

Federal Survey and Infection Control



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Learning Objectives

- Understanding the Federal surveys for hospitals and nursing homes
- Review relevant regulations and interpretative guidelines for Infection Control and Prevention
- Know how to read deficiencies and corrective actions
- Review the expectations and the role of the IPC to support the facility Infection Control and Prevention Program

Background: Federal Survey

- **The Centers for Medicare & Medicaid Services (CMS)** accomplishes the quality assurance functions under specific direction from the Social Security Act (the Act) and jointly with States, accrediting organizations (AOs) and contracts with qualified organizations.
- **Center for Clinical Standards and Quality (CCSQ)**
 - Serves as the focal point for all quality, clinical, medical science issues, survey and certification, and policies for CMS' programs.
 - Provides leadership and coordination for the development and implementation of a cohesive, CMS-wide approach to measuring and promoting quality and leads CMS's priority-setting process for clinical quality improvement.

Background: Federal Survey Type

State Survey Agencies (SAs): Federal surveys on behalf of the CMS

1. Non-accredited hospitals every 3-5 years
2. Home health and hospice every 3 years
3. Long-term care annually (every 9-15 months)

CMS Hospital Website



Hospitals

Hospitals

Hospitals

This page provides basic information about being certified as a Medicare and/or Medicaid hospital provider and includes links to applicable laws, regulations, and compliance information.

A hospital is an institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services. Critical access hospitals are certified under separate standards. Psychiatric hospitals are subject to additional regulations beyond basic hospital conditions of participation. The State Survey Agency evaluates and certifies each participating hospital as a whole for compliance with the Medicare requirements and certifies it as a single provider institution.

Under the Medicare provider-based rules it is possible for 'one' hospital to have multiple inpatient campuses and outpatient locations. It is not permissible to certify only part of a participating hospital. Psychiatric hospitals that participate in Medicare as a Distinct Part Psychiatric hospital are not required to participate in their entirety.



Downloads

[Patient's Rights Regulation published 12/8/2006 \(PDF, 335 KB\) \(PDF\)](#)

[EMTALA \(PDF\)](#)

[Chapter 2 - The Certification Process \(PDF\)](#)

[Full Text Statements of Deficiencies Hospital Surveys - 2022Q2 \(ZIP\)](#)

[Full Text Statements of Deficiencies Transplant Surveys - 2022Q2 \(ZIP\)](#)

CMS LTC Website



Quality, Safety & Oversight-
Guidance to Laws &
Regulations

Ambulatory Surgery Centers

Nursing Homes

Community Mental Health
Centers

Critical Access Hospitals

Dialysis

Home Health Agencies



Nursing Homes

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate. Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became **effective on November 28, 2016.**

Downloads

[CMS-802 - Updated 11/25/2020 \(PDF\)](#)

[LTCSP Initial Pool Care Areas - Updated 11/25/2020 \(ZIP\)](#)

[Initial Surveys \(ZIP\)](#)

[LTC Survey FAQs - Updated 08/03/2018 \(PDF\)](#)

[F-Tag Crosswalk \(XLSX\)](#)

[LTCSP Interim Revisit Instructions - Updated 08/03/2018 \(PDF\)](#)

[New Long-term Care Survey Process - Slide Deck and Speaker Notes \(PPTX\)](#)

[Appendix PP State Operations Manual \(Revised 11/22/2017\) \(PDF\)](#)

[Revision History for LTC Survey Process Documents and Files Updated 09/27/2022 \(PDF\)](#)

[Survey Resources with Staff Vaccine Documents 09/27/2022 \(ZIP\)](#)

CMS Regulatory Authorities: Pertinent Regulations

42 CFR §482 for Hospitals: The goal of a hospital survey is to determine if the hospital is in compliance with the CoP set forth at 42 CFR Part 482. Also, where appropriate, the hospital must be in compliance with the PPS exclusionary criteria at 42 CFR 412.20 Subpart B and the swing-bed requirements at 42 CFR 482.66

