Residential Care and Assisted Living Facility Survey Process Guide

The Resident centered survey is a process to determine quality of care and life for residents in a community based setting, through consideration of a facility's practices and systems.

According to the Residential Care and Assisted Living Facilities rules (RALF), their purpose is to establish standards for assisted living and residential care facilities. The rules promote the availability of a wide range of individualized services for seniors and persons with disabilities, in a homelike environment. The standards are designed to enhance the dignity, independence, individuality and decision making ability of the residents in a safe and secure environment. The rules require facilities to address the needs of the residents in a manner that supports and enables the individual to maximize abilities to function at the highest level possible.

This survey process guide is intended to describe the process surveyors use to verify compliance with the RALF rules. When non-compliance is identified, efforts will be made to determine if residents have been affected or put at risk. The evidence comes from observations, interviews and record review. Observations include the provision of care and services, resident interactions with staff and other residents, and the facility environment. Interviews with residents, families and staff can elicit evidence of what is happening as well as the resident's response. At times a resident may be unable or unwilling to articulate how he or she has been affected. This may be due to a variety of reasons including but not limited to: cognitive impairment, fear of retaliation, not wanting to get staff in trouble, etc. In these cases it is appropriate to apply the reasonable person standard.
Reasonable Person Standard

The reasonable person standard considers what a reasonable person would think or feel in the given situation. The reasonable person has the same physical disabilities as the resident in the situation. However, the reasonable person is mentally and emotionally competent, is fully informed of the situation and has no fear of retaliation. The reasonable person is not the resident in question or the surveyor, and is assumed to be an average person in the culture that exists.

Survey Scheduling

❖ All surveys are unannounced.

❖ Standard surveys are to be conducted at least every 24 months.

❖ Depending on the severity of the deficiencies, corrective action will be implemented.

❖ The first revisit survey is conducted approximately 60 to 75 days after the standard survey to confirm that deficiencies have been corrected.

❖ If after the first revisit, the facility has not corrected the deficiencies, corrective action coordinators will be involved.

Investigation Process

The interview is the primary information gathering method for surveying CBC facilities.

❖ Residents are interviewed to determine their satisfaction or concerns with the care and services they receive at the facility. A group interview may be conducted to provide an additional opportunity for residents, including residents not in the survey sample, to share their insights and perspectives on what it is like to live in the facility. If and when concerns are identified, they are investigated through further interviews, observation and record review.

❖ Family (or friend) interviews are conducted to learn their perspectives on
the care and services their loved one receives.

- Facility staff is interviewed throughout the survey process to learn their provision of care and services to residents in the facility generally and in regard to specific issues as needed.

- Witness interviews are conducted with other persons who have a relationship with the resident. These are generally professionals providing services to the resident. Witnesses are interviewed to gather their knowledge and perspective.

**Observations** are made throughout the survey process including all aspects of residents’ daily routine, provision of care, staff interactions and the environment.

- Once residents are chosen for the survey sample, observations and interviews are conducted for issues specific to those residents. The investigation focuses on verifying how the facility is accommodating the needs, concerns and preferences of these residents.

- Locations for observation include areas in which the surveyor can observe what is happening as staff interacts with the residents in their rooms and other locations frequented by the residents, including the dining room, activity rooms and other common areas.

**Record Review** is initially performed to provide the surveyor with information on issues a particular resident may experience, thus helping to direct observations and interviews. An in-depth record review is subsequently done to follow-up on concerns and to complete survey requirements.

Only issues within the scope of the Residential Care and Assisted Living Rules and, if applicable the Memory Care Community Rules, will be investigated.

------------------------------------

Technical Assistance
Throughout the survey process, surveyors will offer technical assistance to the facility staff on the RALF rules and compliance with those rules.

Preparing for Survey

**Purpose:** To determine potential areas of concern for the survey.

- For licensure surveys, prepare a summary of the following information for team members:
  - Facility complaint history for a minimum of 12 months.
  - Any conditions on license, pending hearings, exceptions, variances, etc.
  - Any information obtained from ombudsmen.
  - Review of information received from the local unit, protective services workers, corrective action coordinators and program analysts.
  - For facilities with an Enhanced Care Unit, inform the Special Needs Coordinator of the upcoming survey.

- For licensure surveys, prepare the following forms for the facility administrator:
  - CBC (Community Based Care) Entrance conference checklist.
  - Signs for the doors.

