

## CMS: Prioritization of Survey Activities

Today (March 23), CMS released [guidance](#) prioritizing and suspending most federal and state survey agency (SSA) surveys, and delaying revisit surveys, for the next three weeks beginning on March 20, 2020, for all nursing homes. For non-IJ related onsite surveys that are currently in process, survey teams are instructed to end the survey and exit the facility.

State and federal surveyors should not enter the building, for any type of survey, if they are unable to meet the Personal Protective Equipment (PPE) expectations outlined by the latest CDC guidance. They may instead obtain necessary information remotely, to the extent possible.

Federal and state surveyors will conduct targeted infection control surveys of providers identified together with the Centers for Disease Control and Prevention (CDC) and the HHS Assistant Secretary for Preparedness and Response (ASPR). They will use this [survey tool](#) to review infection prevention and control practices. Surveyors will review for:

- Overall effectiveness of the Infection Prevention and Control Program (IPCP) including policies and procedures
- Standard and Transmission-Based Precautions (with the understanding that certain essential supplies are scarce, and facilities should not be penalized for not having certain supplies if they are unable to obtain them)
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable
- Surveillance plan
- Visitor entry and facility screening practices
- Education, monitoring and screening practices of staff
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

Changes in the survey process in effect for the next three weeks include:

- **Standard surveys and non-IJ revisits are suspended for three weeks**
  - During this period, the following surveys will be suspended:
    - Standard surveys for nursing homes, hospitals, home health agencies (HHAs), intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and hospices.
    - Life safety code and emergency preparedness elements of standard surveys.
    - Revisits not associated with an IJ.

- The following enforcement actions will be suspended, until revisits are again authorized:
      - Imposition of Denial of Payment for New Admissions (DPNA), including situations where facilities are not in substantial compliance at 3 months.
      - Imposition of termination for facilities that are not in substantial compliance at 6 months.
      - Per day civil money penalties (CMP) will not accumulate.
      - CMS will not impose any new remedies for prior noncompliance.
      - Note: Enforcement actions for unremoved or new IJs remain and will continue to be issued under normal procedures/guidance.
- **Complaints and facility-reported incidents triaged at the Immediate Jeopardy level will continue**
  - During this three-week time frame, State survey agencies (SSAs) and CMS will only conduct surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level, and revisits to verify removal of IJ (including previously cited IJ deficiencies).
  - If the revisit survey determines there is continuing noncompliance, but at a lower level than IJ, surveyors will not conduct another onsite revisit survey.
  - For non-IJ deficiencies, providers may submit a plan of correction (POC) to be held until the end of the three-week period or may delay submission of their POC until the end of this period.
  - Enforcement actions for unremoved or new IJs remain and will continue to be issued under normal procedures/guidance.
- **Perform self-assessments on infection control using surveyor tool**
  - Use the [COVID-19 Infection Control Focused Survey tool](#) contained in the CMS memo (developed with CDC) to perform self-assessment of your facility's Infection Control plan. This document may be requested by surveyors, if an onsite investigation takes place.
  - CDC recommends that nursing homes notify their health department about residents with severe respiratory infection, or a cluster of respiratory illness (3 or more residents or HCP with new-onset respiratory symptoms within 72 hours).
    - Note: Local and state reporting guidelines or requirements may vary.

## Expanded guidance to limit visitors across other provider types

- In this memo, CMS provides guidance to restrict visitation in health care facilities such as hospitals, critical access hospitals, psychiatric hospitals, inpatient hospice units, and intermediate care facilities for individuals with developmental disabilities.
- **Nursing homes should continue to refer to [QS0-20-14](#) for visitor guidance.**

## Access for health care staff

- CMS acknowledges that some providers (nursing homes, assisted living facilities, etc.) have significantly restricted entry of staff from other providers who are providing direct care to patients. In general, if the staff is appropriately wearing PPE, and do not meet criteria for restricted access, they should be allowed to enter and provide services to the patient (interdisciplinary hospice care, dialysis, organ procurement, home health, etc.).
- **This does not change existing guidance for nursing homes.**

## Information for Clinical Laboratory Improvement Amendments (CLIA)

- For CLIA, surveyors will prioritize immediate jeopardy situations over recertification surveys, and generally use enforcement discretion, unless immediate jeopardy situations arise.

For additional questions, please email [COVID19@ahca.org](mailto:COVID19@ahca.org) and visit [www.ahcancal.org/coronavirus](http://www.ahcancal.org/coronavirus) for more information and resources.

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