Regulations and Surveyor Interpretative Guidelines

- State Operations Manual (SOM)-Appendix A-Hospital
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

Survey types (Validation after AO survey/ Complaints/ Recertification-non-deemed):

- Health: A-tags
- Life Safety Code
- Emergency Preparedness

CMS Regulatory Authorities: Pertinent Regulations

42 CFR §483 for **skilled nursing facilities and nursing facilities (SNF/NFs):**

Regulations and Surveyor Interpretative Guidelines

- State Operations Manual (SOM)-Appendix PP-Long Term Care Facilities
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf

Survey types (Recertification, Complaint, Revisits):

- Health: F-tags
- Life Safety Code: K-tags
- Emergency Preparedness: EP-tags

CMS Regulatory Authorities for Infection Control

Pertinent regulations include, but are not limited to, the following:

- 42 CFR §482.42 for hospitals:
- “The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.”
- 42 CFR §483.80 for skilled nursing facilities and nursing facilities:
- “The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.”

Survey Types and Process

CMS Survey Process (Long Term Care /Acute Continuing Care)

Survey type: Acute Continuing Care (ACC): Complaint Survey, Validation Survey
Long Term Care (LTC): Annual/Standard survey, Complaint survey



Create a new survey for selected facility in the computer system
Add Team members, review facts about the facility including census, location, #beds, leadership, tasks, complaints, etc.

Enter the facility with survey team, meet leadership, room assignments, task assignments/ask for documents, etc.

Survey team coordinator initiates assignments to the survey team for the mandatory tasks, other assignments, initial pool of residents/patients, gather information, etc. Share data at the end of each day.

Sample selection, tasks prioritization, discussion with team for plan, etc.

Investigations begin by record review, observation, interview.

Offsite Preparing for Survey

Facility Entrance for Onsite Survey

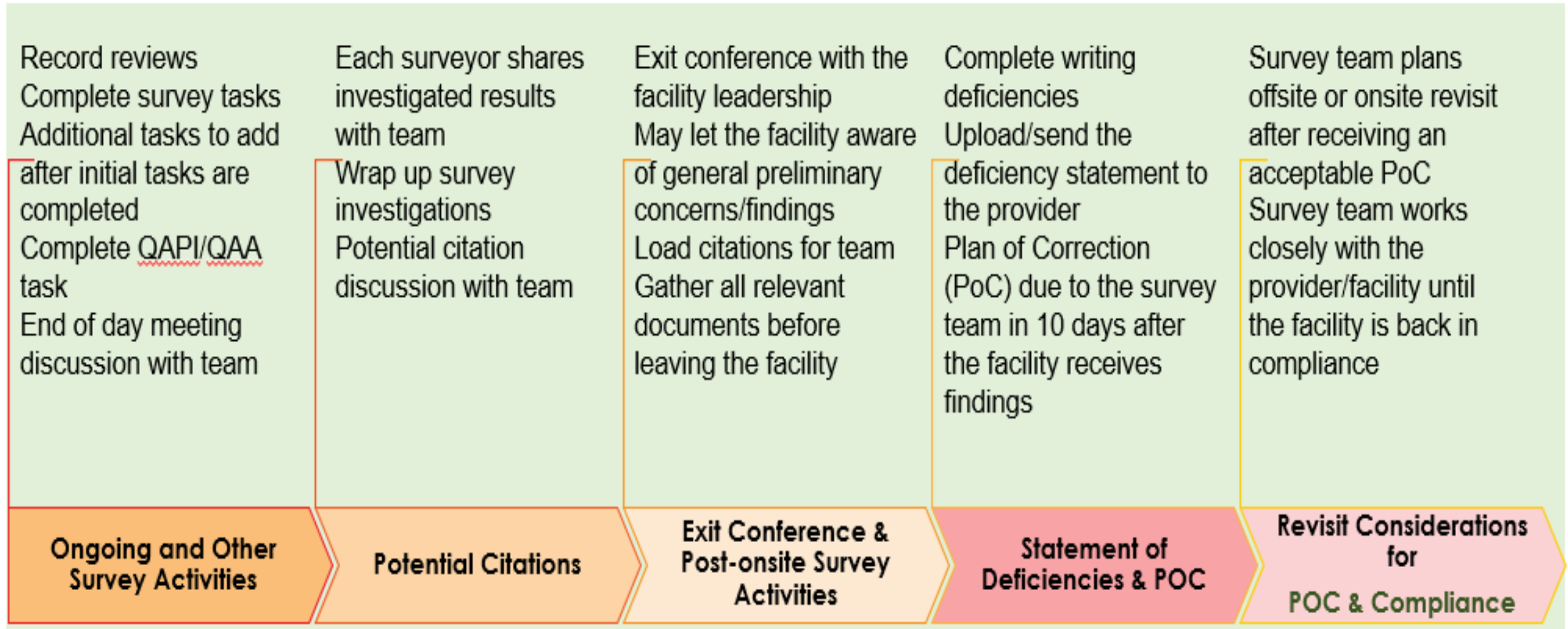
Initial Pool Process (Survey Tasks)

