

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Abuse

- CE # 01 Does the facility ensure that residents are free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion?
- F223 RESIDENTS RIGHT TO BE FREE FROM ABUSE
  - F224 STAFF TREATMENT OF RESIDENTS
  - F226 POLICIES PROHIBIT ABUSE, NEGLECT

### Abuse Prohibition

- CE # 01 Does the facility develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property?
- F223 RESIDENTS RIGHT TO BE FREE FROM ABUSE
  - F224 STAFF TREATMENT OF RESIDENTS
  - F225 NOT EMPLOY PERSONS GUILTY OF ABUSE
  - F226 POLICIES PROHIBIT ABUSE, NEGLECT

### Accidents

- CE # 01 Did the facility conduct an assessment regarding the risks and/or problems the resident has related to the diagnosis and/or condition?
- F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan to address the care and treatment related to the clinical diagnosis and/or the identified condition?
- F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?
- F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the care plan as needed?
- F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review, did the facility provide care necessary to meet the needs of the resident with the identified clinical diagnosis and/or condition?
- F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
  - F323 FACILITY IS FREE OF ACCIDENT HAZARDS
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:
- F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
  - F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS
  - F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN
  - F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Activities

- CE # 01 Did the facility adequately assess to identify individual activity preferences and interests, and needed adaptations?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan with input from the resident and/or representative, as appropriate, that provides to the extent possible for the resident's participation in activities of choice?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility revise the plan of care as needed with input of the resident (or representative, as appropriate)?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 04 Did the facility provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well being of the resident?  
F248 ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  
F172 RES ACCESS TO REP OF SECRETARY, PHYSICIAN, FAMILY, ETC.  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES  
F246 ACCOMMODATION OF NEEDS & PREFERENCES  
F249 QUALIFICATIONS OF ACTIVITY DIRECTOR  
F250 MEDICALLY RELATED SOCIAL SERVICES  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F464 REQUIREMENTS FOR DINING & ACTIVITY AREAS  
F499 FACILITY MUST EMPLOY QUALIFIED PROF STAFF

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### ADL, Range of Motion, Cleanliness and Grooming, Positioning

- CE # 01 Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures; the risk, causal and contributing factors, and the potential to improve?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING  
F310 ADLS DO NOT DECLINE UNLESS UNAVOIDABLE  
F311 RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN ADLS  
F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  
F317 NO REDUCTION IN RANGE OF MOTION UNLESS UNAVOIDABLE  
F318 RANGE OF MOTION TREATMENT & SERVICES
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F241 DIGNITY  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F373 PAID FEEDING ASSISTANTS  
F498 PROFICIENCY OF NURSE AIDES

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Admission, Transfer, Discharge Requirements

- CE # 01 Does the facility ensure that residents are NOT asked to waive their rights to Medicare or Medicaid (i.e. requiring residents to remain private pay)?  
F208 ADMISSION POLICIES & MONIES FACILITY CAN ACCEPT
- CE # 02 Does the facility ensure that residents are informed of their rights both orally and in writing prior to or upon admission and during the resident's stay?  
F156 INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
- CE # 03 Does the facility ensure that the resident or the resident's legal representative, or an interested family member, is immediately informed if there is a change in room or roommate assignments?  
F247 RES RECEIVES NOTICE BEFORE ROOM/ROOMMATE CHG
- CE # 04 Does the facility ensure that a third party guarantee of payment (by another individual) is NOT required for admission or continued stay?  
F208 ADMISSION POLICIES & MONIES FACILITY CAN ACCEPT
- CE # 05 Does the facility ensure that at the time of transfer for hospitalization or therapeutic leave, the resident and a family member receive written notice that specifies the duration of the bedhold?  
F205 NOTICE OF BED-HOLD POLICY TO RES UPON TRANSFER
- CE # 06 Does the facility ensure that the transfer or discharge is appropriate?  
F201 REASONS FOR TRANSFER/DISCHARGE OF RESIDENT  
F250 MEDICALLY RELATED SOCIAL SERVICES  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
- CE # 07 Does the facility ensure that there is sufficient preparation and orientation to residents before transfer or discharge from the facility?  
F204 PROVIDES ORIENTATION TO RES FOR TRANSFER/DISCHARGE

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Behavioral and Emotional Status

- CE # 01 Was a comprehensive assessment completed for the resident with behavioral and/or mental/psychosocial symptoms?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that ensures provision of care to address resident behavioral and/or mental/psychosocial symptoms?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review did the facility provide services to safely and effectively alleviate the resident's mental, psychosocial or behavioral symptoms?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING  
F319 APPROP TREATMENT FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES  
F320 NO DEVELOP OF MENTAL PROBLEMS UNLESS UNAVOIDABLE
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F223 RESIDENTS RIGHT TO BE FREE FROM ABUSE  
F241 DIGNITY  
F250 MEDICALLY RELATED SOCIAL SERVICES  
F329 FREE FROM UNNECESSARY DRUGS  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Bowel or Bladder Function, Use of Catheter

