative to perform the duties listed under SVH VA Medical Center Representative (see par. 9).
- b. Meeting with the SVH VA Medical Center Representative to ensure awareness of any issues at the SVH.
- c. Communicating with the SVH VISN Liaison on matters concerning the SVH.
- d. Submitting IBs to the VISN.
- e. Reviewing annual survey reports and CAP to confirm compliance with VA standards prior to granting certification to the SVH.
- f. Appointing a VA official to serve as the fiscal representative to conduct the SVH survey related to fiscal standards.
- g. Annually certifying whether an SVH providing nursing home or adult day health care meets VA standards for per diem payment.

9. RESPONSIBILITIES OF THE SVH VA MEDICAL CENTER REPRESENTATIVE

The SVH VA Medical Center Representative is responsible for:

- a. Managing the SVH program and ensuring the performance of the following duties, including, but not limited to:
 - (1) Coordinating communication between (1) the SVH, survey team, VA Medical Center Director, SVH VISN Liaison, and GEC.
 - (2) Acting as a team co-leader during each survey.
 - (3) Overseeing the process for the recognition, annual, and "For-cause" surveys by performing the following duties:
 - (a) Officiating at the entrance and exit conferences.
 - (b) Remaining onsite at the SVH for the duration of all surveys.
 - (c) Conducting the health administration portion of the survey.

(d) Reporting survey updates to the VA Medical Center Director and SVH VISN Liaison.

(e) Uploading the survey report and CAP to the SVH database located on the VA intranet.

NOTE: The intranet site <http://vaww.svhsurvey.cc.med.va.gov/svh> is a repository of past and current SVH surveys and survey reports. Access to this site limited to SVH VISN Liaisons, VA Medical Center Representatives, and Fiscal Surveyors. This is an internal VA Web site not available to the public.

(4) Responding to inquiries from SVH management and referring SVH management to appropriate VA office for assistance.

(5) Providing assistance to SVH VISN Liaison and GEC as requested.

b. Immediately notifying Director, VA Medical Center of Jurisdiction, and SVH VISN Liaison that a sentinel event, negative publicity, or any situation resulting in immediate jeopardy to residents' health or safety has occurred. This includes preparing and submitting the IB and cover sheet (see App. A) within 24 hours to the appropriate level, clarifying any questions, and continuing to update the SVH VISN Liaison until resolution.

c. Ensuring the timely processing of all documentation, including daily admissions, discharges, and reconciling and processing monthly invoices.

d. Serving as educational resource for VA Medical Center staff regarding the SVH Program.

e. Monitoring and communicating reportable events.

10. RESPONSIBILITIES OF THE FISCAL REPRESENTATIVE AT THE VA MEDICAL CENTER OF JURISDICTION

The Fiscal Representative at the VA Medical Center of Jurisdiction is responsible for:

a. Communicating, collaborating, and participating with the SVH VA Medical Center Representative in all surveys.

b. Conducting a review of the fiscal standards at some point between the entrance and exit conference of the survey.

c. Submitting a report of the survey findings to the SVH VA Medical Center Representative within 10 business days of the survey exit conference.

NOTE: See Appendix B for the role generally expected of the Administrator of the SVH.

11. ANNUAL SURVEY PROCESS

a. An annual unannounced survey must be completed every 12 months during the recognition anniversary month or during a month agreed upon by the VA Medical Center of Jurisdiction and the SVH, as specified in 38 CFR Part 51, for homes providing nursing home

care, and in 38 CFR Part 52, for homes providing adult day health care. The Director, VA Medical Center of Jurisdiction, annually certifies whether an SVH providing nursing home or adult day health care meets VA standards for per diem payment.

b. GEC notifies the Director, VA Medical Center of Jurisdiction, of the scheduled date for the survey.

c. The Director, VA Medical Center of Jurisdiction informs the SVH VA Medical Center Representative and Fiscal Representative at the VA Medical Center of Jurisdiction, who must participate in the survey, of the date of the survey. SVH VA Medical Center Representative will remain onsite for the duration of the survey.

d. The survey team uses a recognized industry standard surveying process for long-term care, including:

(1) Conducting the entrance and exit conferences with SVH administrator and staff.

(2) Conducting the survey for nursing homes and State Homes providing adult day health care. During the survey process, GEC provides clarification of standards, as needed.

(3) Addressing clinical standards identified with deficiencies initially rated "Not Met." These include, but are not limited to:

(a) Clinical deficiencies which are considered to cause actual harm to residents. This requires the surveyor who identifies the deficiency to provide a written initial rating and description of the findings to both the SVH VA Medical Center Representative and SVH Administrator.