- For revisit surveys, the preparation includes review of the plan of correction and any other information deemed pertinent by the survey team.

- Team Meeting:
  - Using the collected information, the team determines areas of concern and, if possible, any residents who may be appropriate for inclusion in survey sample.
  - Determine entrance time and date.

-------------------------------  ·  -----------------------------

Entering the Facility
Purpose:

- To announce survey.
- To introduce survey team and team coordinator.
- To meet facility staff.
- To establish rapport and tone for the survey.

- During the entrance conference the survey process is briefly explained.
  - Inquire about any recent changes in the facility.
  - Inform/Remind the administrator that there will be interviews with individual residents, groups of residents, family members or friends, and that these interviews are conducted privately, unless the interviewees request the presence of a staff member.
  - Inform/Remind the administrator that direct care staff and other facility staff will also be interviewed.
  - Provide the administrator with a copy of the entrance conference checklist. Review each item, indicating what is needed and when.
  - If a licensure survey is being conducted, ask the facility to post, in areas easily observable by residents and visitors, the survey announcement signs.
  - Ask for the names of any residents in acute bereavement, who are on hospice, acutely ill or who might be agitated if approached by a surveyor.

________________________________________

Information Gathering and Sample Selection

The purpose of this task is to gather information regarding residents and their needed care and services, and to determine the level of services provided by the facility to residents.

- The majority of the information comes from interview of the staff person(s) who oversees care, often designated as the medication passer or health care coordinator. Identify this individual and interview the staff regarding the residents’ health conditions, abilities, concerns, and recent changes, such as:
  - 2-person transfers,
➤ Falls,
➤ Recent decline,
➤ Weight changes,
➤ Skin issues,
➤ Hospice, home health or dialysis,
➤ Diabetes,
➤ Side rails or other supporting devices with restraining qualities,
➤ Chronic pain,
➤ Behaviors,
➤ Anti-coagulant medication, such as Coumadin,
➤ Catheter use,
➤ Heavy and light care,
➤ Elopement and
➤ Delegated tasks.

❖ In facilities where residents are in their rooms with the doors closed, it is not necessary to knock on every door to meet all the residents.
❖ In all facilities, for those residents who are out and about, observe and document possible quality of care and quality of life concerns, such as:
  ▪ Resident grooming and dress, including appropriate footwear;
  ▪ Staff/resident interaction related to residents’ dignity, privacy and care needs, including staff availability and responsiveness to residents’ requests for assistance;
  ▪ The way staff talk to residents, the nature and manner of interactions, and whether residents are spoken to when care is given;
  ▪ Scheduled activities taking place and appropriateness to the residents;
  ▪ Resident behaviors such as crying out, disrobing, agitation, rocking, pacing; and the manner in which these behaviors are being addressed by staff, including nature and manner of staff interactions, response time, staff availability, and staff means of dealing with residents who are experiencing catastrophic reactions;
  ▪ Skin conditions, e.g., excessive dryness, wetness, wounds;
  ▪ Skin tears, bruising, or evidence of fractures that warrant investigation;
  ▪ Dehydration risk factors including availability of water and other indicators or factors, e.g., the amount and color of urine in tubing
and collection bags, dependence on staff, the presence of strong urinary odors, and resident complaints of dry mouth and lips;
- Functional risk factors such as poor positioning and use of physical restraints;
- Side effects of antipsychotic drug use such as tardive dyskinesia, e.g., lip, tongue or other involuntary abnormal movements; and
- Availability, use, and maintenance of assistive devices.
➢ If observed concerns involve specific residents, note the resident's name and room number and the date/time when describing the observed concern. Include the details of the observation in documentation, including any effects on the residents involved.

➢ Decision-making
➢ The information gathered is used to select the sample of residents for resident review. Pick a sample of approximately 10% of facility census with a minimum of two residents.
➢ include residents with the following characteristics:
  - Heavy care needs, high acuity
  - Behavioral symptoms,
  - Home health or hospice services,
  - Cognitively impaired and cognitively intact.

Provision of Care and Services to Residents

➢ Purpose/Objectives:

➢ To verify the facility has properly evaluated care and service needs, developed and implemented appropriate service plan interventions and evaluated the effectiveness of the interventions.
➢ To verify that evaluations and service plans are consistent with and meet the current resident needs and choices.
➢ To verify acute care needs of residents are addressed as needed.
➢ To verify Registered Nurse (RN) assessments and involvement in service planning and monitoring are in place when needed.
➢ To verify the care and services provided support and enable residents
to maximize abilities to function at the highest level possible.