Sample Selection for Patients or Residents

Investigation

*General Survey Process (Observation, Interview, Record Review)

Survey Types and Process (cont.)



42 CFR § 488.9 - Validation Surveys

(CMS Oversight of Medicare's Accreditation Organizations)

1. Basis for survey.
 - CMS may require a survey of an accredited provider or supplier to validate the accrediting organization's CMS-approved accreditation process.
2. Selection for survey.
 - A provider or supplier selected for a validation survey must cooperate with the SA that performs the validation survey.
3. Consequences and Enforcement: Finding of non-compliance.
4. Deemed Status: Removing and Re-instating.

Federal Regulations for LTC Surveys

The Federal regulatory groups for Long Term Care facilities, which encompass the federal tags cited for provider noncompliance includes: (F-tags)

- 483.10 Residents Rights
- 483.12 Freedom from abuse, neglect, and exploitation
- 483.15 Admission, transfer, and discharge
- 483.20 Resident Assessments
- 483.21 Comprehensive resident centered Care Plans
- 483.24 Quality of Life
- 483.25 Quality of Care; 483.30 Physician Services
- 483.35 Nursing Services
- 483.40 Behavioral health services
- 483.45 Pharmacy Services
- 483.50 Laboratory, Radiology, and other Diagnostic Services;
- 483.55 Dental Services;
- 483.60 Food and Nutrition Services;
- 483.65 Specialized Rehabilitative Service;
- 483.70 Administration;
- 483.75 Quality Assurance and Performance Improvement;
- 483.80 Infection Control;
- 483.85 {Phase-3} Compliance and Ethics Program;
- 483.90 Physical Environment; 483.95 Training Requirements

Top Ten Health Survey Deficiencies: LTC National (FY 2022)

	F-Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
1	F0880	Infection Prevention & Control	3,330	16.20%	7.70%
2	F0689	Free of Accident Hazards/Supervision/Devices	2,130	11.30%	4.90%
3	F0812	Food Procurement, Store/Prepare/Serve Sanitary	1,745	10.50%	4.00%
4	F0684	Quality of Care	1,744	9.60%	4.00%
5	F0677	ADL Care Provided for Dependent Residents	1,343	7.10%	3.10%
6	F0656	Develop/Implement Comprehensive Care Plan	1,281	7.50%	2.90%
7	F0761	Label/Store Drugs and Biologicals	1,206	7.20%	2.80%
8	F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	1,115	6.10%	2.60%
9	F0609	Reporting of Alleged Violations	927	5.10%	2.10%
10	F0550	Resident Rights/Exercise of Rights	839	4.70%	1.90%

Excluding F884 CDC Reporting: 2022

Reading Deficiencies: Hospitals

Immediate Jeopardy (IJ)