1. The SVH Medical Center Representative is responsible for notifying the Director, VA Medical Center of Jurisdiction, and the SVH VISN Liaison.

2. The VISN Director has discretion to determine which clinical deficiencies are considered to cause actual harm to residents and need to be reported to the GEC.

(b) Clinical deficiencies which are considered to be an immediate jeopardy to residents' health or safety. This requires at least one surveyor to remain at the SVH until the deficiencies are corrected. The surveyor, who identified the deficiency, provides a written initial rating and description of the findings to both the SVH VA Medical Center Representative and SVH Administrator. The SVH Medical Center Representative is responsible for notifying the Director, VA Medical Center of Jurisdiction, and the SVH VISN Liaison. The SVH VISN Liaison is responsible for notifying GEC.

e. The survey team uses established VA ratings to assess survey findings.

f. When the onsite survey activities have been completed, the survey team uploads the completed survey report to the SVH database within 10 business days of the last day of the onsite survey.

g. For SVH providing nursing home and adult day health care, the Director, VA Medical Center of Jurisdiction, sends the annual survey report to the SVH Administrator with a letter that:

- (1) Identifies the standards, if any, that were not met;
- (2) States the reasons for the decision that the standards were not met;
- (3) States the certification level awarded (see subpar. 11i); and
- (4) Describes VA's appeal process.

h. The Director, VA Medical Center of Jurisdiction, is to forward the letter and survey report within 20 business days of the last day of the onsite survey to the SVH Administrator.

i. For each facility recognized as a SVH, the Director, VA Medical Center of Jurisdiction, must certify annually whether the SVH and SVH management meet, provisionally meet, or do not meet the standards of 38 CFR Part 51 or 38 CFR 52. Certification is to be made every 12 months during the recognition anniversary month or during a month agreed upon by the VA medical care center Director and officials of the SVH.

j. The Director, VA Medical Center of Jurisdiction, may request the SVH to submit evidence of corrective actions and a CAP for deficiencies. The Director, VA Medical Center of Jurisdiction, generally requests submission of the evidence and CAP within 20 business days of when the SVH receives the survey report.

k. The SVH VA Medical Center Representative enters any CAP into the SVH database and alert the survey team using the notification system within 3 business days of receipt of the survey report.

(1) The survey team reviews the evidence of correction and any CAP, makes a recommendation to accept or not accept the evidence and CAP, and submits the recommendation to the Director, VA Medical Center of Jurisdiction, within 5 business days of receipt.

(2) The Director, VA Medical Center of Jurisdiction, reviews any CAP and the surveyor team's recommendations. The Director, VA Medical Center of Jurisdiction, has the discretion to accept, or not accept, the CAP and can request additional information directly from the SVH.

(3) If the Director, VA Medical Center of Jurisdiction, does not accept the CAP, the VA Medical Center Representative may request the SVH submit a revised CAP to the Director, VA Medical Center of Jurisdiction, within 5 business days. The SVH VA Medical Center Representative notifies GEC through the SVH VISN Liaison.

(4) The Director, VA Medical Center of Jurisdiction, notifies the SVH VISN Liaison and GEC when any CAP is accepted.

(5) The Director, VA Medical Center of Jurisdiction, sends a letter to the SVH indicating certification status.

12. RECOGNITION SURVEY PROCESS

a. A recognition survey is required when a SVH seeks to become eligible for VA per diem payments. The recognition survey is conducted to review policies, procedures, processes, projected staffing patterns, schedule for admission of residents, Life Safety, and all other requirements of the standards.

b. To begin the recognition process, the state sends a written request for recognition and certification signed by the authorizing state official to GEC. GEC then notifies the Director, VA Medical Center of Jurisdiction, of the recognition application, and requests the appointment of a SVH VA Medical Center Representative.

c. Throughout the remainder of the Recognition Survey process, the SVH needs to send the documentation required for recognition to the Director of the VA Medical Center of Jurisdiction.

d. A recognition survey generally occurs after original construction or renovations of the facility are complete. For nursing homes, a recognition survey occurs only after the new facility has at least 21 residents, or has a number of residents consisting of 50 percent or more of the new bed capacity.

e. The onsite recognition survey is generally performed within 10 business days of authorization by GEC.

f. If the survey indicates that all standards are met, the Director, VA Medical Center of Jurisdiction, sends a letter with a copy of the report to the SVH. For SVH providing nursing home and adult day health care, the letter must explain that only the Under Secretary for Health can recognize the SVH and provide initial certification. The Director, VA Medical Center of Jurisdiction, sends a letter addressed to the Under Secretary for Health, through the VISN and GEC, recommending whether, based on the survey, the SVH and SVH management meet the standards in 38 CFR Part 51 or Part 52, as applicable.

g. If the survey report indicates that the SVH does not meet the standards, the Director, VA Medical Center of Jurisdiction, notifies GEC through the SVH VISN Liaison.

