



HMA



They're Here: Establishing a Survey Response and Management Protocol

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**HANYS Survey Readiness
Virtual Series 3 of 5**

TODAY'S SPEAKERS



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HANYS SURVEY READINESS WEBINAR VIRTUAL SERIES

All Virtual Sessions will be held from 1 to 2:30 p.m. EST

Virtual Session 1 • April 2

Survey Readiness 101: Fundamentals and Essentials

Virtual Session 2 • April 9

They're Here: Establishing a Survey Response and Management Protocol

Virtual Session 4 • April 23

Responding to Survey Findings: How to Develop a Strong Correction Plan and Knowing your Options

Virtual Session 5 • April 30

What's Next: Leveraging Survey Findings and Strengthening Organizational Quality and Compliance



LEARNING OBJECTIVES

- ▶ Core components of a well-structured survey response and management protocol
- ▶ Key staff roles and responsibilities during a regulatory or accreditation survey
- ▶ Effective communication strategies for surveyor interactions
- ▶ Response strategies to manage high-risk survey scenarios
- ▶ Internal process for live survey oversight
- ▶ Post-survey plan



THEY'RE HERE, NOW WHAT?

It's Monday morning. Your team is finally finding its rhythm...
Then the call comes in. **Surveyors are onsite. Unannounced.**

Now what?

- ▶ Who gets notified first — and how?
- ▶ What's the message to frontline staff?
- ▶ How do you maintain calm and coordination under pressure?

This session is about your real-time response strategy.

POLLING QUESTION #1

When surveyors arrive, what's your first line of communication?

1. Leadership is notified by call or text
2. We follow a formal notification protocol
3. Front desk alerts the Accreditation Lead
4. It depends — there is no set process

SURVEY RESPONSE AND MANAGEMENT PROTOCOL CORE COMPONENTS

SURVEYORS' ARRIVAL: INTERNAL COMMUNICATION PROCESS

- ▶ **Trigger event:** Surveyor arrival
- ▶ **“Jump Plan” activation:** Initiates the survey response plan
- ▶ **Initial notifications:** Accreditation lead, quality leadership, senior executive(s)
- ▶ **Communication cascade:** Department leaders → frontline staff
- ▶ **Messaging channels:** Overhead page (optional), secure messaging apps, team huddles, emails

INNOVATIVE STRATEGIES FOR EFFECTIVE SURVEY COMMUNICATION

Multimodal Communication Plan

Layered communication approach

Centralized Digital Command Center

Shared drive or platform

Role-Based Communication Trees

Outline who communicates what to whom

“Survey Ready” Screensavers and Flyers

Deploy quick-reference visuals

Just-in-Time Messaging

Send unit-specific updates, reminders, or risk alerts based on surveyor activity via secure text or chat

SURVEY COMMAND CENTER: YOUR OPERATIONAL CORE

Immediately activate

- ▶ Pre-selected physical or virtual space (e.g., Microsoft Teams)
- ▶ **Centrally located, quiet and equipped** (internet, printer, secure storage)

Key role assignments

- ▶ Accreditation or quality lead
- ▶ Document control coordinator
- ▶ Clerical support
- ▶ Survey liaisons and tour guides
- ▶ Live scribe

Core functions

- ▶ Track surveyor activity and requests in real time
- ▶ Manage documentation and policy retrieval
- ▶ Prepare and coach staff before interviews
- ▶ Coordinate rapid, consistent responses

Tools and staffing

- ▶ Centralized tracking tool (real-time updates)
- ▶ Decision-makers must be available at all times



LEADERSHIP DURING SURVEYS

Executive presence

- Calm, visible, available

Support to frontline staff

- Coaching, check-ins, morale boost

Participation

- Entrance and exit conferences

Responsive decision-making

- Escalate issues, approve changes

Demonstrate

- Accountability and transparency

SURVEY DOCUMENTATION TOOLS

- ▶ Centralized electronic document library
- ▶ Surveyor request log
- ▶ Crosswalks
- ▶ Mock survey packets
- ▶ Staff interview prep tools



