

LTCSP Interim Paper-Based Onsite Revisit Instructions

Purpose

The purpose of a revisit is to determine:

- If the facility has corrected identified substantial noncompliance and is now in substantial compliance; or
- If immediate jeopardy (IJ) has been removed based upon the implementation of an accepted, written removal plan (for IJs not removed onsite during the original survey).

The revisit **must** be conducted **onsite** in the following circumstances:

- A facility's original survey finds deficiencies that constitute substandard quality of care (SQC), and/or deficiencies at severity level three (harm), and/or severity level four (IJ) that was not removed during the original survey. Onsite revisits must continue for these deficiencies even if they lessen to lower levels of noncompliance until the noncompliance is corrected;

NOTE: If the first onsite revisit finds substantial compliance with these deficiencies, it is not necessary to conduct additional onsite revisits for any newly cited tags that are cited at or below level F, if the level F deficiency is not substandard quality of care.

OR

- A facility's first onsite revisit identifies new deficiencies that constitute SQC, severity level three (harm), or the presence of IJ. Again, onsite revisits must continue for these deficiencies even if they lessen to lower levels of noncompliance;

OR

- A facility's second onsite revisit finds any noncompliance (D or above).

The State will seek CMS location approval for a third onsite revisit or recommend to the CMS location to terminate the facility.

NOTE: Revisits for noncompliance at severity levels other than noted above may be done onsite at the discretion of the State.

Timing

Onsite revisits must occur any time between the last correction date on the plan of correction and the 60th day from the survey exit date to confirm that the facility is in substantial compliance. (For timing of revisits related to IJ, refer to [Chapter 7](#), sections 7308 and 7309.)

NOTE: This interim LTCSP onsite revisit is paper-based and does not utilize the software. In the future, there will be software specifically tailored for a LTCSP onsite revisit. Follow the steps below for offsite and onsite prep for conducting the revisit.

OFFSITE PREP

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Step 1: Create Revisit *Survey* in *iQIES*: The revisit survey will only be used to update the original survey tags (e.g., corrected, recited or newly cited tags). *If the survey team will include complaint or facility reported incident intakes with the revisit, create a separate complaint survey in iQIES for the intakes. iQIES does not allow intakes to be added to the revisit survey. For additional instruction, refer to Survey and Certification (S&C) Manage a Survey User Manual.*

Step 2: Update the Revisit Team *in the revisit survey and complaint survey*: If any surveyor conducting the revisit was not on the original team, the surveyor's name must be added to the revisit *survey* in *iQIES*.

Step 3: Gather Information from the Original Survey

- Obtain the facility plan of correction (POC);
- Access the LTCSP original survey in *iQIES*; and
- The following reports *from the original survey* prior to the survey (*see Step 5 of the LTCPS PG for details accessing reports*):
 - Sample List Provided to the Facility; and
 - *LTCSP* Investigation Report which will be used to identify residents who had the concern but were not sampled, therefore, were not investigated.
 - *Completed IJ template (via the IJ button or attachments, if used)* if the purpose of the revisit is to remove an IJ.

Step 4: Survey Resources

- Ensure the electronic **Survey Resources Folder** is downloaded and saved to your desktop (surveyors may choose to use electronic versions of pathways). The folder is located at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>.
 - Print a hard copy of *pertinent* CE and facility task pathways if not using electronic documents; and
- Print a blank facility matrix with instructions which is in the Survey Resources folder.

Step 5: Offsite Prep

- Review the CMS-2567 and POC for any tag cited at a D or above.
- For IJ revisits, review the approved removal plan (a CMS-2567 will not have been issued).

Step 6: Survey Sample: Revisit sample selection may be done offsite or onsite. If the team begins sample selection offsite, follow the steps below and document the sample on a Surveyor Notes worksheet, *CMS 807*.

For every deficiency that will be reviewed during the revisit, select a sample of **three residents**, if available. This resident sample includes a mix of residents identified in the deficiencies cited on the original survey, and residents who had the concern but were not investigated on the

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original survey (as identified on the *LTCSP* Investigation Report). The goal is that the revisit sample will include two cited residents and one resident not investigated.

NOTE: Do not include residents identified in a deficiency related to facility tasks. For tags cited exclusively from a facility task, conduct an investigation *of the task* to determine compliance.

- **Select up to two residents who were identified as a result of the cited noncompliance during the original survey.**

NOTE: For noncompliance cited at severity level three (harm) and above, **include all residents for whom the outcome rose to level three or above**, even if it exceeds two residents. If your revisit sample includes at least two residents who had a severity level three or above, this portion of your revisit sample is complete.

- **Select a resident(s) not sampled for the concern during the original survey, (according to the LTCSP Investigation Report) to bring the sample to three.**

NOTE: If there is an active *intake* that is related to the deficiency cited in the original survey, include the resident(s) identified in the *intake*, even if the sample will be greater than three residents.

If there are not three residents in the facility identified in the deficiency, once onsite the survey team must request a list of residents currently in the facility who have the same concern. The team must select enough residents from the list, if available, to obtain the sample of three residents for each deficiency being reviewed.

Revisit sample selection example: During the original survey, seven residents had pressure ulcers marked for further investigation. The team investigated five of the seven resident's pressure ulcer concern. F686 (pressure ulcers) was cited at a level G. The deficiency identified three residents who had not received appropriate care to prevent or treat pressure ulcers. Only one of the three cited residents was at a severity level three. Since the survey, the SA received an *intake* for another resident regarding pressure ulcers. In this situation, the revisit survey sample will include two residents previously cited in the deficiency (the harm resident + one additional cited resident) and *the active intake* resident.