(1) In addition, if the Director, VA Medical Center of Jurisdiction, recommends that the SVH or SVH management does not meet the standards of this part, the Director, VA Medical Center of Jurisdiction, notifies the SVH in writing of the standards not met. The Director, VA Medical Center of Jurisdiction, sends a copy of this notification to the state official authorized to oversee operations of the SVH, the VISN Director, the Chief Network Officer (10N), and the Chief Consultant, GEC (114). This letter must include the reasons for the recommendation or decision and indicate that the state has the right to appeal the recommendation or decision.

(2) When the SVH notifies VA that the deficiencies listed in the letter have been corrected, the Director, VA Medical Center of Jurisdiction, notifies GEC through the VISN that the SVH is ready for a recognition survey.

h. For homes that provide nursing home and adult day health care, the recognition will remain in effect unless the state requests that the recognition be withdrawn or the Under Secretary for Health makes a decision that the SVH does not meet VA standards. Recognition of a facility applies only to the SVH as it exists at the time of recognition; any annex, branch, enlargement, expansion, or relocation must be separately recognized.

13. "FOR CAUSE" SURVEY PROCESS

a. A "For-cause" survey may be authorized by GEC in response to an event or series of events including, but not limited to: sentinel events, adverse events, and intentionally unsafe acts. A "For-cause" survey is a full survey with a focus on specific standards related to the event or series of events. The scope of standards reviewed during a "For-cause" survey can be expanded, if deemed necessary by the survey team.

b. The decision to initiate a "For-cause" survey is made by GEC based on available reports and recommendations from the SVH VISN Liaison. GEC authorizes the survey team to perform a "For-cause" survey and notifies the Director, VA Medical Center of Jurisdiction, through the SVH VISN Liaison.

c. The survey team uploads the completed survey report to the SVH database within 10 business days of the last day of the on-site survey, and alerts GEC through the notification system. GEC notifies the SVH VISN Liaison and the Director, VA Medical Center of Jurisdiction.

d. GEC consults with the Director, VA Medical Center of Jurisdiction, and VISN to determine the next course of action; however, GEC has discretion to determine a course of action.

STATE VETERANS HOME ISSUE BRIEF COVER PAGE AND TEMPLATE

1. ISSUE BRIEF COVER PAGE

- a. Issue Title:
- b. Date:
- c. Name of the State Veterans Home (SVH):
- d. Location of SVH:
- e. Department of Veterans Affairs (VA) Medical Center of Jurisdiction:
- f. Veterans Integrated Service Network (VISN):
- g. VISN Liaison:
- h. VA facility representative:
- i. Number of SVH authorized beds:
 - (1) Nursing Home Beds:
 - (2) Domiciliary Beds:
 - (3) Adult Day Health Care Participants:
- i. Current Census of the SVH:
- k. Percentage of Veterans in the SVH:
- l. Date of the last annual full survey:
- m. The number of reported Sentinel Events since the last full survey:
- n. Comments:

2. TEMPLATE

- a. Issue Title:
- b. Date of Report:
- c. Brief Statement of Issue and Status:

- d. Background, Current Status, and Actions:
- e. Contact for Further Information:
- f. Amendment [Insert date]:

ROLE OF THE ADMINISTRATOR OF THE STATE VETERANS HOME FACILITY

The state owns, operates, and manages the State Veterans Home (SVH) facility; however, in order to ensure that the SVH meets the Department of Veterans Affairs (VA) standards required for payment of per diem to the SVH, the Administrator of the SVH is generally expected to:

1. Consult with VA regarding recognition process.
2. Request a recognition survey once self assessment establishes that the facility is in full compliance with VA standards and after admitting the required number of residents.
3. Cooperate and provide all requested pre-survey and post-survey materials.
4. Submit evidence of the correction of a deficiency or the corrective action plan (CAP) within the determined timeframe.
5. Notify the Director, VA Medical Center of Jurisdiction, within 24 hours of event of all reportable events to the state, including, but not limited to events regarding intentionally unsafe acts, adverse events, or sentinel events.
6. Report changes in SVH management to the Director, VA Medical Center of Jurisdiction.
7. Provide timely and accurate submission of data in requests to VA for per diem payments.