CMS AND DOH: SURVEY DAY SNAPSHOT

Unannounced arrival

- ▶ Front desk staff must understand protocol to alert leadership

Surveyor identification and entry

- ▶ Verify credentials, issue facility badges
- ▶ Escort to designated surveyor workspace

Notification protocols

- ▶ Executives, quality, compliance and key department leaders
- ▶ Activate survey response team

Entrance conference

- ▶ Typically begins within the first hour of arrival
- ▶ Facility overview, org chart and key contacts

Immediate readiness checks

- ▶ Environment of care walk-through same day
- ▶ Staff interviews can be immediate

HOSPITALS: CMS/DOH REQUIRED DOCUMENTS

Requested immediately

- ▶ Daily census by unit and service
- ▶ Surgical schedule and ED logs (24-48 hours)
- ▶ Admission/discharge/transfer logs

Core documents

- ▶ Organizational chart
- ▶ Governing body bylaws and minutes
- ▶ QAPI and infection control plans
- ▶ Emergency preparedness plan
- ▶ Restraint, grievance and incident log

EXHIBIT 286

(Rev. 80, Issued: 03-01-12)

HOSPITAL/CAH DATABASE WORKSHEET

Worksheet completed by the SA surveyor to gather data of worksheet, not to be given to provider to fill out.

CMS Certification Number (CCN): _____ Date of Worksheet Update: _____

Medicaid Provider Number: _____ (MMDDYYYY) (M1)

National Provider Identification Number(s) (NPI): _____

Fiscal Year Ending Date (MMDD): _____

Name and Address of Facility (Include City, State):

Zip Code: _____

Telephone Number (M2): _____ Fax Number (M3): _____

CEO Telephone Number: _____

Email Address: _____

Website Address: _____

*Accreditation Status: _____

Select one

0 Not Accredited

1 JC

2 AOA

3 DNV

*Effective Date of Accreditation: _____

(MMDDYYYY) (M4)

*Renewal Date of Accreditation: _____

(MMDDYYYY) (M5)

*Multiple Accreditation Status: ☐ Yes ☐ No

(Select all others that apply; do not include the accreditation organization listed above):

SKILLED NURSING FACILITIES: CMS/DOH REQUIRED DOCUMENTS

Requested immediately

- ▶ CMS 671 and 802 forms
- ▶ 24-hour resident census
- ▶ Staffing assignments and facility layout
- ▶ ADT log (admissions/discharges/transfers)

Core documents

- ▶ QAPI plan and meeting notes
- ▶ Emergency preparedness plan
- ▶ Menus (last 4 weeks)
- ▶ Grievance, abuse/neglect, and incident logs
- ▶ Resident council minutes
- ▶ Facility assessment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ENTRANCE CONFERENCE WORKSHEET (QIS Facility Copy)

INFORMATION TO PROVIDE IMMEDIATELY UPON ENTRANCE

- ☐ 1. *Facility census and an alphabetical resident census list*, with room numbers/units. Note census residents who are not in the facility (e.g., in the hospital, home visit, etc.).
- ☐ 2. The *completed New Admission Information form*. List all new admissions after the date listed (the 30 day period before the survey) on the form. Include only residents still residing in the facility. Include Admission Date, Date of Birth, and Room Number/Unit for each resident.
- ☐ 3. Post survey announcement signs in high-visibility areas.
- ☐ 4. A copy of the facility floor plan.
- ☐ 5. A copy of the staffing schedules for licensed and registered nursing staff for the survey time period.

INFORMATION TO PROVIDE WITHIN ONE (1) HOUR OF ENTRANCE CONFERENCE

- ☐ 6. List of key personnel and their locations.
- ☐ 7. Name of resident council president or an officer/active council member.
- ☐ 8. Schedule of meal times and location of dining room(s).
- ☐ 9. Schedule of Medication Administration times.
- ☐ 10. All closed records from the list of Admission Sample residents provided to the facility after the Entrance Conference. Bring these records to the survey team work area. Make arrangements for overnight storage of the records in a secure location; the survey team will need to access them throughout the survey.
- ☐ 11. If the facility employs paid feeding assistants, provide the following information:
 - a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;
 - b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;
 - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.
- ☐ 12. A list of residents who smoke, designated smoking times, and locations.

