
CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 162

Date: October 14, 2016

SUBJECT: Revisions to State Operations Manual (SOM) Appendix J, Part II – Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities

I. SUMMARY OF CHANGES: We are revising the Interpretive Guidance (IG) for Appendix J, Part II–Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities associated with the regulation at §483.420(d)(3) tag W154. The IGs were recently updated and effective as of April 27, 2015. Since the revised IGs were released, it has been brought to our attention that additional guidance is needed at §483.420(d)(3) tag W154 to clarify the difference between client incident reports and facility investigative reports for purposes of the sample selection.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 14, 2016

IMPLEMENTATION: October 14, 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 | Appendix J/Part II – Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities/W154/§483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated; and |

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.**

W154

(Rev. 162, Issued: 10-14-16, Effective: 10-14-16, Implementation: 10-14-16)

§483.430(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated; and

Guidance §483.430(d)(3)

In the absence of any pre-survey information that would indicate the need for a more thorough review, *the surveyors* review 5 percent of the total client *incidents and associated investigative reports of all alleged violations of abuse, neglect or mistreatment, as well as injuries of unknown source* for the last three (3) months (but no less than 10).

Investigative reports are completed as indicated for all allegations.

A thorough investigation includes at a minimum:

- The collection of all interviews, statements, physical evidence and any pertinent maps, pictures or diagrams;
- Review of all information related to the allegation;
- Resolution of any discrepancies;
- Summary of conclusions; and
- Recommendations for action both to safeguard all the clients during the investigation and after the completion of the report.

If patterns of possible abuse, neglect, mistreatment or *injuries of unknown source* are identified *during the review*, or the *facility* incident report logs for the past three (3) months indicate an extremely high incident rate, then a full review of *all alleged violations of abuse, neglect or mistreatment, as well as injuries of unknown source* for the past three (3) months should be completed.