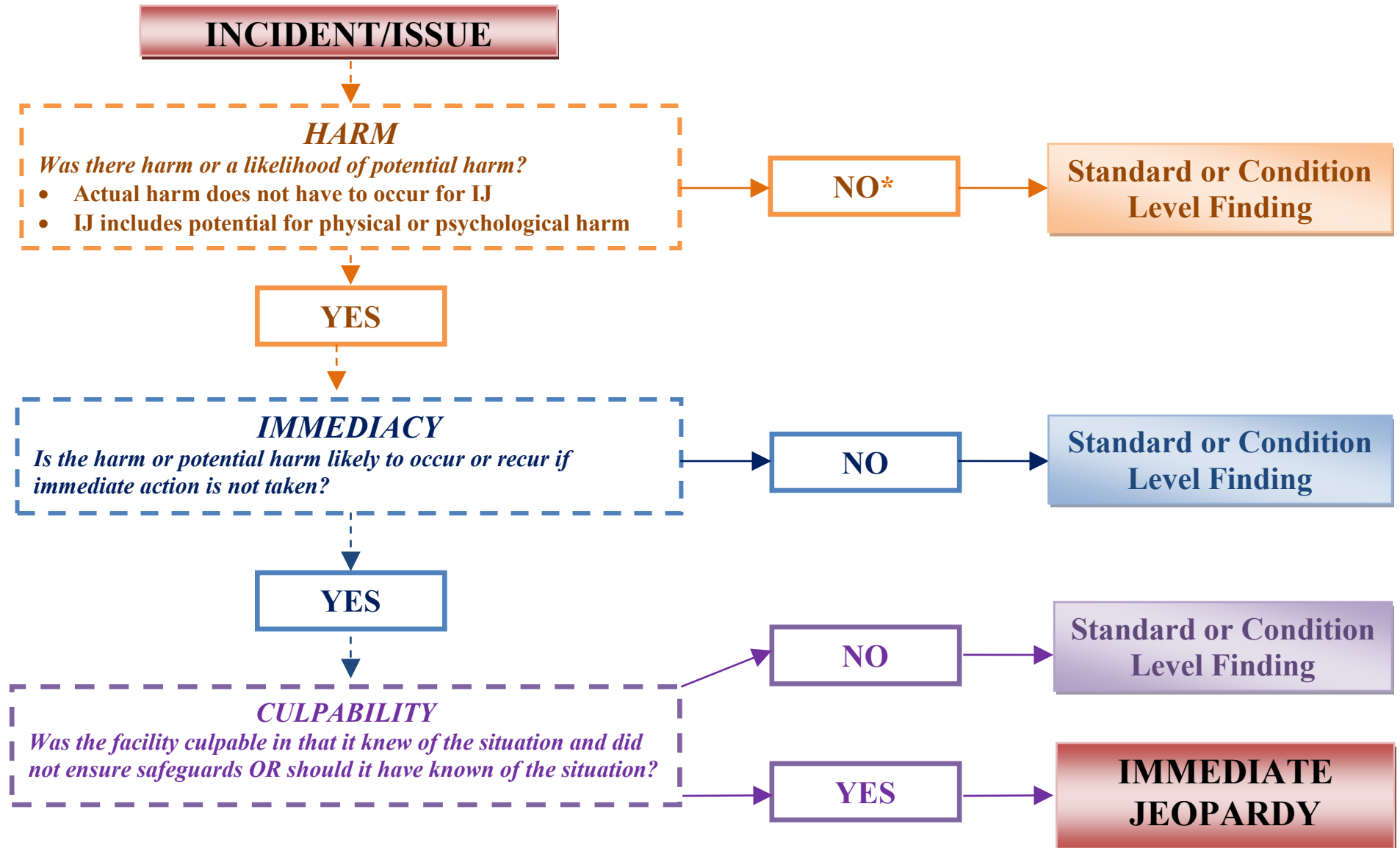


COMPONENTS OF IMMEDIATE JEOPARDY (IJ)

Immediate Jeopardy – “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...” (See 42 CFR Part 489.3.) When such a situation exists, immediate corrective action is needed.



Guidelines for Citations

Guidelines for Immediate Jeopardy (IJ) Citations

Immediate Jeopardy (IJ) should be cited: when the survey findings present evidence of **serious** and **immediate** risks to the health and safety to one or more patients, and the facility is **culpable**.

Medicare Participation Outcome:

- Failure to remove/abate the immediate jeopardy or to correct the deficient practices may result in termination of the Medicare contract within 23 days.

Processing of Surveys with IJ Findings:

- State Survey Agency (SSA) & Regional Office (RO) communicate at the time the SSA determines there is IJ; RO communicates with CO.
- A finding of IJ always = Condition-level noncompliance.
- RO processes IJ terminations, approves the Plan of Correction (PoC), and authorizes the on-site visit for verification of correction within a 23-day timeline.
- On-site verification of correction of Condition-level deficiencies is required.
- If not corrected at on-site visit, RO proceeds with termination process; communicates with CO. If IJ is corrected, but Condition-level findings remain, the termination may be converted to a 90 day timeline.

Guidelines for Condition-Level Citations

Condition-level Deficiencies are Assigned When the Survey Findings:

- Do not present an **immediate** threat to patient health and safety.
- Demonstrate that the extent or severity of the deficient practice(s) limits the facility's capacity to furnish safe and effective services that meet the needs of the patients.
- Demonstrate that the facility does not "substantially" meet the applicable Condition for Coverage (CfC).

Medicare Participation Outcome:

- Failure to correct may result in termination of the Medicare contract.

Processing of Condition-level Deficiencies:

- SSA and RO process the termination within a 90-day timeline.
- PoC required; accepted by SSA.
- On-site verification of correction of Condition-level deficiencies required within 45 days.
- If not corrected at on-site visit, SSA continues termination recommendation and secures PoC.
- RO must authorize second on-site visit when Condition-level citations continue.
- If Condition-level non-compliance continues at second on-site visit, RO proceeds with termination process.

Guidelines for Standard-Level Citations

Standard-level Deficiencies are Assigned When the Finding(s):

- Provide evidence that the facility is not in compliance with a Standard-level requirement, but the finding does not support noncompliance with a CfC.
- Do not present a threat of or actual serious harm to patient health or safety.
- Do not demonstrate the facility's inability or limited capacity to provide an adequate level or quality of service.

Medicare Participation Outcome:

- If the facility submits an acceptable plan of correction, the facility may continue to participate.

Processing of Standard-level Deficiencies:

- SSA processes the report.
- PoC required.
- On-site verification of correction is not required.

References

*42 Code of Federal Regulations Parts §488, §489 and §494.
State Operations Manual (SOM), Section 2700, The Survey Process.
SOM, Chapter 3, Sections 3010A and 3010B Termination Procedures.
SOM, Appendix Q, Guidelines for Determining Immediate Jeopardy*