CMS Guidance Document	**Department of Health & Human Services (DHHS)**
Survey and Certification Policy Letter	**Centers for Medicare & Medicaid Services (CMS)**
Executive Guidance Number 0054	**Date: September 6, 2007**
Planned Web Site Address http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage	**Release planned: September 20, 2007**

PROGRAM AREA: Survey and Certification

SUBJECT: Revisit Survey Policy Revisions

APPLIES TO: State Survey Agencies and Regional Survey and Certification Offices; all Medicare- and Medicaid-certified nursing homes, deemed providers, and accredited hospitals.subject to survey for compliance with Medicare health and safety standards.

I. SUMMARY OF CHANGES:

- The onsite revisit survey policy for nursing homes is revised to state that onsite revisits will be required for F Level deficiencies which constitute Substandard Quality of Care (SQC) and above.
- A paper (offsite) revisit survey will be required for noncompliance at Levels D, E, and F, when SQC is not found, except in those cases when a discretionary onsite revisit is conducted.
- Discretionary onsite revisits might be conducted for the following reasons:
  - the facility has a pattern of going in out of compliance; or
  - the facility has a high number of D, E, and/or non-SQC F level deficiencies.
- Post-survey procedures for deemed providers and accredited hospitals have also been clarified.

II. CHANGES IN POLICY INSTRUCTIONS: N/A
STATUS: R=REVISED, N=NEW, D=DELETED.

Status	Chapter / Section / Subsection / Title
R	Pub 100-07, State Operations Manual, Sections 5100.2 - Complaint Procedures, 7317 and 7203D – Survey and Enforcement Procedures for Skilled Nursing Facilities and Nursing Facilities.

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Dennis Smith (410) 786-3870/Center for Medicaid and State Operations (CMSO)
Agency POC	Tracey Mummert (410) 786-3398/CMSO/Survey and Certification Group tracey.mummert@cms.hhs.gov

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
	Change Request
	HPMS
	Joint Signature Memorandum
	Manual Transmittal
	State Medicaid Director Letters
X	**Other – Survey and Certification Policy Letter**

V. STATUTORY OR REGULATORY AUTHORITY: Sections 1864(c) and 1865 of the Social Security Act; 42 CFR 488.332

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-07-XX

DATE:

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Revisit Survey Policy Revisions

Memorandum Summary

- The onsite revisit survey policy for nursing homes is revised to state that onsite revisits will be required for F Level deficiencies which constitute Substandard Quality of Care (SQC) and above.
- A paper (offsite) revisit survey will be required for noncompliance at Levels D, E, and F, when SQC is not found, except in those cases when a discretionary onsite revisit is conducted.
- Discretionary onsite revisits might be conducted for the following reasons:
  - the facility has a pattern of going in out of compliance; or
  - the facility has a high number of D, E, and/or non-SQC F level deficiencies.
- Post-survey procedures for deemed providers and accredited hospitals have also been clarified.

A workgroup was recently established to examine existing revisit survey policies. This workgroup was formed to help bring national consistency to the Centers for Medicare & Medicaid Services' revisit survey policies and remove much of the discretion from the implementation of the policies. Current revisit survey policies found in Survey and Certification Memoranda and in the State Operations Manual (SOM) allow States to use discretion to determine when an onsite revisit is conducted. The attached policy revisions now provide more explicit guidance on when onsite versus paper (offsite) revisits should be conducted for nursing homes.

Post-survey procedures for deemed providers and accredited hospitals have also been clarified. The first onsite revisit following the removal of deemed status must be a full survey. Subsequent revisits following the first onsite revisit do not have to be full surveys.

The specific changes to the revisit policies are illustrated in the attached table.

Effective Date: Immediately. Please ensure that all appropriate staff are fully informed with 30 days of this memorandum.

Training: The information contained in this announcement should be shared with all survey and certification staff, their managers, and the State/RO training coordinators.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Summary of Revisions to Revisit Survey Policies

Provider Type	Current Policy	Revised Policy
Nursing Homes	**S&C-01-10** S&C-01-10, dated May 3, 2001, specifically states that, "....While we have indicated on the attached chart the circumstances under which revisits occur or remedies must be imposed, it is important to remember that ***revisits may be conducted anytime for any level of noncompliance ....".***	**Expected Revision to SOM Section 7317** *Onsite revisit surveys will be required for F Level deficiencies which constitute Substandard Quality of Care (SQC) and above. A paper (offsite) revisit must be performed for noncompliance at Levels D, E and F, when SQC is not found, except in those cases when a discretionary onsite revisit is conducted. Discretionary onsite revisits might be conducted for the following reasons: the facility's pattern of going in out of compliance, or facilities with a high number for D, E and/or non-SQC F level deficiencies.*
Nursing Homes	**Current: Section 7317B** **1. No guarantee of revisit**. A facility is not entitled to any revisits; revisits are performed at the discretion of CMS or the State. When conducted, however, one revisit will normally be conducted after a survey which found noncompliance and another before the expiration of the 6-month period by which a facility must be in substantial compliance to avoid termination of its provider agreement. Authorization must be obtained from the regional office for more than 2 revisits for Medicare-only and dually participating facilities. **2. Purpose of Revisit**. The purpose of a revisit is to determine whether substantial compliance has been achieved. **3. Number of revisits**. Two revisits are permitted, at the State's discretion, without prior approval from the regional office; a third revisit may be approved only at the discretion of	**Revised Section 7317B** **1. General**. One *onsite* revisit will normally be conducted after a survey which found noncompliance and another *onsite revisit* before the expiration of the 6-month period by which a facility must be in substantial compliance to avoid termination of its provider agreement. Authorization must be obtained from the regional office for more than 2 *onsite* revisits for Medicare-only and dually participating facilities. **2. Purpose of Revisit**. The purpose of a revisit is to determine whether substantial compliance has been achieved. **3. Number of revisits**. Two *onsite* revisits are permitted, at the State's discretion, without prior approval from the regional office; a third onsite revisit may be approved only at the discretion