- Plan of Correction
- Not removed-23 day termination
- Removed- 90-day termination track

Condition Level

- Plan of Correction
- 90-day termination track

Standard Level Only

- Plan Of Correction

Reading Deficiencies and Corrective Actions: LTC

- There are 4 Deficiency Categories:
 1. **Severity Level 4 Non-Compliance**: Immediate Jeopardy to Resident Health or Safety,
i.e. The facility failed to develop and implement an antibiotic use protocol which included reporting results of laboratory data to the ordering medical practitioner, this could lead to the misidentification and treatment of a harmful organism, resulting in injury or death to the resident.
 2. **Severity Level 3 Non-Compliance**: Actual Harm that is not Immediate Jeopardy,
i.e. The facility's failure to identify and prevent the spread of a parasitic infestation lead to multiple cases of infestation causing residents both physical and psychological harm;

Reading Deficiencies and Corrective Actions: LTC (cont.)


- There are 4 Deficiency Categories (cont.):
 - 3. Severity Level 2 Non-Compliance:** No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy
 - i.e. The facility failed to ensure that a staff member implemented appropriate processes related to handling and storing wound care supplies. Consequently, the potential exists for disease transmission between residents.
 - 4. Severity Level 1 Non-Compliance:** No actual harm with potential for minimal harm
 - i.e. The facility failed to ensure that the IPCP program was reviewed annually.

Scope/Severity Chart & Mandatory Enforcement Criteria

Severity	Isolated	Pattern	Widespread
Level 4 Immediate jeopardy to resident health or safety CMPs Required!	J POC Category 3 Required Cat. 1 & 2 Optional	K POC Category 3 Required Cat. 1 & 2 Optional	L POC Category 3 Required Cat. 1 & 2 Optional
Level 3 Actual harm that is not immediate	G POC Category 2 Required Cat. 1 Optional	H POC Category 2 Required Cat. 1 Optional	I POC Category 2 Required Cat. 1 & Temporary Management Optional
Level 2 No actual harm with potential for more than minimal harm that is not immediate jeopardy	D POC Category 1 Required* Cat. 2 Optional	E POC Category 1 Required* Cat. 2 Optional	F POC Category 2 Required* Cat. 1 Optional
Level 1 No actual harm with potential for minimal harm	A No POC No Remedies Not on 2567	B POC No Remedies	C POC No Remedies
	Isolated	Pattern	Widespread

*Required only when imposing remedy/remedies instead of or in addition to termination

 Substantial Compliance

 SQC – Any deficiency in § 483.13, § 483.15, or § 483.25 that constitutes: immediate jeopardy; pattern or widespread actual harm that is not immediate jeopardy; or no actual harm with widespread potential for more than minimal harm that is not immediate jeopardy

Immediate Jeopardy

(Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers, and EMTALA)

The regulations at 42 CFR 489.3 define immediate jeopardy as, “A situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.

- Intakes are assigned this priority if the alleged noncompliance indicates there was serious injury, harm, impairment or death of a patient or resident, or the likelihood for such, and there continues to be an immediate risk of serious injury, harm, impairment or death of a patient or resident unless immediate corrective action is taken
- Intakes alleging EMTALA noncompliance may also be assigned this priority.
- Any hospital self-reported incident of patient death associated with use of restraint or seclusion which the RO determines requires an on-site investigation is also assigned this priority

Appendix Q, Guidance on Immediate Jeopardy (IJ)

Immediate Jeopardy Template- Criteria for IJ Citation

IJ Components:

- 1. Noncompliance:** Has the entity failed to meet one or more federal health, safety, and/or quality regulations?
- 2. Serious injury, serious harm, serious impairment or death (AND):** Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?
- 3. Need for Immediate Action (AND):** Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death?

