

CONDITIONS OF PARTICIPATION:  
**Survey Readiness**  
**For**  
**Swing Bed Programs**

*Presented By:*  
Stacy Augustyn MSN-NA RN  
Coffey Health System

1

### **Session Objectives:**


1. Apply practical, real-world strategies to maintain survey readiness and compliance with CMS Conditions of Participation (CoPs) for Swing Bed Programs.
2. Recognize key practices for preparing staff to engage confidently and appropriately with surveyors during a survey.
3. Identify frequently cited deficiencies during surveys and their root causes.
4. Evaluate current hospital documentation, care planning, and staff training practices against CoP requirements.

2

## About Your Presenter



Stacy Augustyn MSN-NA RN

 Chief Executive Officer  
Coffey Health System, Burlington KS

- Registered Nurse with over 15 years of clinical and leadership experience
- Experienced in leading and preparing teams through numerous successful surveys
- Committed to turning survey readiness into an everyday culture
- Focused on empowering staff to feel confident, calm, and ready for survey through practical survey preparation and support
- Advocate for rural health and the unique role of critical access hospitals

3



4

# First Down Fundamentals

5

## Foundational Knowledge

- **Conditions of Participation (CoPs)**
  - Federal health and safety rules that providers must follow to participate in Medicare/Medicaid.
  - They live in the Code of Federal Regulations (CFR)
  - **Think of CoPs as the RULES for the game.**
- **State Operations Manual (SOM)**
  - CMS's handbook for surveyors.
  - Includes survey procedures, interpretive guidelines, and appendices.
  - **Think of the SOM as the PLAYBOOK for applying the rules.**



*Collectively will be referred to as the “Regulations”*

6

## Where to Find the Regulations

- **CMS Conditions of Participation (CoPs)**
  - Hospitals – 42 CFR Part 482
  - CAHs – 485, Subpart F
  - SNF – 72 CFR Part 483, Subpart B
- **State Operation Manual (SOM) / Interpretive Guidelines**
  - Hospitals – Appendix A
  - CAHs – Appendix W
  - Swing Bed – Appendix T
  - SNF – Appendix PP



7

## How to Determine Which Apply?

1. Start with your provider type – Hospital vs. CAH
2. Apply the Swing Bed provisions for your provider type:
  - Hospitals - 42 CFR §482.58 (Special requirements for hospital providers of long-term care services “swing beds”)
  - CAHs - 42 CFR §485.645 (Special requirements for CAHs with swing beds)
3. From there, apply the **cross-referenced SNF requirements** (ex: resident assessment, care planning, discharge rights), but you do **not** apply the full part of 483 SNF CoPs.

8

## “Swing Bed” vs. Distinct Part SNF (DP-SNF)

- **DP-SNF**
  - DP-SNF’s must comply with SNF CoP’s found in 42 CFR Part 483, Subpart B. These are extensive and cover everything from resident rights to infection control and QAPI.
- **Swing Beds in Hospitals / CAHs**
  - **Hospitals:** Swing Bed services are governed under 42 CFR §482.58 and related provisions in 42 CFR Part 482.
  - **CAHs:** Swing Bed services are governed under 42 CFR §485.645 (CAH CoPs)
  - Swing Beds are not subject to the full SNF CoPs. Instead, they must meet a subset of SNF requirements plus additional hospital/CAH CoPs.

9

## Bottom Line...

Swing Beds operate under hospital/CAH CoPs with a subset of SNF rules layered in. Full SNF regulations only apply if you are a certified SNF provider type.

10

# Kickoff



11

## Kickoff: What to Expect on Survey Day

- Surveyors often will arrive unannounced and start with an opening meeting with leadership.
- Surveys generally last 2-3 days, but length and scope depend on multiple factors (survey type, facility size, services offered, etc.)
- Expect immediate document requests.
- Surveyors will observe care, interview staff and patients, and trace processes.
- Open and closed record review.
- Survey wraps up with an exit conference outlining findings and next steps.
- If significant issues are identified, surveyors may extend their visit.

12

# X's and O's: 10 Strategies for Survey Readiness



13

## Strategy 1:

### Regulation Review

- For the game plan to be successful, you must understand and know the rules of the game you are preparing for.
- **Tips for Regulation Review:**
  - Set aside time to tackle small sections at a time.
  - Take a team approach and challenge one another.
  - Develop a checklist as you go.
  - Color coding can be helpful!

14

## **Strategy 2:**

### **Identify How You Meet Each Requirement**

- For each regulation, think about how can you can **prove** or show **evidence** that you are meeting the requirements.
- Translate the regulation into daily practice by connecting each requirement to daily operations and workflows.
- Do **NOT** build in or implement new processes or policies solely for “Survey”
- **Considerations:**
  - Is there supporting documentation in the patients record?
  - Do we have a policy that would support this?
  - Do we have meeting minutes or attendance records that would support?
  - Dose our practice align with our policy?

15

## **Strategy 3:**

### **Find the “Why” Behind the “What”**

- A bad attitude will never result in a win.
- Understanding the intent of the regulation is equally, if not more, important than understanding what the regulation requires. This is a critical step for future strategies.
- **Why does this regulation exist?**
  - Patient safety?
  - Quality of care?
  - Fiscal responsibility?



16



## Strategy 4:

### “Build Your Roster”

- **Draft the Right Players** – Swing Bed CoPs require *interdisciplinary teams* to develop, review, and revise the plan of care.
- **Run Coordinated Plays** – Hold regular care conferences to review progress and update goals based on patient assessments.
- **Cover ALL Positions**– Address the full scope: medical, nursing, nutrition, activities, rehab, psychosocial, and discharge needs.
- **Keep Everyone in the Huddle** – Communicate clearly with patient, family, and team members; document roles and input in the record.