	the regional office. Regional offices are limited to approving only this one additional revisit. While CMS cannot require States to get regional office approval for the third revisit to a non-State operated Medicaid-only facility and also cannot required them to get such approval from the State Medicaid agency, States should consult with the Medicaid agency prior to conducting a third revisit so that the programs are run consistently. The effect of specific survey activities on the revisit count follows: • **Complaint surveys**. Initial complaint investigation visits, whether substantiated or not, are not included in the revisit count. However, when the complaint survey is conducted at the same time as the revisit, the revisit is included in the revisit count. And, although the complaint survey itself is not considered a revisit, any revisits associated with it count toward the revisit count. This also applies to Federal complaint guidelines. When a complaint is received and the complaint survey is conducted **after** the third revisit but **before** the 6-month termination date, any deficiencies identified by the complaint survey should be cited and would provide additional evidence in support of the termination action. Since three revisits have already been conducted, another revisit cannot be conducted without consultation with the regional office and central office. Situations such as this should be discussed with the regional office since it may have already sent a termination letter. In addition, States should not use this complaint survey as an opportunity to determine if deficiencies from the third revisit have been corrected.	of the regional office. Regional offices are limited to approving only this one additional *onsite* revisit. While CMS cannot require States to get regional office approval for the third *onsite* revisit to a non-State operated Medicaid-only facility and also cannot required them to get such approval from the State Medicaid agency, States should consult with the Medicaid agency prior to conducting a third *onsite* revisit so that the programs are run consistently. The effect of specific survey activities on the *onsite* revisit count follows: • **Complaint surveys**. Initial complaint investigation visits, whether substantiated or not, are not included in the *onsite* revisit count. However, when the complaint survey is conducted at the same time as the revisit, the revisit is included in the revisit count. And, although the complaint survey itself is not considered a revisit, any *onsite* revisits associated with it count toward the revisit count. This also applies to Federal complaint guidelines. When a complaint is received and the complaint survey is conducted after the approved third *onsite* revisit but **before** the 6-month termination date, any deficiencies identified by the complaint survey should be cited and would provide additional evidence in support of the termination action. Since three *onsite* revisits have already been conducted, another onsite revisit cannot be conducted without consultation between the regional office and central office. *Such* situations should be discussed with the regional office since it may have already sent a termination letter. In addition, States should not use this complaint survey as an opportunity to determine if deficiencies from the third *onsite* revisit have been corrected.

	• **Life safety code surveys**. When the revisit is for the sole purpose of **either** the health survey or the life safety code survey, **but not both**, there are separate revisit counts toward each survey, regardless of the timing of the two surveys and regardless of whether the same entity is performing the surveys and revisits. When the revisit is for both the health survey and the life safety code survey, both surveys are covered by the same revisit count. • **Visits to determine removal of immediate jeopardy**. A visit to determine if immediate jeopardy has been removed will be included in the revisit count. (See §7308 for documentation requirements.) • **Visits to special focus facilities**. The revisit policy applies to Special Focus Facilities as it does to all other facilities, but the extra drop-by visits to these facilities do not count against the revisit count. • **State monitoring**. Monitoring visits are not included in the revisit count because no survey is being performed. State monitoring is a remedy to oversee the correction of cited deficiencies and ensure that residents are protected from harm; revisits are onsite visits specifically intended to verify correction of deficiencies cited in a previous survey. **4. Timing of Revisit**. When conducted, revisits occur any time between the last correction date on the plan of correction and the 60th day from the survey date to confirm that the facility is in substantial compliance and, in certain cases, has the ability to remain in substantial compliance. Conducting a revisit before the 60th day allows time for a notice of a mandatory	• **Life safety code surveys**. When the *onsite* revisit is for the sole purpose of **either** the health survey or the life safety code survey, **but not both**, there are separate revisit counts toward each survey, regardless of the timing of the two surveys and regardless of whether the same entity is performing the surveys and revisits. When the *onsite* revisit is for both the health survey and the life safety code survey, both surveys are covered by the same revisit count. • **Visits to determine removal of immediate jeopardy**. A*n* *onsite* visit to determine if immediate jeopardy has been removed will be included in the revisit count. (See §7308 for documentation requirements.) **Expected to be Removed From SOM** • **State monitoring**. Monitoring visits are not included in the *onsite* revisit count because no survey is being performed. State monitoring is a remedy to oversee the correction of cited deficiencies and ensure that residents are protected from harm; revisits are *onsite* visits specifically intended to verify correction of deficiencies cited in a previous survey. **4. Timing of Revisit**. When conducted, revisits occur any time between the last correction date on the plan of correction and the 60th day from the survey date to confirm that the facility is in substantial compliance and, in certain cases, has the ability to remain in substantial compliance. Conducting a revisit before the 60th day allows time for a notice of a mandatory denial