- Resident Review is completed to verify:
  - Evaluations and/or assessments and service plans reflect the resident’s needs and preferences, and support dignity, privacy, choice, individuality and independence;
  - Services needed were reasonably provided by the facility;
  - For residents who experienced a short term change of condition, the facility responded with appropriate actions, interventions, monitoring and documentation to meet the resident’s needs;
  - For residents who experienced a significant change of condition, the facility responded with appropriate evaluation, medical care, referral to the facility nurse, assessment, appropriate follow-up care, interventions, monitoring and documentation to meet the resident’s needs;
  - Medications and treatments ordered by a legal prescriber were provided by the facility and documented on the medication and/or treatment administration records;
  - For residents requiring intermittent or temporary nursing services for which delegation was not appropriate or not available, or which were not available through home health, hospice or other agencies, nursing services were provided by appropriately licensed staff; and
  - Coordination with on-site and off-site health providers was sufficient to develop appropriate service plans and provide for the needs of the resident.

For most investigations, record review and observation are not sufficient to determine compliance with the rules. Surveyors must make efforts to determine the resident’s opinions and choices and how those choices were addressed in the provision of care and services.

- Observe the resident and interactions with staff and others;
- Interview residents, staff, family and/or significant others; and
Review the resident's record including: the most recent quarterly evaluations, assessments (if present) and service plans; prescriber's orders; medication and treatment administration records; and progress notes.

- **Resident Review Interviews**
  - Documentation of interviews:
    - Interview forms are intended to be used as a guide for the interview. It is expected interview questions will vary depending on the uniqueness of the resident and follow-up questions will be asked as needed.
    - Document the interviewed participants, their position and/or their relationship to the resident, and content of interview questions and answers.
    - Document participant's willingness to have their information shared with the facility, when applicable.
    - Document date, time and location of each interview.

- **Individual Resident interviews**
  - What the resident believes are their needed services.
  - What services the resident believes have been delivered and the effects.
  - What is of concern to the resident.
  - Interview all residents who are alert and oriented in the sample. If the resident is cognitively impaired, interview to the extent possible and attempt to obtain family interview.
  - Guide the interview toward issues raised during record review and observation, such as:
    - Activities and social opportunities,
    - Activities of daily living (ADLs),
    - Nutrition and hydration,
    - Skin condition,
    - Behavioral accommodations,
    - Medication administration,
    - Pain assessment and management, and
    - Wound treatment and healing.

- **Resident Group Interview**
Conducted if there is a census of 30 residents. Optional for facilities with a census of 30 residents or less.
Not expected for Alzheimer's endorsed facility.
The purpose of the group interview is to verify:
- the facility protects and promotes the rights, health and independence of residents.
- the impact of the facility's environment, activities of daily living schedules and policies, and staff interactions with residents on the quality of residents' lives.

Family Interviews
- Interview families/friends of 1-2 residents with cognitive impairment.
- Additional interviews must be conducted if there is high percentage of residents with cognitive impairment in the facility.
- Attempt to call family members of sampled residents if there are specific issues the family can clarify.

Caregiver and Other Staff Interviews:
- Interviews with direct caregivers for all residents on the sample are required to learn about resident care and services.
- To learn about the capabilities of the residents.
- What services are provided to the residents and their effectiveness.
- Recent changes or events, if any, in the residents' lives, cares, abilities or needs.

Interviews of other relevant parties, such as:
- Home health, dialysis, hospice and/or other outside agencies.
- Residents' legal representatives who visit frequently and could reasonably be expected to have relevant information/opinions.
- Prescriber, ancillary service providers, hospital personnel, facility nurse.
- Case manager, Adult Protective Services, and/or Ombudsmen.
Resident Observations

❄ ADL Observations

➢ OBJECTIVE: To direct CCMU staff in the steps to be taken prior to and during observation of ADLs during which bare skin normally covered by clothing may be viewed by the surveyor.

➢ Definition: Observation of ADL care provided to residents includes the observation of incontinence care, toileting and dressing during which bare skin in private areas may be briefly exposed. Observation of the provision of ADL care is to evaluate the caregiver techniques, resident response and interactions between the care giver and the resident. Any view of bare skin in private areas would be brief and incidental to the task. This is not to be confused with a skin audit which is conducted to determine the condition of the skin.