Step 7: Share Offsite Prep to Team, if applicable: Once offsite prep has been completed, and if more than one surveyor is conducting the revisit, *securely* share the offsite prep information (*e.g., paper or electronic forms*) with the team *according to your SA's practice*.

ONSITE SAMPLE FINALIZATION

Step 8: Required Information Upon Entrance

- Ask for an alphabetical list of residents with room numbers who are currently residing in the facility; and
- If there are not three residents selected for review for each tag, request a list of residents with conditions similar to those cited in the original deficiency, as needed, to complete

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the sample (e.g., a list of residents who have pressure ulcers) **OR** ask that the matrix be completed if there were extensive issues cited.

Step 9: Finalize the Revisit Sample

- Compare the offsite survey sample with the alphabetical list so you can confirm that the offsite sample selected residents remain in the facility;
- Supplement the sample, as needed, so there are three residents sampled for each deficiency, excluding facility tasks.
- Make investigation assignments and balance the workload for all sampled residents and facility tasks, as applicable.
- The team will complete an in-depth investigation for each resident and facility task included in the sample.
- Once the sample selection is finalized, if more than one surveyor is conducting the revisit, the TC *securely* shares the revisit sample with the team *according to your SA's practice*.

NOTE: The sample selection may include more than three residents for deficiencies related to Severity Level three and above.

REVISIT INVESTIGATION

Step 10: Revisit Investigation

- Conduct an investigation for every deficiency cited at a D or higher on the original survey. Use the approved removal plan for IJ, or accepted plan of correction, applicable regulation, guidance, pathway and/or protocol in determining correction and compliance;
- Document your investigation on a Surveyor Notes worksheet or pathway;
- As necessary, refer to the LTCSP Mapping Document in the Survey Resources folder to identify applicable pathways and/or tasks;
- Complete the QAPI/QAA task referring to the QAPI/QAA pathway during every onsite revisit and determine compliance;
- If new concerns are identified, refer to the appropriate facility task, CE pathway/protocol, regulations and guidelines to conduct the investigation and determine compliance;
- If a tag is determined to be corrected, identify the date the facility actually corrected the noncompliance and is back in substantial compliance, even if the date is different from the alleged completion date.

NOTE: The correction date must be accurate as civil money penalties or other remedies may be impacted by this date. Refer to the Revisit/Date of Compliance Policy *in section 7317.2 of Chapter 7 in the State Operations Manual*.

- Revisits to **determine Removal of IJ** if not removed during original survey:

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- Determine if IJ was removed for each IJ identified according to the accepted removal plan and determine the date the IJ was removed.
- Inform the administrator that a CMS-2567 will be issued related to the remaining noncompliance.
- If IJ is determined to be continuing, the surveyor should contact their SA supervisor for direction.

POST-REVISIT ACTIVITIES

Step 11: Finalize Corrected and Cited Tags

- In *iQIES* under the revisit *survey ID*, update the status for each original citation by marking the citation as corrected or re-cited following your State Agency's practice. *For additional instruction, refer to Survey and Certification (S&C) Manage a Survey User Manual.*
- *In iQIES under the complaint survey ID, cite any applicable noncompliance following your State Agency's practice.*
 - *For enforcement staff: if the complaint survey identified additional noncompliance that occurred before the verified date of correction, the original enforcement cycle would continue and the complaint survey should be linked to the original enforcement cycle. If the complaint survey identified new noncompliance that occurred after the verified date of correction, the original enforcement cycle would be closed and a new enforcement cycle would be created for the complaint survey. If this is the 3rd revisit survey, please see the chart below.*
- Include any evidence collected for re-cited or newly cited tags following your State Agency's practice to support the findings of noncompliance;
- *Attach documents to the survey. Click Attachments in the navigation menu. Click Select File and locate the file you want to attach, then click Save. You may add a description of the document in the File Description notes field, if desired.*
- Create a sample list for the facility following your State Agency's practice; and
- Document all corrected tags on the Form CMS-2567B with the actual date of correction.

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Revisit/Date of Compliance Policy

Revisit #	Substantial Compliance	Old deficiencies corrected but continuing noncompliance at F (no SQC) or below	Old deficiencies corrected but continuing noncompliance at F (SQC), harm or IJ	Noncompliance continues	Any noncompliance
1st revisit	Compliance is certified as of the latest correction date on the approved PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the 1st onsite revisit, or correction occurred sooner than the latest correction date on the PoC.	<p>1. A 2nd onsite revisit is discretionary if acceptable evidence is provided.</p> <p>When evidence is accepted with no 2nd onsite revisit, compliance is certified as of the date confirmed by the evidence.</p> <p>2. When a 2nd onsite revisit is conducted, acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered for the compliance date.</p>	<p>1. A 2nd onsite revisit is required.</p> <p>2. Acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered for the compliance date.</p>	<p>1. A 2nd onsite revisit is required.</p> <p>2. Acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered as the compliance date.</p>	
2nd revisit	Compliance is certified as of the date of the 2nd onsite revisit or the date confirmed by the acceptable evidence, whichever is sooner.				<p>1. A remedy must be imposed if not already imposed.</p> <p>2. Either conduct a 3rd onsite revisit or proceed to termination.</p>
A 3rd REVISIT IS NOT ASSURED AND MUST BE APPROVED BY THE RO					
3rd revisit	Compliance is certified as of the date of the 3rd onsite revisit.				Proceed to termination.

Examples of acceptable evidence may include, but are not limited to:

- An invoice or receipt verifying purchases, repairs, etc.
- Sign-in sheets verifying attendance of staff at in-services training.

Givens:

- Interviews with more than 1 training participant about training.
- Contact with resident council, e.g., when dignity issues are involved.