	denial of payment for new admissions at the 3rd month, if necessary. If the facility is found to be in substantial compliance, the State will certify compliance. **5. Correction of Level A, B, and C Deficiencies**. While facilities are expected to correct deficiencies at levels A, B, and C, deficiencies at these levels are within the substantial compliance range and, therefore, need not be reviewed for correction during subsequent revisits within the same noncompliance cycle. **6. Revisits for Substandard Quality of Care for No actual harm with potential for more than minimal harm that is not immediate jeopardy when widespread, Harm, and Immediate Jeopardy**. When substandard quality of care no actual harm with potential for more than minimal harm that is not immediate jeopardy but is widespread, actual harm, or immediate jeopardy is cited and the first revisit determines that the facility has achieved substantial compliance with those affected tags, no continued revisits are necessary for any other tags that are at or below Level F (no substandard quality of care). However, if a revisit is not conducted for these other tags, the facility must provide evidence that they are corrected and are now in substantial compliance. Revisits must continue to verify substantial compliance with the original or subsequent substandard quality of care, actual harm, or immediate jeopardy deficiencies, even if they improve to lower levels of noncompliance. **7. New Owner**. If a new operator assumes the existing provider agreement, he or she is responsible for assuring that corrections are made within the revisit policy.	of payment for new admissions at the 3rd month, if necessary. If the facility is found to be in substantial compliance, the State will certify compliance. **5. Correction of Level A, B, and C Deficiencies**. While facilities are expected to correct deficiencies at levels A, B, and C, deficiencies at these levels are within the substantial compliance range and, therefore, *onsite revisits shall not be performed.* **6. Revisits for Substandard Quality of Care for No actual harm with potential for more than minimal harm that is not immediate jeopardy when widespread; Harm; and Immediate Jeopardy**. When substandard quality of care no actual harm with potential for more than minimal harm that is not immediate jeopardy but is widespread, actual harm, or immediate jeopardy is cited and the first revisit determines that the facility has achieved substantial compliance with those affected tags, no continued onsite revisits are necessary for any other tags that are below Level F (no substandard quality of care). *Onsite* revisits must continue to verify substantial compliance with the original or subsequent substandard quality of care, actual harm, or immediate jeopardy deficiencies, even if they improve to lower levels of noncompliance. **7. New Owner**. If a new operator assumes the existing provider agreement, he or she is responsible for assuring that corrections are made within the revisit policy.

Nursing Homes	**7203D - Post Survey Revisit (Follow-Up)** When the State has cited deficiencies during the course of a survey, the survey agency may, as necessary, conduct a post survey revisit to determine if the facility now meets the requirements for participation. (See also §7317.)	**7203D** When the State has cited deficiencies *at the F Level (Substandard Quality of Care) and above during the course of a survey, the survey agency must* conduct a post survey *onsite* revisit to determine if the facility now meets the requirements for participation. *Paper (offsite) revisits must be performed for noncompliance at Levels D, E and F, when SQC is not found, except in those cases when a discretionary onsite revisit is conducted.* (See also §7317.)
Deemed Providers and Accredited Hospitals	**5100.2 - Post-Survey Procedures Condition-Level, Non-IJ** If condition level deficiencies do not pose an IJ, the SA forwards the survey packet to the RO within 10 working days after the completion of the survey. If the RO concurs with the SA's findings, the RO notifies the provider/supplier of the removal of its deemed status; sends a copy of the Form CMS-2567 and places the provider/supplier under SA jurisdiction. No POC is required at this time. The deemed provider/supplier must be placed first under SA jurisdiction before further enforcement action is initiated. The RO requests the SA to conduct a full survey of all Medicare conditions within 60 calendar days from the date of the deemed status removal.	**5100.2 - Post-Survey Procedures Condition-Level, Non-IJ** If condition level deficiencies do not pose an IJ, the SA forwards the survey packet to the RO within 10 working days after the completion of the survey. If the RO concurs with the SA's findings, the RO notifies the provider/supplier of the removal of its deemed status; sends a copy of the Form CMS-2567 and places the provider/supplier under SA jurisdiction. No POC is required at this time. The deemed provider/supplier must be placed first under SA jurisdiction before further enforcement action is initiated. The RO requests the SA to conduct a full survey of all Medicare conditions within 60 calendar days from the date of the deemed status removal. *The first onsite revisit following the removal of deemed status must be a full survey. However, subsequent revisits that may be needed after the full survey do not have to be full surveys.*