➢ General considerations:
  ▪ Surveyors will at all times respect the resident's dignity and right to privacy, even if that resident is cognitively impaired.

  ▪ ADL observations are routinely conducted when a resident receives ADL care from facility staff. ADL care may be observed by all surveyors.

  ▪ Obtain resident permission:

  ▪ Permission needs to be obtained from cognitively intact residents.

  ▪ If permission is denied by the resident, ADL observations will not be done.

  ▪ A family member will be asked for permission if s/he is present and the resident is cognitively impaired. There may be times when a cognitively impaired resident clearly refuses permission either verbally or non-verbally. This refusal will be honored regardless of permission having been granted by a family member.
➢ Prior to entering the resident's room, explain in general terms the reason for the observation to the facility staff who will be involved and the permission obtained.

➢ During observation

➢ The surveyor must stand out of a direct line of sight of the resident's private areas so that any view of bare skin in private areas would be brief and incidental to the task.

➢ If, in the course of the ADL observation, skin areas are identified as possibly reddened or open, that will be noted. Closer viewing of the private area is not appropriate.

➢ After the ADL observation is concluded

➢ The surveyor will investigate any possible skin issues through interview and record view.

➢ If a skin audit is determined to be advisable, the RN surveyor will be consulted and Policy # 02.29 Skin Audit in Community Based Care Facilities or Policy # 02.21 Personal Care Audits (for NF) will be followed.

➢ Document procedure and findings immediately after the ADL observation. Include how permission was obtained, from whom, and who was present at the observation.

➢ Skin Audit

➢ Definition: Skin Audit

➢ Skin audit addresses the direct observation of private areas, such as the rectal and genital areas and for females, the breast area.

➢ The audit is the deliberate viewing of various areas of a resident's skin, including private areas, to determine the presence or absence of skin wounds, bruises, dressing changes, etc.

➢ Skin audits are not to be confused with observing ADL care.
During observation of ADL care, bare skin normally covered by clothing is often viewed by the surveyor. This would not be considered a skin audit unless private areas were viewed.

General considerations:

- Surveyors will at all times respect the resident's dignity and right to privacy, even if that resident is cognitively impaired.
- Skin Audits may be conducted only when the team has determined that viewing of the skin is necessary. CCMU teams shall only conduct skin audits on those residents where inadequate or questionable care is suspected.
- Skin audits are to be conducted by a facility RN and a CCMU RN surveyor. If an RN surveyor is not on the team, request facility RN or HH RN or Hospice RN to assess the skin.
- A second surveyor accompanies the RN surveyor to witness and take notes as indicated. In most situations, the second surveyor stands within sight of RN surveyor and out-of-sight of the resident=s private areas.
- If skin areas are not intact, a second RN surveyor may be asked to view the area for confirmation of the assessment. If skin area is not in a private area of the body, and an RN surveyor is not available, a second surveyor who is not an RN may be asked to confirm what is seen.
- In extreme conditions where resident safety is imminently in danger, the CCMU supervisor is to be called for direction.

Notifications:

- The facility administrator or designee is to be notified of the need for and plan to conduct a skin audit. Efforts should be made to contact the administrator if he or she is not on site.

- The facility RN, Administrator, HH RN or Hospice RN must be present during the skin audit. If the facility RN is not readily available, the team will need to wait until the RN is in the facility to conduct the audit. This may mean prolonging the survey and delaying the exit.
➢ Obtain resident permission:

- Permission needs to be obtained from cognitively intact residents.
- If the resident is impaired cognitively and cannot understand the concept of giving permission, permission is to be obtained from the family or other legal representative.
- If the resident has a Power of Attorney for health care or a guardian for health care, contact that person for permission. Otherwise, contact the person the facility uses for questions regarding care and contact.
- If permission is denied by either the resident or the family or other legal representative, the skin audit will not be done.
- There may be times when a cognitively impaired resident clearly refuses permission either verbally or non-verbally. This refusal will be honored even if permission has been obtained from family or legal representative.
- If reasonable attempts have been made to contact the appropriate person for permission, and the team continues to see a need to view the resident’s skin, the supervisor/lead worker is to be called for direction.

➢ Prior to entering the resident’s room:

- Explain in general terms the reason for the audit to the facility RN and other staff who will be involved
- Explain permissions obtained and notification of the administrator.
- Explain the procedure for the skin audit
  - Clothing and/or bedding should be removed only to the extent necessary to view the skin area in question.
  - The facility staff must do all the removing of resident clothing and bed covers, and any positioning or any touching of the residents.
  - If more than one area is to be viewed, each area is to be covered before proceeding to the next.
  - RN surveyor views skin areas, second surveyor views procedure from a distance.
  - The privacy and dignity of the resident is maintained.
- Document procedure and findings immediately after the audit. Documentation is to include why skin audits were done, how permission was obtained and from whom, who was present at the audit, what procedure was followed and the findings of the audit.
- Report findings to supervisor/lead worker as needed/directed.

- Observe the resident and caregivers during care and treatments, at meals, and various times of the day, including early morning and evening as appropriate, throughout the survey. Observe residents in both informal and structured settings, e.g., receiving specialized rehabilitation services, participating in activities. Also, observe staff-resident and resident-resident interactions.

- Gather resident-specific information, including information on the resident's functional ability, potential for increasing ability, and any complications concerning special care needs.

- Evaluate implementation of the service plan. Verify the service plan is consistently implemented and the service plan is reflective of the resident's current needs and concerns. If the service plan is not reflective, look for evidence the facility has identified this and acted on it even if the service plan has not been revised.

**Resident Record Review**

- Conduct a record review to verify the current status of the resident as evaluated and/or assessed by the facility; compile information on changes in the resident's status and information on planned care, resident goals, interventions and expected outcomes. Use:
  - The record review to help verify the evaluations accurately reflect the resident's status.
  - The service plan to verify the facility used the evaluation to make reasonable service planning decisions. Verify the facility identified resident strengths, needs, and problems which needed to be addressed to assist the resident to maintain or improve their functional status.

- Verify the facility identified specific resident-centered interventions to achieve those goals
In any care area where it is determined that the resident's condition has declined, verify the facility evaluated, service planned, implemented the planned interventions, re-evaluated to determine the effectiveness of interventions, and referred to the RN as needed. Verify the facility took all reasonable actions to prevent the resident's decline or continuation of the decline.

The following survey protocols should be used if indicated:
- Unplanned weight change
- Sufficient staffing, and/or
- Pressure ulcer development and treatment.

Surveying the Prevention of Food Borne Illness

The purpose of this task is to verify the facility is storing, distributing and serving food according to the Oregon Food Sanitation Rules to prevent food borne illness. Kitchen issues should focus on the risk of food borne illness, such as the amount of time a perishable food is kept at a temperature between 41 degrees and 140 degrees F and following principles of infection control/sanitation and resident satisfaction.

Use the Oregon Food Sanitation Rules to direct observations of food storage, food preparation, and food service/sanitation, including:
- How long potentially hazardous foods are in the time/temperature danger zone;
- The manner in which foods are being thawed;
- Cleanliness and sanitary practices; and
- Tray line observed, as needed.

Document the details of the observations including any obvious effects on the residents involved.

Interview appropriate staff regarding kitchen/food service observations.
Surveying the Environment for Cleanliness and Good Repair

The purpose of this task is to determine how the physical features of the facility (such as resident rooms, dining, activity, and shower/bathing rooms) affect the resident's quality of life, health and safety.

Each surveyor should note and document any concerns in resident rooms and the general environment. Concerns should be investigated and followed up on through the resident review process for sampled residents.

- Begin observations as soon as possible after entering the facility, normally after the entrance conference.
- Review the condition of the environment, focusing issues affecting resident quality of life, including:
  - Cleanliness,
  - Sanitation,
  - Presence or absence of pests,
  - Accident hazards,
  - Functionality and cleanliness of equipment,
  - Infection control practices, e.g., hand washing, sanitizing and glove use;
  - Homelike and clean environment;
  - Proper and safe storage of housekeeping products, chemicals and equipment; and
  - Water temperatures:
    - In resident rooms, hot water temperatures are to be spot checked by hand. If too hot or not hot enough in a reasonable time, ask facility to assist in measuring temperatures with their thermometer. Surveyors may also use their thermometer to verify facility temperatures.
    - Ask about the facility system for ensuring correct temperatures and how that is documented.
- Observe the facility's environment throughout the survey.

- Document environmental concerns:
  - If observed concerns involve specific residents, note the resident's name, room number, date/time and describe the observed concern.
Include in your documentation the details of your observation including any obvious effects on the resident(s) involved.

- Interview appropriate staff regarding the observations.