- CE # 01 Was a comprehensive assessment completed for (1) the resident with an indwelling catheter, (2) the resident experiencing incontinence, and/or (3) the resident with a symptomatic urinary tract infection?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses provision of care for the resident with an indwelling catheter; a resident experiencing incontinence; and/or a resident with a symptomatic urinary tract infection?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Did the facility provide a medical justification for the use of the catheter; provide care/services to improve and/or prevent decline in normal bladder function; and prevent infections, as much as possible?  
F315 RES NOT CATHETERIZED UNLESS UNAVOIDABLE
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F241 DIGNITY  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING  
F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F444 WASH HANDS WHEN INDICATED  
F498 PROFICIENCY OF NURSE AIDES  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

### Choices

- CE # 01 Does the facility allow residents to exercise self-determination, make choices regarding participation, and accommodate needs and preferences?  
F155 RIGHT TO REFUSE TREATMENT/RESEARCH; FORM ADV DIRECTIVES  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES  
F246 ACCOMMODATION OF NEEDS & PREFERENCES

### Colostomy, Ureterostomy, Ileostomy

- CE # 01 Does the facility ensure that residents receive proper treatment and care for colostomy, ureterostomy or ileostomy?  
F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Communication and Sensory, Hearing and Vision

- CE # 01 Did the facility assess the presence of or risk for auditory, visual, or communication problems?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses sensory and communication needs?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Did the facility provide proper care and treatment, including assistive devices, to attain or maintain hearing and/or vision abilities, and/or to either improve communication, or prevent a decline in communication ability?  
F310 ADLS DO NOT DECLINE UNLESS UNAVOIDABLE  
F311 RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN ADLS  
F313 RES RECEIVE TREATMENT TO MAINTAIN HEARING/VISION
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F154 RES INFORMED OF HEALTH STATUS & MEDICAL CONDITION  
F241 DIGNITY  
F246 ACCOMMODATION OF NEEDS & PREFERENCES  
F250 MEDICALLY RELATED SOCIAL SERVICES  
F256 ADEQUATE & COMFORTABLE LIGHTING LEVELS  
F258 COMFORTABLE SOUND LEVELS  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN  
F406 FACILITY PROVIDES SPECIALIZED REHAB SERVICES

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Demand Billing

- CE # 01 Does the denial notice include appropriate notice information?  
F156 INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
- CE # 02 Was the notice provided on or before the date of non-coverage?  
F156 INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
- CE # 03 Were beneficiaries appropriately provided an opportunity to request a demand bill? (Residents receiving a "level of care" denial must be given the option to request that the facility submit the bill to Medicare.)  
F492 COMPLIANCE WITH FEDERAL/STATE/LOCAL LAWS/PROF STDS
- CE # 04 Did any residents in your sample of residents who received a denial notice request a demand bill (if No, this task is complete)?  
skip qu N/A
- CE # 05 If yes, were the requests handled appropriately?  
F492 COMPLIANCE WITH FEDERAL/STATE/LOCAL LAWS/PROF STDS

### Dental

- CE # 01 Did the facility adequately assess to determine the dental/oral condition of the resident?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses the dental/oral health needs of the resident?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review did the facility provide or obtain from an outside resource, dental services to meet the needs of the resident?  
F411 DENTAL SERVICES IN SNFS  
F412 DENTAL SERVICES IN NFS
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F250 MEDICALLY RELATED SOCIAL SERVICES  
F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Dialysis

- CE # 01 Did the facility assess to determine the care needed for the dialysis resident?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan to meet the needs of the dialysis resident?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices to ensure that the care provided meet the professional standards of quality for the resident with end stage renal disease?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the care plan as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review did the facility provide care to meet the needs of the resident receiving dialysis services?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:
- F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
  - F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
  - F282 SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN
  - F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS
  - F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN
  - F425 FACILITY PROVIDES DRUGS & BIOLOGICALS
  - F441 FACILITY ESTABLISHES INFECTION CONTROL PROG
  - F444 WASH HANDS WHEN INDICATED
  - F455 FACILITY HAS EMERGENCY ELECTRICAL POWER
  - F463 RESIDENT CALL SYSTEM
  - F466 PROCEDURES TO ENSURE WATER AVAILABILITY
  - F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

### Dignity

- CE # 01 Does the facility promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality?  
F241 DIGNITY

