



Center for Clinical Standards and Quality

Ref: QSO-25-19-All

DATE: June 18, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Release of CMS-2567: Statement of Deficiencies and Plan of Correction

Memorandum Summary

- CMS is committed to the **transparency of quality of care findings**, so that patients, residents, and their families can make informed health care decisions.
- The official *Form CMS-2567: Statement of Deficiencies and Plan of Correction* (CMS-2567) will be publicly releasable **within 14 days after receipt by the provider, supplier, or lab**. In other words, the CMS-2567 can be immediately released upon receipt by the provider/supplier.
- This update **aligns with the Nursing Home CMS-2567 process**, which per regulation, are releasable within 14 days of transmission to the facility (See 42 CFR 488.325).
- This guidance does not apply to Accrediting Organization (AO) survey findings, except those related to surveys of Hospice and Home Health Agencies.

Background:

In our continued **commitment to transparency**, CMS is updating the timeline for the public release of the *Form CMS-2567: Statement of Deficiencies and Plan of Correction*, herein referred to as the CMS-2567.

What is a CMS-2567?

State Survey Agencies (SAs) perform initial surveys, recertification surveys, and complaint investigations of Medicare-certified providers and suppliers, as well as Clinical Laboratory Improvement Act (CLIA) certified laboratories. These surveys determine whether a provider/supplier or lab meets the applicable health and safety regulation requirements for

Medicare certification or a CLIA certificate. The quality of care findings from these surveys are documented on the CMS-2567.

Facilities and labs generally have ten days to develop and submit a response to the findings, which may include a Plan of Correction (POC) (for providers and suppliers) and/or an Allegation of Compliance (AOC) (for laboratories). The POC/AOC submission is to record the facility or lab's corrective actions and request a revisit.

Previous practice by CMS held the public release of the CMS-2567 for up to 90 days after the completion of a survey or until a POC or AOC had been approved by the SA or CMS location. Doing so often delayed the release of important quality and safety findings to the public based on when the provider/supplier or lab submitted their POC/AOC and the duration of the subsequent administrative review by CMS. None of those actions justify a delay in releasing this important health and safety information.

Updated Timeframe for Release of the CMS-2567:

CMS is updating our practice to **allow the release of the CMS-2567 immediately upon receipt by the provider, supplier, or lab¹**. While we are updating our timeline for the public release of the CMS-2567, we are not changing the provider/supplier's review window. Providers and suppliers will continue to have time to review and respond to the survey findings through the POC or AOC process. In accordance with [Admin Info-24-14-All](#), the POC/AOC is releasable upon approval by CMS. If CMS is unable to approve a POC/AOC and instead conducts a revisit survey, there will not be a POC/AOC to release.

Adopting the immediate release policy across all providers/suppliers and labs enhances public transparency and streamlines administrative processes. **With greater transparency and more timely access to survey information, beneficiaries are able to make informed decisions about where they receive their care, affirming our commitment to Make America Healthy Again.**

Accrediting Organization Survey Findings

Generally, CMS is prohibited by section 1865(b) of the Act as well as § 488.7(b) from publicly disclosing accrediting organizations (AO) surveys with the exception of AO survey findings and related information for home health agencies (See also 42 CFR 401.126(b)(2)).

Additionally, per 42 CFR 488.7(c), CMS may publicly disclose AO inspection reports for hospice program surveys that occurred on or after October 1, 2022.

Contact:

For questions or concerns relating to this memorandum, please contact your CMS Location.

¹ See section 1864(a) of the Act, 42 CFR 401.126(b)(1), 42 CFR 401.130(b)(17), 42 CFR 401.133(a) and (b), 42 CFR 431.115, and SOM §§ 3308A, 3314, 6130.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

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Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus