
CMS Manual System

Department of Health &
Human Services (DHHS)

Pub. 100-07 State Operations Provider Certification

Centers for Medicare &
Medicaid Services (CMS)

Transmittal 155

Date: June 10, 2016

SUBJECT: Revisions to the State Operations Manual (SOM) –Chapter 5

I. SUMMARY OF CHANGES: This instruction revises the instructions to surveyors in Chapter 5 to clarify guidance to surveyors regarding the procedures for conducting the exit conference in the review of compliance with Medicare or Medicaid Conditions of Participation, Conditions for Coverage, and Requirements for Participation.

NEW/REVISED MATERIAL - EFFECTIVE DATE: June 10, 2016

IMPLEMENTATION DATE: June 10, 2016

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	5/5080.2 Survey Exit Conference and Report to the Provider/Supplier
R	5/5300.5 Task 7: Exit Conference
R	5/5340 Post-Survey Certification Actions for Nursing Homes

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

5080.2 - Survey Exit Conference and Report to the Provider/Supplier *(Rev. 155, Issued: 06-10-16, Effective: 06-10-16, Implementation: 06-10-16)*

Generally, the SA conducts an exit conference with the provider/supplier at the completion of the on-site portion of the complaint investigation survey. The SA informs the provider/supplier of the survey findings, including a general description of any deficiencies found. The description should be detailed enough to inform the provider/supplier of the types of activities that require the provider's/supplier's corrective action. However, the SA must not comment on the scope and severity of the deficiencies identified for long term care facilities. For non-long term care providers/suppliers, the SA must not comment on manner and degree, that is, whether the deficiencies identified were condition- or standard-level. Surveyors must also not make reference to any "Tags" related to deficiencies identified *in non-long term care as this identifies condition- or standard-level. Instead identify the regulatory grouping where concerns exist. See Section 2724 for additional information about presenting findings during the Exit Conference.*

For non-long term care providers/suppliers, the SA must not provide a list of patients interviewed, observed, or whose medical records were reviewed, and does not identify specific patients whose cases are associated with specific deficiencies. (The provider/supplier has the right to request a copy of any documentation the surveyors copy to support deficiency findings; therefore the provider/supplier should have enough information after the exit conference to begin corrective actions.)

The SA informs the provider/supplier that survey findings will be documented on Form CMS 2567, which will be sent to the provider/supplier and subsequently will be made available to the public under the disclosure of survey information provisions. For deemed providers/suppliers, the SA informs the provider/supplier that the RO will be consulted and (depending on RO practice), either the RO or the SA will inform the facility of the results of the survey investigation via the Form CMS 2567.

The SA/RO sends to the provider/supplier a written report of the investigation findings as a summary record of the investigation. At a minimum, this would include the Form CMS 2567 and applicable notices. For surveys of deemed providers/suppliers (not including EMTALA surveys), the RO sends a copy of the written report to the applicable accrediting organization(s), following the procedures specified in Section 5110. At the RO's or SA's discretion, the materials may be sent to the accrediting organization via e-mail.

(See Section 5300.5 for guidance on the exit conference for long term care facilities, Section 5440.5 for EMTALA investigations, as well as the provider/supplier-specific appendices of the SOM, and Appendix V of the SOM concerning EMTALA.)

NOTE: Sections 5300 to 5390 relate to *nursing homes*.

5300.5 - Task 7: Exit Conference

(Rev. 155, Issued: 06-10-16, Effective: 06-10-16, Implementation: 06-10-16)

Conduct an Exit Conference related to a complaint survey in accordance with the process described of Task 7 in Appendix P. Do not inform the nursing facility of confidential information unless the individual who provided the information specifically authorizes you to do so.

If a deficiency is not present now, but was present and has been corrected, notify the facility orally and in writing that the complaint was substantiated because deficiencies existed at the time that the complaint situation occurred. (See SOM [Chapter 7](#), Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities, for specific information about citing past noncompliance.)

If the complaint is unsubstantiated, (i.e., the surveyor(s) cannot determine that it occurred and there is no indication of deficient practice), notify the facility of this decision.

5340 - Post-Survey Certification Actions for Nursing Homes

(Rev. 155, Issued: 06-10-16, Effective: 06-10-16, Implementation: 06-10-16)

Following the investigation, the *survey team* records any findings on Form CMS-2567, *the SA conducts a supervisory review of the CMS-2567 form and sends the provider a copy.* The SA requests a POC for any uncorrected deficiencies. See [§2728](#).

When Federal deficiencies are identified, the SA initiates certification actions as follows:

- 1. Noncompliance that Constitutes Immediate Jeopardy to Resident Health and Safety** - The SA initiates procedures in accordance with §§7307 to 7309.
- 2. Noncompliance that Does Not Constitute Immediate Jeopardy to Resident Health and Safety** - The SA initiates procedures in accordance with §§7311 to 7316.
- 3. In Substantial Compliance** - The SA initiates procedures in accordance with §7319.