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Dining

- CE # 01 Are staff preparing, serving and assisting with dining in the scheduled timeframes?  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F362 SUFFIC SUPPORT PERSONNEL FOR DIETARY SERVICES
- CE # 02 Does the facility provide meals that are no greater than 14 hours between the evening meal and breakfast (or 16 hours with approval of a resident group and provision of a substantial evening snack)?  
F368 FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
- CE # 03 Do residents receive timely and appropriate assistance with meals?  
F311 RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN ADLS  
F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  
F373 PAID FEEDING ASSISTANTS
- CE # 04 Does staff follow proper tableware handling techniques?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND
- CE # 05 Does staff utilize hygienic practices?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND  
F441 FACILITY ESTABLISHES INFECTION CONTROL PROG
- CE # 06 Are the staff who handle food products free of signs of infection?  
F443 PROHIBIT EMP W/COMMUN DISEASE FROM DIRECT RES CONTACT
- CE # 07 Does staff act, or interact, with residents during meals in a manner to promote dignity?  
F241 DIGNITY
- CE # 08 Are non-disposable cutlery and plates used and napkins available (e.g., plastic cutlery and paper/plastic plates are not used)?  
F241 DIGNITY
- CE # 09 Are resident's desires considered when using clothing protectors?  
F241 DIGNITY
- CE # 10 Are assistive devices provided as needed to promote independence?  
F369 PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS
- CE # 11 Are residents positioned to maximize eating ability (i.e., wheel chairs fit under tables so residents can access food without difficulty and resident is positioned in correct alignment)?  
F310 ADLS DO NOT DECLINE UNLESS UNAVOIDABLE
- CE # 12 Is the lighting adequate?  
F464 REQUIREMENTS FOR DINING & ACTIVITY AREAS
- CE # 13 Is the ventilation adequate?  
F464 REQUIREMENTS FOR DINING & ACTIVITY AREAS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Dining

- CE # 14 Do noise levels promote socialization?  
F258 COMFORTABLE SOUND LEVELS
- CE # 15 Are dining areas (including resident rooms) free of offensive odors?  
F253 HOUSEKEEPING & MAINTENANCE SERVICES
- CE # 16 Are meal substitutes offered when foods are refused?  
F366 SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
- CE # 17 Are the dining areas adequately furnished to meet residents' physical and social needs?  
F465 ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTABLE
- CE # 18 Do the dining areas have sufficient space to accommodate all activities?  
F465 ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTABLE
- CE # 19 Does the facility serve the meals in an attractive manner (Foods not combined together, variety of textures/colors)?  
F364 FOOD PROPERLY PREPARED, PALATABLE, ETC.
- CE # 20 Does the facility provide the residents with sufficient liquids and provide assistance when needed?  
F327 FACILITY PROVIDES SUFFICIENT FLUID INTAKE

### Enteral Feedings

- CE # 01 Does the facility ensure that residents receive proper treatment and care for enteral feedings?  
F321 NO NG TUBE UNLESS UNAVOIDABLE  
F322 PROPER CARE & SERVICES FOR RES W/ NG TUBE

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Environment

- CE # 01 Is required information prominently displayed?  
F156 INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
- CE # 02 Is nurse staffing information posted and/or readily accessible to residents and visitors and in a readable form?  
F356 NURSE STAFFING DATA POSTED
- CE # 03 Are the survey results readily accessible to residents and/or in a readable form?  
F167 SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS
- CE # 04 Is the facility free of signs of insects or rodents?  
F469 MAINTAINS EFFECTIVE PEST CONTROL PROGRAM
- CE # 05 Is there adequate ventilation in the common areas?  
F467 FACILITY HAS ADEQUATE OUTSIDE VENTILATION
- CE # 06 Are handrails accessible, securely affixed to the walls, and free from splinters or jagged edges?  
F323 FACILITY IS FREE OF ACCIDENT HAZARDS  
F468 CORRIDORS HAVE FIRMLY SECURED HANDRAILS
- CE # 07 Are common areas free from odors?  
F253 HOUSEKEEPING & MAINTENANCE SERVICES
- CE # 08 Are the fixtures/furnishings clean and in good repair?  
F253 HOUSEKEEPING & MAINTENANCE SERVICES
- CE # 09 Is there adequate space and/or furnishings in the activity areas to accommodate all activities?  
F464 REQUIREMENTS FOR DINING & ACTIVITY AREAS
- CE # 10 Are potentially hazardous chemicals or other poisons inaccessible to residents?  
F323 FACILITY IS FREE OF ACCIDENT HAZARDS
- CE # 11 Are proper lighting levels maintained?  
F256 ADEQUATE & COMFORTABLE LIGHTING LEVELS
- CE # 12 Are comfortable and safe temperatures maintained?  
F257 COMFORTABLE & SAFE TEMPERATURE LEVELS
- CE # 13 Are comfortable sound levels maintained?  
F258 COMFORTABLE SOUND LEVELS
- CE # 14 Are refrigerators on the units clean?  
F253 HOUSEKEEPING & MAINTENANCE SERVICES
- CE # 15 Are proper refrigerator temperatures maintained and are food items dated/labeled?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Environment