17

17

## Strategy 5:

### Coaching Your Team – Part 1

A well-prepared team will step into “game day” ready to shine.

**Confidence = Performance**



- **Train Like It’s Game Day** – provide ongoing education on standards, policies, and expectations. Focus on the **why**, not on the **what**.
- **Equip Every Player** – Ensure staff know where to find resources, policies, and required documentation.
- **Call the Audible** – Teach flexibility so staff can respond calmly to surveyors questions and unexpected situations.

18

**Strategy 5:****Coaching Your Team – Part 2**

- **Stick to the Playbook** – Answer only what is asked. Do not offer additional information.
- **No fumbles** – If you don't know the answer, do not guess and do not lie. Direct the surveyor to the right player to answer the question.
- **Clean Pass**– Provide requested information promptly and in a well-organized manner.
- **Stay in Bounds** – Keep discussions professional; avoid side conversations or negative commentary.

19

**Strategy 5:****Coaching Your Team – Part 3**

- **Huddle When Needed** – If uncertain, pause and check before responding.
- **Good Sportsmanship** – Be respectful, attentive, and cooperative.
- **Challenge a Call** – Don't be afraid to respectfully challenge a surveyor if you believe they are incorrect.
- **Play to Win Together** – Remember that every interaction represents the whole team.

20

**Strategy 6:****Have Your Second String Ready!**

- Surveyors will not “reschedule” if leaders are out, and your team will be expected to navigate the survey process with or without you.
- Identify alternatives in each department who can confidently step in during surveyor's questions.
- Share updates and survey readiness tools with everyone, not just leadership.
- Cross train staff so more than one person knows critical processes and documentation.
- Have resources ready should someone need to quickly fill in.

21

**Strategy 7:**

**Scrimmage**

- Conduct regular mock surveys.
- Walk through policies, procedures, and documentation as surveyors would.
- Use findings to identify gaps and tighten up performance.
- Involve staff from all departments so everyone gets practice.
- Coach in real time and provide feedback and teachable moments.
- Build confidence and reduce nerves by making the process familiar and team-focused.

22

## **Strategy 8:**

### **What to do When a Play Fails**

- **Prior to Survey:**
  - If you have identified a short coming, have a corrective action plans documented and initiated.
- **During Survey:**
  - Correct what you can REAL-TIME.
- **After Survey:**
  - Use setbacks as learning opportunities to strengthen processes.
  - Focus on the process or problem, not people.
  - Understanding the root cause is key!
  - Immediately begin corrective action planning process.



23

## **Strategy 9:**

### **QAPI: The Game of Continuous Improvement**

- Swing Bed CoP's require QAPI integration specific to swing bed services.
- Ensure the full interdisciplinary team is actively engaged in QAPI.
- QAPI is an ongoing process, not just a survey requirement.
- Prioritize high-risk or problem prone areas in your Swing Bed program.
  - *Common areas: Nutrition, skin integrity, functional status, psychosocial needs*
- Track and trend Swing Bed quality indicators.
  - *Examples: Readmissions, patient satisfaction, therapy progress*



24

## **Strategy 10:**

### **High-Fives!**



- Highlight the big plays and the MVPs by sharing specific examples of what went well.
- Review the Scoreboard – Show and celebrate measurable improvements as a result of the teams efforts.
- High-Fives should not be reserved just for a successful survey, but for everyday efforts and successes.
- Keep the momentum going by reinforcing that every “win” strengthens compliance, survey readiness, and most importantly, patient care.

25

## **Common Penalty Flags & Fumbles**



26

## Common Penalties

- **Admission requirements** – Patient Rights
- **Comprehensive Assessments** – Lack of documentation and missing elements
- **Care Planning** – Failure to develop, implement, or update individualized care plans based on the comprehensive assessment
  - Considerations:*
    - Evidence of consistent multi-disciplinary care planning
    - Measurable objectives
    - Inclusion of patient and patient’s representative
    - Update care plan routinely
- **Infection Prevention & Control**– Gaps in infection surveillance, isolation procedures, or staff hand hygiene compliance

27

## Common Penalties

- **Activities Program**– Not providing or documenting meaningful activities tailored to the patient’s preferences or abilities
- **Physician Supervision**– Lack of timely physician visits, progress notes, or orders
- **Discharge Planning**– Incomplete discharge planning or lack of documentation showing coordination with the patient/family and next level of care
- **QAPI**– Not incorporating swing bed services specifically into the hospital-wide QAPI program
- **Nutrition & Dietary Services** – Incomplete nutrition assessment, missed follow-up, or lack of diet monitoring

28

## Fumbles

- Misunderstanding of the CoP's versus SNF requirements
- Poor documentation habits
- Staff turnover
- “Hidden” risks you may be overlooking
  - Infection control
  - Emergency preparedness
  - Patient rights
- Treating swing bed patients as you would patients in acute care
- Lack of resources or reference materials for staff (checklists, etc.)



29

## Fumbles

- Not addressing the root cause of noncompliance with the regulatory requirements
- Not treating survey readiness as a TEAM sport
- Not connecting compliance to quality and safety
- Approaching survey readiness as a one-time event
  - Culture of continuous compliance
  - Proactive vs Reactive mindset
  - Visual internal monitoring tools



30

# Resource Roster



31

## Identify your Resources

- Kansas Hospital Association (KHA)
  - Website – Regulatory
  - Mock Survey Program
- Health Innovation Network of Kansas or Sunflower Network
- Quality Improvement Organizations
- Professional Associations
  - KOSCP
  - KARQM
  - KONL
  - KDHE
- Peers



32



Thank you!