Appendix Q, Guidance on Immediate Jeopardy (IJ)

Date/Time IJ Template provided to entity: ABC provider, F880		
IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.</p>	<input type="checkbox"/>	
AND		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p>	<input type="checkbox"/>	
AND		
<p>Need for Immediate Action:</p> <p>Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death?</p> <p>If yes, in the blank space, briefly explain why.</p>	<input type="checkbox"/>	

Statement of Deficiencies & Plan of Correction



Statement of
Deficiencies

Plan of Correction

Revisit/s to verify and
clear deficiencies

Plan of Correction & Verification (example only)

- All staff are educated on new or updated policies and procedures
- Staff expected to demonstrate competency and knowledge and validate completed actions
- Need to analyze audit data for trends and to identify other improvement opportunities
- Data should inform leadership about progress, achievements or lack of progress, and plan to improve, presented at the QAPI Committee
- Documentation of corrective actions-staff training/education, policies update/revision, improvement plan, ongoing audits, etc.

Survey Deficiencies and Enforcement Action (Infection Control Regulations and Associated Tags)

Hospitals	Nursing Homes
<p data-bbox="142 494 1141 691"><u>§482.42 Condition of Participation:</u> Infection Prevention and Control and Antibiotic Stewardship Programs</p> <p data-bbox="142 768 366 831">A-0747 tag</p> <p data-bbox="142 908 417 962">Enforcement:</p> <ul data-bbox="142 979 1070 1105" style="list-style-type: none">- 23-day termination track if IJ is not removed- 90-day termination track	<p data-bbox="1322 425 1860 479"><u>§483.80 Infection Control</u></p> <p data-bbox="1322 494 2390 825">The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p data-bbox="1322 899 1544 962">F-0880 tag</p> <p data-bbox="1322 1039 1595 1093">Enforcement:</p> <ul data-bbox="1322 1108 2206 1233" style="list-style-type: none">-23-day termination track if IJ is not removed-180-day termination track

Nursing Home Enforcement

Enforcement Remedies: Part 42 of the Code of Federal Regulations

SOM Ch. 7

- **TERMINATION OF PROVIDER AGREEMENT**
- Social Security Act at §§ 1819(h)(2)(C), 1919(h)(3)(D) and Federal regulations at 42 C.F.R. §§ 488.412 and 488.456

SOM Ch. 7

- **DENIAL OF PAYMENT FOR NEW ADMISSIONS (DPNA)**- Mandatory vs. Discretionary
- Social Security Act at §§ 1819(h)(2)(B)(i) and 1919(h)(2)(A)(i) and (h)(3)(C)(i) and Federal regulations at 42 C.F.R. § 488.417(b)

SOM Ch. 7

- **IMPOSITION OF CIVIL MONEY PENALTY (CMP)**
- In accordance with §1819(h) and §1919(h) of the Social Security Act, and the enforcement regulations specified at 42 CFR Part 488,

Remedies Imposed for Deficient Practices: LTC Other Remedies

- **Directed Plans of Corrections**-This remedy provides for directed actions from the State or CMS RO that the facility must take to address the noncompliance or a directed process for the facility to more fully address the root causes of the noncompliance.
- **Directed In-Service Training**- This remedy requires that facility staff attend an in-service training program to provide basic knowledge to achieve and remain in compliance with federal requirements.
- **State Monitoring**- The Act requires State monitoring if a facility has been found on 3 consecutive standard surveys to have provided substandard quality of care.
- **Temporary Manager**- Appointment by CMS or the State of a substitute facility manager or administrator with the authority to hire, terminate or reassign staff, obligate facility funds, and alter facility procedures, and manage the facility to correct deficiencies identified in the facility's operation.

Role of IPC in Support of Infection Control Program: LTC

The IP is responsible for the facility's activities aimed at preventing healthcare-associated infections (HAIs)

- Ensuring that sources of infections are isolated to limit the spread of infectious organisms.
- Ensures that healthcare workers and patients are implementing prescribed infection prevention practices.

The facility must designate one or more individual(s) as the Infection Preventionist(s) (IP)(s)

- The IP must: §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
- Be qualified by education, training, experience or certification;
- Work at least part-time at the facility; and §483.80(b)(4) Have completed specialized training in infection prevention and control.