- CE # 16 Are call systems in common bathing and resident toilet areas functioning properly?  
F463 RESIDENT CALL SYSTEM
- CE # 17 Are water temperatures within acceptable ranges?  
F323 FACILITY IS FREE OF ACCIDENT HAZARDS
- CE # 18 Is there adequate safety equipment (e.g., grab bars, non-slip surface) in the common bathing areas?  
F323 FACILITY IS FREE OF ACCIDENT HAZARDS
- CE # 19 Is resident privacy during bathing maintained (i.e., residents can be seen by persons (residents, staff) other than direct caregivers.)?  
F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
- CE # 20 Are water temperatures within acceptable ranges in the resident rooms?  
F323 FACILITY IS FREE OF ACCIDENT HAZARDS
- CE # 21 Is common use resident care equipment clean?(e.g., mechanical lifts and transfer equipment, IV pumps, glucometers, thermometers, ventilators, suctioning devices, oxygen equipment, nebulizers)  
F253 HOUSEKEEPING & MAINTENANCE SERVICES
- CE # 22 Is common use resident care equipment in good working condition?  
F456 ESSENTIAL EQUIPMENT IN SAFE OPERATING CONDITION
- CE # 23 Does the facility maintain their own laundry equipment? (If no skip to Disaster Planning.)  
skip qu N/A
- CE # 24 Is the laundry equipment in good working condition?  
F456 ESSENTIAL EQUIPMENT IN SAFE OPERATING CONDITION
- CE # 25 Is the equipment clean?  
F253 HOUSEKEEPING & MAINTENANCE SERVICES
- CE # 26 Does staff (nursing, dietary, laundry, housekeeping, administrative, etc.) know what to do in an emergency situation?  
F518 TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS
- CE # 27 Does the facility use a life support system? (If No, skip to #29.)  
skip qu N/A
- CE # 28 Is there a working emergency generator?  
F455 FACILITY HAS EMERGENCY ELECTRICAL POWER
- CE # 29 Is there a functional emergency power system?  
F455 FACILITY HAS EMERGENCY ELECTRICAL POWER
- CE # 30 Are procedures established to ensure water is available to essential areas when there is a loss of normal water supply?  
F466 PROCEDURES TO ENSURE WATER AVAILABILITY

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Extended Survey

- CE # 01 Is the facility in compliance with F353?  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS
- CE # 02 Is the facility in compliance with F354?  
F354 USE OF CHARGE NURSE & REGISTERED NURSE
- CE # 03 Is the facility in compliance with F356?  
F356 NURSE STAFFING
- CE # 04 Is the facility in compliance with F385?  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN
- CE # 05 Is the facility in compliance with F386?  
F386 PHYSICIAN RESPONSIBILITIES DURING VISITS
- CE # 06 Is the facility in compliance with F387?  
F387 FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
- CE # 07 Is the facility in compliance with F388?  
F388 VISITS BY PHYSICIAN/PHYSICIAN ASSISTANT/ETC
- CE # 08 Is the facility in compliance with F389?  
F389 EMERGENCY PHYSICIAN SERVICES 24 HR/DAY
- CE # 09 Is the facility in compliance with F390?  
F390 PHYSICIAN DELEGATION OF TASKS IN SNFS & NFS
- CE # 10 Is the facility in compliance with F490?  
F490 FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST PRAC
- CE # 11 Is the facility in compliance with F491?  
F491 FACILITY LICENSED UNDER STATE AND LOCAL LAWS
- CE # 12 Is the facility in compliance with F492?  
F492 COMPLIANCE WITH FEDERAL/STATE/LOCAL LAWS/PROF STDS
- CE # 13 Is the facility in compliance with F493?  
F493 GOVERNING BODY APPOINTS ADMIN; MANAGES FACILITY
- CE # 14 Is the facility in compliance with F494?  
F494 NURSE AIDE TRAINING/COMPETENCY
- CE # 15 Is the facility in compliance with F495?  
F495 COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4 MO
- CE # 16 Is the facility in compliance with F496?  
F496 NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
- CE # 17 Is the facility in compliance with F497?  
F497 REGULAR PERF REV & INSERVICE OF NURSE AIDES
- CE # 18 Is the facility in compliance with F498?  
F498 PROFICIENCY OF NURSE AIDES

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Extended Survey

- CE # 19 Is the facility in compliance with F499?  
F499 FACILITY MUST EMPLOY QUALIFIED PROF STAFF
- CE # 20 Is the facility in compliance with F500?  
F500 USE OF OUTSIDE PROFESSIONAL RESOURCES
- CE # 21 Is the facility in compliance with F501?  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR
- CE # 22 Is the facility in compliance with F502?  
F502 FACIL PROVIDES/OBTAINS LAB SERVICES
- CE # 23 Is the facility in compliance with F503?  
F503 LAB SERVICES PROVIDED BY FAC/REFERRING SPECIMENS
- CE # 24 Is the facility in compliance with F504?  
F504 LAB SERVICES ONLY WHEN ORDERED BY PHYSICIAN
- CE # 25 Is the facility in compliance with F505?  
F505 PHYSICIAN PROMPTLY NOTIFIED OF LAB RESULTS
- CE # 26 Is the facility in compliance with F506?  
F506 FACIL ASSISTS RES IN TRANSPORT TO LAB
- CE # 27 Is the facility in compliance with F507?  
F507 LAB REPORTS ARE FILED IN CLINICAL RECORD
- CE # 28 Is the facility in compliance with F508?  
F508 FACIL PROVIDES/OBTAINS RADIOLOGY SERVICES
- CE # 29 Is the facility in compliance with F509?  
F509 RADIOLOGY SERVICES MEET REQUIREMENTS
- CE # 30 Is the facility in compliance with F510?  
F510 RADIOLOGY/DIAGNOSTIC SERVICES ONLY WHEN ORDERED
- CE # 31 Is the facility in compliance with F511?  
F511 PROMPTLY NOTIFY PHYSICIAN OF RADIOLOGY FINDINGS
- CE # 32 Is the facility in compliance with F512?  
F512 ASSIST RES IN TRANSPORT FOR RADIOLOGY
- CE # 33 Is the facility in compliance with F513?  
F513 REPORTS OF X-RAYS/DIAGNOSTIC SRVS FILED IN RECORD
- CE # 34 Is the facility in compliance with F514?  
F514 CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
- CE # 35 Is the facility in compliance with F515?  
F515 REQ FOR MAINTAINING CLINICAL RECORDS
- CE # 36 Is the facility in compliance with F516?  
F516 FACILITY SAFEGUARDS CLINICAL RECORDS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Extended Survey