DNV: SURVEY DAY SNAPSHOT

Announced or annual survey arrival

- ▶ May be announced depending on the cycle
- ▶ Unannounced for complaints or validations

Arrival and reception

- ▶ Escort surveyors to meeting room
- ▶ Confirm agenda and number of surveyors

Opening meeting

- ▶ Introduce facility, services, leadership team
- ▶ Surveyors outline agenda and expectations

Agenda structure

- ▶ ISO 9001 principles – expect process questions
- ▶ Begin with leadership interviews, QMS overview

Initial focus areas

- ▶ Immediate patient, department, event tracing
- ▶ Systems thinking emphasis

Concurrent observations

- ▶ Simultaneous environment of care tours, record reviews and process observation

Document Request List



General Documents

For meeting minutes requested, please provide minutes & data covering previous _____ months.

| Request | Document Description | Request | Document Description |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | All regulatory (CMS, State, etc.) survey reports from past 12 months | <input type="checkbox"/> | Governing Body Bylaws & Governing Body meeting minutes |
| <input type="checkbox"/> | Quality Manual, Performance Improvement Plan, and/or QAPI Plan | <input type="checkbox"/> | Strategic Plan & 3yr Capital Budget |
| <input type="checkbox"/> | Quality Management Oversight Committee meeting minutes (& Top Management, if held separately) | <input type="checkbox"/> | List of Contracted Services |
| <input type="checkbox"/> | Corrective Action policy | <input type="checkbox"/> | Contracted Services selection & evaluation policy |
| <input type="checkbox"/> | Document Control policy (policy on policies, etc.) | <input type="checkbox"/> | Medical Executive Committee meeting minutes |
| <input type="checkbox"/> | Internal Audit policy, audit reports, corrective actions | <input type="checkbox"/> | Medical Staff Credentialing policies, if not included in the Bylaws |
| <input type="checkbox"/> | Patient Safety policies: | <input type="checkbox"/> | Provider Performance data policy |
| | <input type="checkbox"/> Patient Safety plan or policy <input type="checkbox"/> Incident/Occurrence reporting <input type="checkbox"/> Cause analysis | <input type="checkbox"/> | Departmental Scopes of Service: |
| <input type="checkbox"/> | Human Resources policies: | | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Orientation <input type="checkbox"/> Competency Assessment <input type="checkbox"/> Performance Evaluations <input type="checkbox"/> License/Certifications <input type="checkbox"/> Professional Scope | <input type="checkbox"/> | Respiratory Protection Plan |
| <input type="checkbox"/> | Medication Management policies: | <input type="checkbox"/> | Radiation Protection Plan |
| | <input type="checkbox"/> Medication Administration <input type="checkbox"/> Medication Timing <input type="checkbox"/> Medication Security <input type="checkbox"/> Pharmacy After-Hours Access <input type="checkbox"/> Medication Safety <input type="checkbox"/> Sample Medications <input type="checkbox"/> Self-Administration of Meds <input type="checkbox"/> Home Medications <input type="checkbox"/> Sterile Compounding Written Training Plan | <input type="checkbox"/> | Exposure Control Plan |
| <input type="checkbox"/> | Antimicrobial Stewardship plan or policy & committee meeting minutes | <input type="checkbox"/> | Utilization Review Plan & Utilization Review meeting minutes |
| | | <input type="checkbox"/> | Discharge Planning policies |
| | | <input type="checkbox"/> | Blood & Blood Products Administration |
| | | <input type="checkbox"/> | Potentially Infectious Blood Product Look-Back & Notification policy |
| | | <input type="checkbox"/> | Organ Procurement Organization contracts, policies, etc. |
| | | <input type="checkbox"/> | Patient Rights policies: |
| | | | <input type="checkbox"/> Grievance Procedure <input type="checkbox"/> IMM/MOON Delivery <input type="checkbox"/> Language & Communication <input type="checkbox"/> Confidentiality <input type="checkbox"/> Visitation |

SURVEY READINESS: DNV REQUIRED DOCUMENTS

DNV and TJC have similar approaches to document requests

- ▶ Group requests into themed binders
- ▶ Instruct staff on finding minutes
- ▶ Update binders quarterly
- ▶ Create two binder sets, one for you and one for the survey team

TJC: SURVEY DAY SNAPSHOT

Unannounced arrival

- ▶ Between 8 and 8:30 a.m.

