

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p><u>Resident Supervision by Physician</u></p> <p>F111 SNF 405.1123(b)</p> <p>F112 ICF 442.346</p> <p>B. Resident Supervision by Physician</p> <p>F113</p> <p>1. Every resident must be under the supervision of a physician</p> <p>F114</p> <p>2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs.</p>	<p>Observe resident for any problem/conditions that should be addressed by physician, e.g., edema, loss of appetite, weight loss, etc.</p>	<p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - How often physician visits. - If physician has discussed plan of care and medical treatment. - If resident feels treatment and/or plan of care meets his/her needs. - What kinds of questions do you ask the physician about your health problems? (Cite examples). <p><u>Ask Licensed Nursing Staff</u></p> <ul style="list-style-type: none"> - How often physician visits and is it often enough to meet resident's need? - Does physician participate in evaluation and reevaluation of resident's plan of care? - Does plan of care meet resident's needs? - Is physician available in an emergency? - Is physician available to discuss residents treatment and care? <p><u>Ask Administrator</u></p> <ul style="list-style-type: none"> - Facility's policy regarding a physician to provide care in the absence of the resident's own physician. - Facility's policy on physician visits. 	<p>Review medical records of selected for indepth review for:</p> <ul style="list-style-type: none"> - A current plan of care that is based upon physician's orders and resident needs. - Evidence that the plan is reviewed and revised as needed. - Evidence through physician's progress notes, nurses notes, physician's orders, that the physician participates in the resident's overall plan of care. - Evidence that rehabilitation potential is addressed. - Long range plans include an estimate of the length of time for skilled nursing care and a discharge plan. - Physician's orders for medications and treatments on admission and during stay. - A medical evaluation completed within 48 hours of admission unless done within 5 days prior to admission that includes attention to needs such as diet, vision, hearing, speech 	<p>Medical records should provide evidence that the residents are under the supervision of a physician by the coordination of physician's orders and progress notes with the resident's plan of care and observations of residents needs. There is evidence that the physician reviews and revises the plan of care as needed. There is evidence that physician services are available to the residents when the residents need such services. An alternate schedule for physician visits may be established if the attending physician determines that the resident need not be seen every 30 days. Justification for the decision is placed in the resident's medical record and is reviewed by the U.R. Committee and State medical review team. Where there is a change in the resident's condition and the physician has failed to document his findings or evaluation of the condition, the physician has failed to provide</p>	