- CE # 37 Is the facility in compliance with F517?  
F517 PLANS TO MEET EMERGENCIES/DISASTERS
- CE # 38 Is the facility in compliance with F518?  
F518 TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS
- CE # 39 Is the facility in compliance with F519?  
F519 TRANSFER AGREEMENT WITH HOSPITAL
- CE # 40 Is the facility in compliance with F520?  
F520 FACILITY MAINTAINS QA COMMITTEE
- CE # 41 Is the facility in compliance with F522?  
F522 DISCLOSURE OF OWNERSHIP REQUIREMENTS

### Fecal Impaction

- CE # 01 Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures; the risk, causal and contributing factors, and the potential to improve?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

### Food Quality (Resident level)

- CE # 01 Does the facility provide food prepared by methods that conserve nutritive value, flavor, and appearance; food that is palatable, attractive, and at the proper temperature?  
F364 FOOD PROPERLY PREPARED, PALATABLE, ETC.

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Foot Care

CE # 01 Does the facility ensure that residents receive proper treatment and care for foot disorders?

F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS

### General Critical Element Pathway

CE # 01 Did the facility conduct an assessment regarding the risks and/or problems the resident has related to the diagnosis and/or condition?

F272 COMPREHENSIVE ASSESSMENTS

CE # 02 Did the facility develop a care plan to address the care and treatment related to the clinical diagnosis and/or the identified condition?

F279 DEVELOP COMPREHENSIVE CARE PLANS

CE # 03 Did the facility implement practices that meet professional standards of quality?

F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

CE # 04 Did the facility revise the care plan as needed?

F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN

CE # 05 Based on observation, interviews, and record review, did the facility provide care necessary to meet the needs of the resident with the identified clinical diagnosis and/or condition?

F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING

F323 FACILITY IS FREE OF ACCIDENT HAZARDS

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC

F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS

F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN

F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Hospice and End of Life

- CE # 01 Did the facility assess adequately to determine specific resident needs for pain control, comfort, cognition, and psychosocial support?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses palliative and end of life needs?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality for end of life care?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the care plan as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review did the facility provide care to promote comfort, pain relief, and provide support to meet the needs of the special care hospice resident?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  
F172 RES ACCESS TO REP OF SECRETARY, PHYSICIAN, FAMILY, ETC.  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES  
F246 ACCOMMODATION OF NEEDS & PREFERENCES  
F250 MEDICALLY RELATED SOCIAL SERVICES

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Hospitalization or Death

- CE # 01 Did the facility accurately assess the resident's condition relevant to the care issues associated with the resident's hospitalization or death?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility plan care to meet resident needs?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility appropriately consult with the resident/resident's family and physician?  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
- CE # 05 Did the facility provide the necessary care and services to maintain the highest level of physical, mental and psychosocial functioning?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F241 DIGNITY  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Infection Control & Immunizations

- CE # 01 Are proper hand washing techniques followed by the staff?  
F444 WASH HANDS WHEN INDICATED
- CE # 02 Are gloves worn if there is contact with blood, specimens, tissue, body fluids or excretions?  
F441 FACILITY ESTABLISHES INFECTION CONTROL PROG
- CE # 03 Are gloves changed between resident contacts?  
F441 FACILITY ESTABLISHES INFECTION CONTROL PROG
- CE # 04 Are staff who are providing direct care free from communicable diseases or infected skin lesions?  
F443 PROHIBIT EMP W/COMMUN DISEASE FROM DIRECT RES CONTACT
- CE # 05 Are precautions observed for the disposal of soiled linens, dressings, disposable equipment (sharps, etc.), and for the cleaning of contaminated reusable equipment?  
F441 FACILITY ESTABLISHES INFECTION CONTROL PROG
- CE # 06 Are linens and laundry handled or transported in a manner to prevent the spread of infection?  
F445 HANDLE LINENS TO PREVENT SPREAD OF INFECTION
- CE # 07 Are isolation precautions implemented when it is determined that a resident needs isolation?  
F442 FACILITY ISOLATES RESIDENTS WHEN APPROPRIATE
- CE # 08 Does the facility establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent development and transmission of disease and infection?  
F441 INFECTION CONTROL PROGRAM
- CE # 09 Did the facility develop and implement policies and procedures related to influenza and pneumococcal immunizations?  
F334 INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Infections (non-UTI related)

- CE # 01 Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures; the risk, causal and contributing factors, and the potential to improve?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Kitchen