Initial contact

- ▶ Reception notifies Accreditation Coordinator or Survey Lead
- ▶ Escort surveyors to meeting room

Entrance conference

- ▶ Surveyor introductions, agenda and logistics
- ▶ Facility presents overview (mission, services, structure)

Surveyor introductions

- ▶ Review surveyor roles and planned activities.

Day 1 priorities

- ▶ System Tracer kick-off (e.g., data use, infection prevention, medication management)
- ▶ “Leadership Session” often starts first day

Onsite observations begin

- ▶ Immediate environmental tours, patient tracers, staff interviews
- ▶ Real-time demonstration of EHR or policies

TJC REQUIRED DOCUMENTS

Survey day

- ▶ **Hand off prepared binders** with 47 required documents
- ▶ **Add current:**
 - ▶ Daily census
 - ▶ Current staffing assignments
 - ▶ PI data or event logs (e.g., recent grievances or sentinel events)
- ▶ **Respond to surveyor-specific requests** after opening conference
- ▶ Flag missing items for **same-day delivery or clarification**
- ▶ Assign a point person to track **day 1 document requests**

1. Hospital license
2. CLIA Certificates
3. Organization chart
4. Name of key contact person who can assist surveyors in planning tracer selection
5. A map of the organization, if available
6. List of all sites that are eligible for survey
7. List of sites where deep or moderate sedation is in use
8. List of sites where high-level disinfection and sterilization is in use
9. List of departments/units/areas/programs/services within the organization, if applicable
10. List of patients that includes: Name, location, age, diagnosis, and length of stay, admit date, source of admission (ED, direct admit, transfer)
11. Lists of scheduled surgeries and special procedures, for example, cardiac catheterization, endoscopy lab, electroconvulsive therapy, caesarian sections, including location of procedure and time
12. List of unapproved abbreviations
13. List of all contracted services
14. Agreement with outside blood supplier
15. Organ Procurement Organization agreement
16. Tissue and Eye Procurement Organization agreement
17. Organ, tissue, and eye procurement policies
18. Performance improvement data from the past 12 months
19. Documentation of performance improvement projects being conducted, including the reasons for conducting the projects and the measurable progress achieved (this can be documentation in governing body minutes or other minutes)
20. Patient flow documentation: Dashboards and other reports reviewed by hospital leadership; documentation of any patient flow projects being conducted (including reasons for conducting the projects); internal throughput data collected by emergency department, inpatient units, diagnostic services, and support services such as patient transport and housekeeping
21. Analysis from a high-risk process
22. Environment of Care data (see [Life Safety & Environment of Care Document List and Review Tool](#))
23. Environment of Care Management Plans and annual evaluations
24. Environment of Care multidisciplinary team meeting minutes for the 12 months prior to survey
25. Emergency Management documentation for each of the following (each must be updated and reviewed at least every 2 years):

KEY STAFF ROLES AND RESPONSIBILITIES

BEST PRACTICES: SURVEYOR TOUR GUIDES AND SCRIBES

Surveyors tour guides

- ▶ Assign trained tour guides
- ▶ Stay with the surveyor at all times unless instructed otherwise
- ▶ Do not guess; refer questions to the appropriate staff
- ▶ Communicate real-time updates to the command center

Surveyors scribes

- ▶ Take notes on questions, observations and requests
- ▶ Communicate real-time updates to the command center

RESPONDING TO DOCUMENTATION REQUESTS

Do

- ✓ Log every request in real time
- ✓ Verify version control (no outdated policies)
- ✓ Organize and promptly provide documents
- ✓ Single point of contact for all submissions
- ✓ Ask questions to clarify

Don't

- ✗ Give access to unreviewed records
- ✗ Provide more than they request

SURVEY LEAD RESPONSE: WHAT TO FOCUS ON

- ▶ Participate in the entrance conference
- ▶ Activate command center and communication flow
- ▶ Assign tour guides, scribes and documentation leads
- ▶ Monitor surveyor movement and unit readiness
- ▶ Prepare for real-time decision-making

