Centers for Medicare & Medicaid Services, HHS § 488.314

(e) Special surveys. (1) The survey agency may conduct a standard or an abbreviated standard survey to determine whether certain changes have caused a decline in the quality of care furnished by a SNF or a NF, within 60 days of a change in the following:
   (i) Ownership;
   (ii) Entity responsible for management of a facility (management firm);
   (iii) Nursing home administrator; or
   (iv) Director of nursing.

(2) The survey agency must review all complaint allegations and conduct a standard or an abbreviated standard survey to investigate complaints of violations of requirements by SNFs and NFs if its review of the allegation concludes that—
   (i) A deficiency in one or more of the requirements may have occurred; and
   (ii) Only a survey can determine whether a deficiency or deficiencies exist.

(3) The survey agency does not conduct a survey if the complaint raises issues that are outside the purview of Federal participation requirements.

§ 488.310 Extended survey.

(a) Purpose of survey. The purpose of an extended survey is to identify the policies and procedures that caused the facility to furnish substandard quality of care.

(b) Scope of extended survey. An extended survey includes all of the following:
   (1) Review of a larger sample of resident assessments than the sample used in a standard survey.
   (2) Review of the staffing and in-service training.
   (3) If appropriate, examination of the contracts with consultants.
   (4) A review of the policies and procedures related to the requirements for which deficiencies exist.
   (5) Investigation of any participation requirement at the discretion of the survey agency.

(c) Timing and basis for survey. The survey agency must conduct an extended survey not later than 14 calendar days after completion of a standard survey which found that the facility had furnished substandard quality of care.

§ 488.312 Consistency of survey results.

CMS does and the survey agency must implement programs to measure accuracy and improve consistency in the application of survey results and enforcement remedies.

§ 488.314 Survey teams.

(a) Team composition. (1) Surveys must be conducted by an interdisciplinary team of professionals, which must include a registered nurse.

   (2) Examples of professionals include, but are not limited to, physicians, physician assistants, nurse practitioners, physical, speech, or occupational therapists, registered professional nurses, dieticians, sanitarians, engineers, licensed practical nurses, or social workers.

   (3) The State determines what constitutes a professional, subject to CMS approval.

   (4) Any of the following circumstances disqualifies a surveyor for surveying a particular facility:
      (i) The surveyor currently works, or, within the past two years, has worked as an employee, as employment agency staff at the facility, or as an officer, consultant, or agent for the facility to be surveyed.
      (ii) The surveyor has any financial interest or any ownership interest in the facility.
      (iii) The surveyor has an immediate family member who has a relationship with a facility described in paragraphs (a)(4)(i) or paragraph (a)(4)(ii) of this section.
      (iv) The surveyor has an immediate family member who is a resident in the facility to be surveyed. For purposes of this section, an immediate family member is defined at § 488.301 of this part.

   (b) CMS training. CMS provides comprehensive training to surveyors, including at least the following:
      (1) Application and interpretation of regulations for SNPs and NFs.
      (2) Techniques and survey procedures for conducting standard and extended surveys.
      (3) Techniques for auditing resident assessments and plans of care.

   (c) Required surveyor training. (1) Except as specified in paragraph (c)(3) of