- CE # 01 Are foods stored under sanitary conditions?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND
- CE # 02 Does the facility prohibit staff with open areas on their skin, signs of infection or other indications of illness, from handling food products?  
F443 PROHIBIT EMP W/COMMUN DISEASE FROM DIRECT RES CONTACT
- CE # 03 Are foods prepared under sanitary conditions?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND
- CE # 04 Is the food stored at the appropriate temperatures?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND  
F456 ESSENTIAL EQUIPMENT IN SAFE OPERATING CONDITION
- CE # 05 Is food stored under sanitary conditions?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND
- CE # 06 Does the facility prohibit staff with open areas on their skin, signs of infection or other indications of illness, from handling food products?  
F443 PROHIBIT EMP W/COMMUN DISEASE FROM DIRECT RES CONTACT
- CE # 07 Was food prepared and served under sanitary conditions and in a manner that conserves nutritive value, flavor, and appearance?  
F364 FOOD PROPERLY PREPARED, PALATABLE, ETC.  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND
- CE # 08 Were dishes and utensils cleaned and stored under sanitary conditions?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND
- CE # 09 Is food preparation equipment clean and in safe operating condition?  
F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UND  
F456 ESSENTIAL EQUIPMENT IN SAFE OPERATING CONDITION
- CE # 10 Was garbage and refuse disposed of properly?  
F372 DISPOSE GARBAGE & REFUSE PROPERLY
- CE # 11 Food storage, preparation and service areas are free of visible signs of insects and/or rodents?  
F469 MAINTAINS EFFECTIVE PEST CONTROL PROGRAM

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Medication Administration

CE # 01 Was the observed medication preparation or administration in accordance with physician orders, accepted professional standards, and/or manufacturer's specifications?

F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

F332 MEDICATION ERROR RATES OF 5% OR MORE

F333 RESIDENTS FREE FROM SIGNIFICANT MED ERRORS

F425 FACILITY PROVIDES DRUGS & BIOLOGICALS

CE # 02 Are all drugs and biologicals stored properly (medication rooms, carts, boxes, refrigerators)?

F431 PROPER LABELING OF DRUGS & BIOLOGICALS

### Notification of Change

CE # 01 Does the facility immediately provide notification of changes?

F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Nutrition, Hydration, Tube feeding

- CE # 01 Did the facility complete a comprehensive assessment to address nutritional and hydration status and/or use of a naso-gastric or gastrostomy tube?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop an interdisciplinary care plan that addresses the provision of care for nutritional, hydration, and/or naso-gastric or gastrostomy tube feeding needs?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices to prevent decline in nutritional parameters, hydration and/or complications of a naso-gastric or gastrostomy tube feeding that meet professional standards of care?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the care plan as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Did the facility provide care and services to address nutritional and hydration status, prevent complications from the use of naso-gastric or gastrostomy tubes, and restore normal eating skills?  
F321 NO NG TUBE UNLESS UNAVOIDABLE  
F322 PROPER CARE & SERVICES FOR RES W/ NG TUBE  
F325 RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE/RECIEVES THE  
F327 FACILITY PROVIDES SUFFICIENT FLUID INTAKE  
F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F373 PAID FEEDING ASSISTANTS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Pain

- CE # 01 Was a comprehensive pain assessment completed for the resident with or at risk of developing pain and/or discomfort?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the plan of care identify measurable goals and interventions for pain control?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the staff review the plan of care for pain/symptom reduction, evaluate, reassess if necessary and revise the plan of care to meet the needs of the resident?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Did the resident receive care and services including the identification, treatment, monitoring and relief, if possible, of pain?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES  
F246 ACCOMMODATION OF NEEDS & PREFERENCES  
F250 MEDICALLY RELATED SOCIAL SERVICES  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

### Parenteral Fluids

- CE # 01 Does the facility ensure that residents receive proper treatment and care for parenteral fluids?  
F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS

### Participation in Care Plan

- CE # 01 Did the facility revise the plan of care as needed with input of the resident (or representative, as appropriate)?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Personal Funds

- CE # 01 Are residents informed of costs for services and any changes in costs for services?  
F156 INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
- CE # 02 Do residents have ready access to their personal funds managed by the facility?  
F159 FACILITY MANAGEMENT OF RES FUNDS
- CE # 03 Does the facility maintain a separate accounting of each resident's funds?  
F159 FACILITY MANAGEMENT OF RES FUNDS
- CE # 04 Does the accounting system follow generally acceptable accounting principles?  
F159 FACILITY MANAGEMENT OF RES FUNDS
- CE # 05 Are Medicare/Medicaid residents charged only for non-covered services?  
F162 LIMITATION ON CHARGES TO PERSONAL FUNDS
- CE # 06 Is applicable interest paid to each entitled resident?  
F159 FACILITY MANAGEMENT OF RES FUNDS
- CE # 07 Does the facility notify Medicaid residents when account balances are within \$200 of the eligibility limit?  
F159 FACILITY MANAGEMENT OF RES FUNDS
- CE # 08 Does the facility provide quarterly statements and provide statements to residents or legal representatives upon request?  
F159 FACILITY MANAGEMENT OF RES FUNDS
- CE # 09 Upon death of the resident, did the facility convey within 30 days, the resident's funds, and a final accounting of those funds to the individual (or probate jurisdiction) administering the resident's estate?  
F160 CONVEYANCE OF RES FUNDS UPON DEATH
- CE # 10 Were any concerns identified with the management of resident funds (if No, this task is complete)?  
skip qu N/A
- CE # 11 If yes, does the facility have a surety bond or similar protection with the amount of the surety bond equal to at least the current total amount of resident funds?  
F161 SURETY BOND OR OTHER ASSURANCE