CLINICAL STAFF: WHAT TO FOCUS ON

- ▶ Clean and organize the unit
- ▶ Check crash carts, meds, supplies
- ▶ Review active documentation (e.g., pain reassessments, care plans)
- ▶ Be ready to explain your role, hand hygiene, safety protocols
- ▶ Utilize chain of command to escalate concerns or questions

NON-CLINICAL STAFF: WHAT TO FOCUS ON

- ▶ This cohort includes front desk, dietary/nutrition, pharmacy, and all other non-clinical staff
- ▶ Know how to greet and notify the appropriate leader
- ▶ Ensure signage and required postings are up to date
- ▶ Keep reception/admissions areas tidy and accessible
- ▶ Know basic patient rights and complaint process
- ▶ Remain professional and calm

LIFE-SAFETY AND FACILITIES TEAMS: WHAT TO FOCUS ON

- ▶ Ensure corridors are clear, doors not propped
- ▶ Fire extinguishers and alarms inspected
- ▶ Generator logs and test records available
- ▶ Know emergency egress routes and maps
- ▶ Be ready to explain life safety protocols
- ▶ Facility and maintenance leaders should have required life safety documents organized

POLLING QUESTION #2

Which surveys you have participated in?

1. None
2. Accreditation
3. Complaint
4. IJ Investigations
5. State
6. EMTALA
7. Two or more

EFFECTIVE COMMUNICATION STRATEGIES

FOCUSED AND PROFESSIONAL

- ▶ Stay calm, direct, and honest
 - ▶ Don't guess — find the right answer
 - ▶ Redirect off-topic inquiries respectfully
 - ▶ Prioritize safety and quality in all responses
-



PREPARING FOR TRACER QUESTIONS

Know your patient and their plan of care

Be ready to describe your patient's care workflows

Ensure workflows align with policies and procedures

Keep documentation current and accessible

RESPONSE STRATEGIES DURING HIGH-RISK SURVEY SCENARIOS

COMPLAINT INVESTIGATIONS

- ▶ Be clear on the allegation and scope
- ▶ Pull records: clinical documentation, incident reports and witness statements - but do not share with surveyors
- ▶ Have policies that address the issue (e.g., abuse, neglect, safety)
- ▶ Prep involved staff for interviews
- ▶ Demonstrate immediate corrective actions, if taken
- ▶ Communicate with transparency — avoid defensiveness



COMPLAINT INVESTIGATIONS

Common triggers

- ▶ Patient rights
- ▶ Abuse/neglect
- ▶ Grievances

Response strategy

- ▶ Prioritize safety and quality in all responses
 - ▶ Prioritize high-risk complaints
 - ▶ Route to appropriate staff
- ▶ Log all complaints in a centralized tracking system
- ▶ Investigate and resolve complaints
- ▶ Ensure complete and consistent documentation
- ▶ Track and report trends to leadership monthly

NYS CLINICAL STAFFING LAW (CSL): NURSE STAFFING

Focus

- ▶ Unit-based staffing plans
- ▶ Staffing committee involvement
- ▶ Daily staffing posting
- ▶ Staffing variance documentation

Response strategy

- ▶ Ensure active and well-documented staffing committees with frontline nurse involvement
- ▶ Maintain unit-based staffing plans and evidence of compliance
- ▶ Post staffing levels daily and retain copies for six years
- ▶ Conduct internal audits to validate staffing vs. actual hours worked

EMTALA: STABILIZATION AND TRANSFER COMPLIANCE

Focus

- ▶ Emergency services

High-risk areas

- ▶ ED boarding
- ▶ On-call specialty coverage
- ▶ Transfer documentation
- ▶ Emergency care compliance, including OB cases (2025 CMS guidance)

Response strategy

- ▶ Review EMTALA policies with ED staff quarterly
- ▶ Ensure on-call schedules are accurate and accessible
- ▶ Audit transfer cases monthly for compliance

CONDITION LEVEL DEFICIENCIES: SYSTEMS UNDER FIRE

Significant deficiencies that indicate noncompliance with one or more CoP.