- Decision-making
  - Facilities serve a variety of residents with a variety of preferences, particularly in the area of environment. Although ambiance may vary, the standard for health and safety must remain the same for all facilities, regardless of the population served.

---

**Sharing of Findings with the Facility Staff**

Preliminary findings are the facts surveyors collect through the investigative process. These findings are shared with staff and facility administration throughout the survey process to give additional opportunities for the facility to present additional information. Talk throughout the survey process with the team to determine if additional observations should be ongoing prior to sharing findings.

Preliminary findings are not citations. They are indications of concerns the surveyor has identified and for which more information is needed to reach a compliance decision. Near the end of the survey, when all reasonable opportunities to discover the needed information have been explored, it is time for team consensus. Whether the survey team is one person or several, consensus is the time when the individual rules and the gathered evidence are reviewed to determine compliance or non-compliance.

---

**Decision Making by Consensus**

- *Definition:* Consensus is an agreement that all survey team members can support, even though it may not be each surveyor's first choice.

**Purpose:**

- To review findings with survey team members and to make preliminary team decisions regarding citations.
Consider issues in terms of "resident-centered" and the impact or potential impact on residents. Not all findings become citations; however, do not disregard structure and process tags or general system findings that may indirectly impact residents.

Outcome tags or resident centered tags are those that address direct services to the resident, such as providing ADL cares to residents and using physical restraints.

**Procedure:**

- All tags, including Memory Care Community rules, are reviewed.
- When discussing a specific tag, consider the intent of the rule.

**Factors to consider in decision-making:**

Considerations in decision-making

- What did facility fail to do? Did the facility fail to recognize risk factors and/or changes in the resident's condition and to take reasonable measures to assist the resident in obtaining needed services?
- What did the facility do correctly?
- What was the impact or potential impact on residents?
- What was the degree of risk to a resident or residents?
- Frequency of issue.
- Number of residents and/or staff involved.
- System (global) problem or isolated incident or a mistake, such as hand washing or sanitizing missed one time.
- Resident history - diagnoses, medications, behavior, responses to issues, resident choice, etc.
Primary information source - observation, interview, facility documentation.

Facility compliance history.

Is the deficiency about services not being provided or about paperwork not being completed or both?

When a Facility Is Not In Compliance With a Rule

Level 4: Imminent Danger (ID) to resident health or safety.

Tags will be cited at this level when measures must be immediately taken to protect one or more residents from imminent danger. The ID is called following discussion with the supervisor.

Level 3: Harm which significantly impacts the resident's quality of life or physical function, but does not require immediate correction to protect resident health or safety. By using the reasonable person standard, this can include harm even to non-responsive residents whose physical function or quality of life may not be visibly affected.

Tags will be cited at this level when it has been determined that one or more residents have experienced harm which could reasonably have been avoided if the facility had been in compliance with the rules.

Level 2: No harm, with potential for more than minimal harm; or minimal harm which does not significantly impact the resident's quality of life or physical function.

Tags will be cited at this level when there is a moderate risk of negative outcome to one or more residents if facility processes are not changed.

Tag C999 – There is no level designation for this tag.

Rules listed at this tag are documentation of concerns with compliance. It is used to document the provision of Technical Assistance by the surveyors. The facility is expected to address the
concerns and take measures to come into compliance. No plan of correction is required.

Survey Task 8: 
Exit Conference

- The following, at a minimum, are expected to be included in the exit conference:
  - Discuss findings as preliminary, to be further reviewed,
  - Review areas of concern, how they relate to the specific rule, and the number of residents impacted,
  - Discuss concerns addressed with technical assistance and the need to work on coming into compliance,
  - Explain what the findings mean, i.e., in compliance, corrections required, harm, or Imminent Danger,
  - Explain the report time frame, plan of correction, revisit and if asked, explain informal dispute resolution process,
  - Questions about remedies can be referred to the supervisor,
  - When the exit is finished, leave the building promptly. If surveyors wish to thank specific staff or tell their residents good-bye, they should do so before the exit, and
  - Explain that details of the findings and specific residents have been discussed with the facility administrative staff, and will be available in the written report.

Do not share confidential details such as resident names if anyone who does not have a need to know is in attendance. This could include office staff, maintenance, local unit staff, ombudsman, facility attorneys, owners, board members, etc who do have responsibility for resident care. Corporate nurses are generally accepted as having resident care responsibilities.