### Personal Property

- CE # 01 Does the facility provide a safe, clean, comfortable and homelike environment?  
F252 SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Physical Restraints

- CE # 01 Did the facility assess adequately to determine the medical symptom that warrants the use of the restraint(s)?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that provides for the appropriate use of the restraint?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Was the resident free from the inappropriate use of physical restraints?  
F221 RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ'D FOR TREATM
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES  
F246 ACCOMMODATION OF NEEDS & PREFERENCES  
F248 ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS  
F323 FACILITY IS FREE OF ACCIDENT HAZARDS  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F406 FACILITY PROVIDES SPECIALIZED REHAB SERVICES  
F498 PROFICIENCY OF NURSE AIDES  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Pressure Ulcers

- CE # 01 Did the facility assess to determine the risk for the development of a pressure ulcer?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan to prevent the development of a pressure ulcer, or if present, for the care and treatment of the pressure ulcer?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the care plan as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review, did the facility provide care to prevent the development and/or to promote the healing of a pressure ulcer?  
F314 PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING  
F325 RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE/RECIEVES THE  
F327 FACILITY PROVIDES SUFFICIENT FLUID INTAKE  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

### Privacy

- CE # 01 Does the facility ensure that the resident has the right to personal privacy and confidentiality of his or her personal and clinical records?  
F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  
F174 ACCESS TO TELEPHONE WITH AUDITORY PRIVACY

### Prosthesis

- CE # 01 Does the facility ensure that residents receive proper treatment and care for prosthesis?  
F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Psychoactive Medication

- CE # 01 Did the assessment identify the justification for use of medications, any risks and side effects as a result of the use of the medications, monitoring mechanisms and/or alternatives to the use of the medications?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses the use of medications to improve resident quality of care and quality of life; prevent adverse effects or side effects, and monitor to determine if they are providing intended affects?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the care plan as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review did the facility provide care to prevent adverse effects and use only necessary antipsychotic, anti-anxiety, and/or hypnotic drugs?  
F329 DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F154 RES INFORMED OF HEALTH STATUS & MEDICAL CONDITION  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F386 PHYSICIAN RESPONSIBILITIES DURING VISITS  
F428 RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

### Quality Assessment and Assurance

- CE # 01 Does the facility have a QAA committee that consists of at a minimum, the director of nursing, a physician designated by the facility and 3 members of the facility staff?  
F520 FACILITY MAINTAINS QA COMMITTEE
- CE # 02 Does the facility have a QAA committee that meets at least quarterly?  
F520 FACILITY MAINTAINS QA COMMITTEE
- CE # 03 Does the facility have a QAA committee that identifies issues that require quality assessment and assurance activities?  
F520 FACILITY MAINTAINS QA COMMITTEE
- CE # 04 Does the facility have a QAA committee that has developed and implemented appropriate plans of action to correct identified quality deficiencies?  
F520 FACILITY MAINTAINS QA COMMITTEE

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Rehabilitation and Community Discharge

- CE # 01 Did the facility assess adequately to identify rehabilitative needs and potential for community discharge?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan to address rehabilitative needs and other factors affecting potential for community discharge?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the care plan as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review did the facility ensure that (a) the resident received necessary rehabilitative services and, (b) based on discharge potential, discharge planning was provided?  
F250 MEDICALLY RELATED SOCIAL SERVICES  
F311 RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN ADLS  
F406 FACILITY PROVIDES SPECIALIZED REHAB SERVICES
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  
F241 DIGNITY  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES  
F246 ACCOMMODATION OF NEEDS & PREFERENCES  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING  
F318 RANGE OF MOTION TREATMENT & SERVICES  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F498 PROFICIENCY OF NURSE AIDES  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Resident Council

