



Center for Clinical Standards and Quality

Ref: QSO-21-16-Hospitals

DATE: March 26, 2021

TO: State Survey Agency Directors

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

SUBJECT: Resuming Hospital Survey Activities Following 30-day Restrictions

Memorandum Summary

- ***CMS is lifting the previously extended 30-day survey suspension for hospitals. Survey activity will resume in accordance with Non-Long Term Care guidance issued in QSO-20-35-All.***
- ***Non-Immediate Jeopardy (IJ) Hospital Complaints* received during the survey suspension period beginning January 20, 2021, must be investigated within 45 days of date of this memo**
- ***Hospital Plans of Correction (POCs)* will be required for deficiencies cited on surveys performed on or after January 20, 2021.**
- ***Desk Reviews* are permitted of all open surveys cited at any level of noncompliance, except for unremoved IJ findings, which require an onsite revisit.**
- ***Onsite Revisits* are authorized and should resume as appropriate.**
- ***Open Enforcement Cases* that are not IJ will have at least 60 and up to 90 days to demonstrate compliance with any outstanding deficiencies.**

Background

On January 20, 2021, to ensure quality of care oversight while providing hospitals the ability to focus on serving their patients and communities, CMS issued [QSO-21-13-Hospitals](#) limiting hospital surveys for 30 days to include complaint surveys restricted to immediate jeopardy complaint allegations posing eminent danger to patients at the hospital, noncompliance with Medicare hospital conditions of participation, and requiring immediate action to be taken to protect the health and safety of patients. Hospital recertification surveys were suspended except for a subset of hospital reaccreditation surveys per guidance provided to the accrediting organizations. Hospital enforcement actions for deficiencies that did not represent immediate jeopardy had their termination date extended for at least 30 days. On February 18, 2021, CMS extended these hospital survey limitations for an additional 30 days until March 22, 2021.

Discussion

CMS is now lifting the 30 day limitations imposed for hospital surveys as of March 23, 2021. State Survey Agencies (SAs) may resume survey activity in accordance with the Non-Long Term Care Guidance in [QSO 20-35-All](#).

Hospital Non-IJ Complaints

Complaint surveys triaged as non-IJ high received during the hospital survey suspension must be investigated within 45 days from the effective date of this memo.

Hospital Plans of Correction

Under [QSO 21-13-Hospitals](#) memorandum, hospital enforcement actions were held, and providers were permitted to delay the submission of a POC until the survey suspension period ended. All open surveys with cited deficiency tags must have an acceptable POC and supporting evidence in order for the tags to be corrected. Providers have 10 calendar days from the effective date of this guidance to submit their POC for surveys that ended on or after January 20, 2021.

NOTE: Providers who may have difficulty allocating resources to develop and implement a POC because they are currently experiencing an outbreak of COVID-19 in their area should contact their SA and/or CMS location to request an extension on submitting a POC.

Hospital Desk Reviews

State surveyors can perform desk reviews of all open surveys that cited any level of noncompliance, including noncompliance that was cited at the IJ level when the IJ finding has been verified as removed or moved to a lower level of noncompliance. The only exception to the expanded offsite review policy is for unremoved IJs, which require an onsite revisit. This expanded desk review policy applies only to outstanding enforcement actions which were held per [QSO 21-13](#) Hospitals memorandum, from January 20, 2021 through March 22, 2021.

Hospital Revisit Surveys

Beginning March 23, 2021, all onsite revisits are authorized and should resume, as appropriate, per Chapter 2, Section 2732, of the State Operations Manual (SOM). SAs must request facilities to submit evidence that supports correction of noncompliance so that a desk review can be performed based on the latest compliance date on the POC.

NOTE: A desk review cannot be completed without supporting evidence from the facility. This evidence may include dates of training, staff in attendance, and evidence that staff were evaluated for skill(s) competency when applicable. It may also include monitoring for policy implementation and successful performance by staff.

To alleviate any concerns related to correcting noncompliance cited at IJ, or remaining noncompliance following removal of IJ without an onsite revisit, SAs have discretion to include the clinical area of concern cleared using the desk review on the next onsite survey conducted. For complaints, surveyors should add the area of concern following normal procedures for complaint investigations in SOM Chapter 5.

Open Hospital Enforcement Actions

Hospitals with open enforcement actions that do not constitute immediate jeopardy will have at least 60 and up to 90 days to demonstrate compliance with any outstanding non-IJ deficiencies.

Contact: Questions about a specific enforcement cycle may be addressed with the specific CMS Location. Other questions about this memorandum should be addressed to QSOG_Hospital@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/CMS Locations training coordinators within 30 days of this memorandum.

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/s/
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