Role of IPC in Support of Infection Control Program: LTC (cont.)

§483.80 (c) IP participation on quality assessment and assurance committee.

- The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.
- [§483.80(c) will be implemented beginning November 28, 2019 (Phase 3)]

Role of IPC in Support of Infection Control Program: LTC (cont.)

- Review CDC guidelines on HAI prevention
- Educated staff, mainly nursing, on the guidelines
- Performed HAI surveillance
- Reported findings to Infection Control and Executive Committees
- Review annual risk assessment
- Update Infection prevention plan
- Participate in unit rounding
- Evaluate staff adherence to HAI prevention care practices
- Organize data collection to understand what is actually going on
- Investigate suspected outbreaks
- Educate based on prevention needs and problems

Phase 3 Implementation Requirements : LTC (cont.)

483.75 Quality Assurance and Performance Improvement (QAPI)

- F865 QAPI Plan and Program; Good Faith Attempt
- F867 QAPI/QAA Data Collection, Monitoring, Analysis & Improvement Activities
- F868 QAA Committee

483.80 Infection Control

- F882 Infection Preventionist Qualifications/Role

483.95 Training Requirements

- F944 QAPI Training
- F945 Infection Control Training

Training: Providers & Other Learners

- The Quality, Safety & Education Portal (QSEP) (<https://qsep.cms.gov>)

The screenshot shows a web browser window with the URL <https://qsep.cms.gov>. A "Sign Up" modal is displayed in the foreground. The modal has a title "Sign Up" and a close button in the top right corner. It is divided into two columns. The left column features a blue button labeled "CMS & State Agencies" with the text "State/Federal Surveyors | State Training Coordinators | Regional Training Administrators | CMS Central Office Managers" below it. The right column features a blue button labeled "Providers & Other Learners" (circled in yellow) with the text "Providers | Accrediting Organizations | Quality Improvement Organizations | HHS Employees/Contractors | Advocacy Groups | Educators/Authors/Researchers" below it. At the bottom of the modal, there is a section titled "Need help signing up?" with a video icon and the text "The first step is creating a HARP account. Watch this video to help you understand the HARP registration process." and a link "Select here" for a comprehensive list of all QSEP user roles.

Review the Deficiencies

QCOR (review deficiencies): <https://qcor.cms.gov/main.jsp>

Sort by state < Provider type < tags and frequency cited by year



Search

Provider Reports

- Active Provider and Supplier Counts
- New Provider and Supplier Counts
- Terminated Provider Counts

Survey Reports

- Overdue Recertification Surveys
- Recertification Survey Counts
- Survey Activity Report
- Frequency of Data Entry (F4)

Deficiency Reports

- Deficiency Count
- Average Number of Deficiencies
- Citation Frequency

Hospital Provider Reports

The data in these reports, including provider and supplier counts a [For More Information](#)

Source: CASPER (09/25/2022)

[Accessibility Information](#), [Privacy & Security](#)

Go To: [S&C QCOR Start Page](#)

References

1. CMS.gov Hospitals <https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/Hospitals>
2. CMS.gov Nursing Homes; [Nursing Homes | CMS](#)
3. State Operations Manual (SOM) Chapter 2- The Certification Process [SOM - Exhibit \(cms.gov\)](#)
4. State Operations Manual (SOM) Appendix A- Survey Protocol, Regulations and Interpretive Guidelines for Hospitals; https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf
5. State Operations Manual Appendix PP- Guidance to surveyors for Long Term Care Facilities; [Appendix PP - November 22, 2017 \(cms.gov\)](#)
6. Emergency Preparedness, SOM Appendix Z, [QSO-21-15-ALL \(cms.gov\)](#)
7. State Operations Manual (SOM) Chapter 5 - Complaint Procedures
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c05pdf.pdf>
8. SOM Chapter 7 - Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/11939_som107c07.pdf

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Thank you!!!