Response strategy

- ▶ Conduct a root cause analysis
- ▶ Assign leads for each deficiency
- ▶ Create a correction plan with timelines and evidence

A condition level finding will result in a follow-up visit to ensure a corrective action plan is implemented.

IMMEDIATE JEOPARDY (IJ): KNOW THE STAKES

IJ indicates a situation that has caused or is likely to cause serious injury, harm, impairment or death to a patient.

Response strategy

- Immediately remove the identified risk
- Assemble a cross-functional team (e.g., clinical, legal, risk, quality)
- Initiate corrective actions and notify leadership
- Communicate with surveyors—plan must be accepted before they leave
- Understand your rights: know the process, appeal options, and escalation pathways

Surveyors may not leave until an IJ corrective action plan is accepted.

POLLING QUESTION # 3

If you were on vacation and the surveyors showed up, how **confident** would you be with your team?

1. Not at all
2. Slightly
3. Somewhat
4. Very
5. Extremely

LIVE SURVEY OVERSIGHT INTERNAL PROCESS

ESCALATION PATHWAYS: RESPONDING IN REAL TIME

- ▶ Define clear internal escalation pathways for surveyor concerns
- ▶ Use pre-existing pathways:
 - ▶ Frontline → Manager → Command Center Lead → Executive Sponsor
- ▶ Establish a rapid communication tool (e.g., group chat or phone tree)
- ▶ Create a “hot file” for emerging issues requiring immediate review and action



DAILY INTERNAL DEBRIEFS

- ▶ Hold end-of-day debriefs with the survey response team and department directors and managers
- ▶ Review questions asked, documents requested and concerns noted
- ▶ Update leadership with risk-level summary and key takeaways
- ▶ Adjust prep for next-day surveyor focus areas

FORMULATE A POST-SURVEY PLAN

CAPTURE SURVEYOR FEEDBACK: WHAT WASN'T SAID

Conduct post-round interviews with staff who interacted with surveyors.

Ask: “What did they ask?” “How did you respond?”
“Any concerns raised?”

Log indirect feedback (tone, repeated questions, body language).

Validate feedback with the debrief team for trends or risk indicators.

IJ OR CONDITION-LEVEL RETURN: 90 DAYS TO REMEDIATE

IJ Corrective action plan

- ▶ Must be accepted and implemented during the survey

Condition-level findings

- ▶ Within 90 days after the Plan of Correction is accepted
- ▶ CMS will resurvey the hospital to the POC actions

Recommendations

- ▶ Submit a clear and comprehensive POC with evidence of implementation
- ▶ Conduct internal mock validation surveys before return visit
- ▶ Re-educate affected staff and ensure sustained improvements

DNV/TJC PROVISIONAL DENIAL AND CMS PROVISIONAL TERMINATION: THE HIGHEST STAKES

Triggers

- ▶ Uncorrected IJ
- ▶ Multiple condition-level citations
- ▶ Systemic non-compliance

Consequences

- ▶ TJC/DNV: Provisional Denial of Accreditation
- ▶ CMS: Termination of Medicare/Medicaid participation

Impact

- ▶ No new admissions
- ▶ Loss of reimbursement
- ▶ State and public notification

Immediate action

- ▶ Notify legal, compliance, finance and PR teams
- ▶ Begin emergency mitigation planning

CORRECTIVE ACTION PREPARATION

Don't wait for the report

- ▶ Begin internal corrective action planning *before* the final report arrives
- ▶ Prioritize issues that could impact patient safety or CMS Conditions of Participation
- ▶ Assign responsibility for each finding to a specific owner
- ▶ Use SMART goals for performance improvement and include staff re-education where applicable

QUESTIONS



VIRTUAL SERIES 4

Responding to Survey Findings: Developing a Strong Plan of Correction and Knowing Your Options

April 23
1-2:30 PM EST

REFERENCES

- ▶ [TJC Survey Activation Guide](#)



- ▶ [CMS State Operations Manual – Appendix A \(Hospitals\)](#)



- ▶ [CMS Forms \(SNFs – 672 & 802, used Day 1\)](#)



- ▶ [DNV Healthcare, NIAHO® Accreditation Standards](#)





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