- CE # 01 Does the Resident Council meet on a regular basis?  
F243 RES/FAMILY RIGHT TO PARTICIPATE IN RES/FAM GROUPS
- CE # 02 Does the facility help with arrangements for council meetings?  
F243 RES/FAMILY RIGHT TO PARTICIPATE IN RES/FAM GROUPS
- CE # 03 Is there enough space for everyone who wants to attend?  
F243 RES/FAMILY RIGHT TO PARTICIPATE IN RES/FAM GROUPS
- CE # 04 Can you meet without staff present, if you desire?  
F243 RES/FAMILY RIGHT TO PARTICIPATE IN RES/FAM GROUPS
- CE # 05 Does staff listen to the resident's/Council's views and act upon any grievances the resident/group has filed?  
F244 FACILITY MUST LISTEN/RESPOND TO RES/FAM GROUP
- CE # 06 Does appropriate facility staff respond to the resident's/group's concerns?  
F244 FACILITY MUST LISTEN/RESPOND TO RES/FAM GROUP
- CE # 07 If the facility does not respond to concerns, do they give a reasonable explanation?  
F244 FACILITY MUST LISTEN/RESPOND TO RES/FAM GROUP
- CE # 08 Do you feel a resident or the group can complain about care without worrying that someone will 'get back' at them?  
F151 RESIDENT EXERCISES RIGHTS & IS FREE OF COERCION  
F165 VOICE GRIEVANCES WITHOUT REPRISAL
- CE # 09 Have you (residents) been informed of the rules at the facility (such as restrictions on visiting hours)?  
F151 RESIDENT EXERCISES RIGHTS & IS FREE OF COERCION
- CE # 10 Do you think the rules at this facility are fair to all residents?  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES
- CE # 11 If the Resident Council makes suggestions about some of the rules, does the facility act on those suggestions?  
F244 FACILITY MUST LISTEN/RESPOND TO RES/FAM GROUP
- CE # 12 Does staff talk about and review the rights of residents in the facility?  
F151 RESIDENT EXERCISES RIGHTS & IS FREE OF COERCION  
F156 INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
- CE # 13 Do you feel that the rights of residents at this facility are respected and encouraged?  
F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES
- CE # 14 Is mail delivered unopened and on Saturdays?  
F170 RESIDENT CAN SEND/RECEIVE UNOPENED MAIL
- CE # 15 Without having to ask, are the results of the state inspection available to read?  
F167 SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Resident Council

- CE # 16 Do residents know who the ombudsman is and how to contact her/him?  
F172 RES ACCESS TO REP OF SECRETARY, PHYSICIAN, FAMILY, ETC.
- CE # 17 Does the facility allow you to see your medical records if you ask?  
F153 ACCESS TO RECORDS & ABILITY TO PURCHASE RECORDS
- CE # 18 Have residents been informed of their right (and given information on how) to formally complain to the state about the care they are receiving?  
F156 INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC

### Resident Room-Access To Exit Corridor

- CE # 01 Does the facility ensure that the residents' rooms have direct access to an exit corridor?  
F459 ROOMS HAVE DIRECT ACCESS TO EXIT CORRIDOR

### Resident Room-Number of Residents Per Room

- CE # 01 Does the facility ensure that the residents' rooms accommodate no more than four residents?  
F457 ROOMS ACCOMMODATE NO MORE THAN 4 RESIDENTS

### Resident Room-Size

- CE # 01 Does the facility ensure that the residents' rooms measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms?  
F458 ROOMS MEASURE AT LEAST 80 SQ FT PER RESIDENT

### Resident Room-Window To Outside and Floor at or Above Grade Level

- CE # 01 Does the facility ensure that the residents' rooms have at least one window to the outside and have a floor at or above grade level?  
F461 ROOMS HAVE AT LEAST 1 WINDOW TO OUTSIDE

### Respiratory Care

- CE # 01 Does the facility ensure that residents receive proper treatment and care for respiratory services?  
F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Skin Conditions (non-pressure related)

- CE # 01 Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures; the risk, causal and contributing factors, and the potential to improve?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the plan of care as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?  
F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING  
F323 FACILITY IS FREE OF ACCIDENT HAZARDS
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

### Social Services

- CE # 01 Does the facility provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident?  
F250 MEDICALLY RELATED SOCIAL SERVICES

### Sufficient Nursing Staff

- CE # 01 Does the facility have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident?  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS

### Tracheal Suctioning

- CE # 01 Does the facility ensure that residents receive proper treatment and care for tracheal suctioning?  
F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS

## Quality Indicator Survey (QIS) Mapping of Care Area to Critical Element to F tag

---

### Tracheostomy

- CE # 01 Does the facility ensure that residents receive proper treatment and care for tracheostomy?  
F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS

### Unnecessary Drug Use

- CE # 01 Was the observed medication preparation or administration in accordance with physician orders, accepted professional standards, and/or manufacturer's specifications?  
F329 DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  
F428 RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST

### Ventilator

- CE # 01 Did the facility adequately assess specific resident needs for infection control, communication?  
F272 COMPREHENSIVE ASSESSMENTS
- CE # 02 Did the facility develop a care plan that addresses all necessary issues related to the ventilator use?  
F279 DEVELOP COMPREHENSIVE CARE PLANS
- CE # 03 Did the facility implement practices that meet professional standards of quality?  
F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
- CE # 04 Did the facility revise the care plan as needed?  
F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
- CE # 05 Based on observation, interviews, and record review did the facility provide care to meet the special care needs of the resident with a ventilator?  
F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:  
F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC  
F325 RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE/RECIEVES THE  
F327 FACILITY PROVIDES SUFFICIENT FLUID INTAKE  
F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS  
F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  
F406 FACILITY PROVIDES SPECIALIZED REHAB SERVICES  
F501 RESPONSIBILITIES OF MEDICAL DIRECTOR