

**CMS Revised COVID-19 Survey Activities
Key Points**

The COVID-19 pandemic brought upheaval to nursing home regulation in 2020. The Centers for Medicare and Medicaid Services clarified its survey guidance, but infection control policies and procedures will remain under intense scrutiny and violations will be subject to enhanced civil penalties this year. Per the CMS QSO-20-31-All revised on January 4, 2021, there will be changes:

- *CMS has revised the criteria requiring states to conduct focused infection control surveys due to the increased availability of resources for the testing of residents and staff and factors related to the quality of care.*
- *CMS is providing Frequently Asked Questions related to health, emergency preparedness and life-safety code surveys.*

COVID-19 Survey Activities

In addition to completing the **COVID-19** Focused Infection Control (**FIC**) surveys of nursing homes, CMS is also requiring States to implement the following COVID-19 survey activities:

1. Perform on-site **FIC** surveys (within 30 days of **June 1, 2020**) of nursing homes with previous COVID-19 outbreaks, defined as:
 - a. Cumulative confirmed cases/bed capacity at 10% or greater; **or**
 - b. Cumulative confirmed cases/bed capacity at 20% or greater; **or**
 - c. Ten or more deaths reported due to COVID-19
2. Perform on-site FIC surveys (start survey within three to five days of identification) of any nursing home with 3 or more new COVID-19 confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report **or** 1 confirmed resident case in a facility that was previously COVID-free **AND other factors that may place residents' health and safety at risk.**
These factors include:
 - a. *Multiple weeks with new COVID-19 cases;*
 - b. *Low staffing;*
 - c. *Selection as a Special Focus Facility per Section 1819(f)(8)(B) of the Social Security Act;*
 - d. *Concerns related to conducting outbreak testing per CMS requirements; or*
 - e. *Allegations or complaints which pose a risk for harm or Immediate Jeopardy to the health or safety of residents which are related to certain areas, such as abuse or quality of care (i.e., pressure ulcers, weight loss, depression, decline in functioning).*

CMS will work with State Survey Agencies to identify facilities that meet the above criteria and the FIC survey must start within 3-5 days of identification. State Survey Agencies are also encouraged to communicate with their State Healthcare Associated Infection coordinators prior to initiating these surveys.

Facilities that meet the criteria above to trigger an FIC survey do not need to be re-surveyed if a FIC survey was conducted (as a stand-alone FIC survey or as part of a recertification survey)

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

within the previous three weeks. For example, if a facility is surveyed with a FIC survey within 3-5 days after meeting the criteria, and the same facility meets the criteria for being surveyed within 3-5 days on any of the next three weeks, the survey team does not need to conduct another survey within those three weeks. However, if the facility meets the criteria for a survey in the fourth week after a FIC survey was conducted, an additional FIC survey must be conducted within 3-5 days.

3. Starting in FY 2021, perform annual Focused Infection Control surveys of 20% of nursing homes based on State discretion or additional data that identifies facility and community risks. *To count toward the required 20%, these FIC surveys must be stand-alone surveys not associated with a recertification survey. Additionally, FIC surveys conducted in FY 2021, triggered by meeting the criteria in #2 above, may count toward meeting the State's 20% requirement.*

States that fail to perform these survey activities timely and completely could forfeit up to 5% of their CARES Act Allocation, annually.

NOTE: *When conducting FIC surveys, long-term care (LTC) facility surveyors should be alert to, and investigate any concerns related to residents who have had a significant decline in their condition (i.e., weight loss, mobility) during the PHE.*

Frequently Asked Questions on Resumption of Survey Activities

CMS has received questions from stakeholders as well as Federal and State Surveyors related to the resumption of survey activities. The attached FAQs addressing questions on LTC facility Health surveys, Emergency Preparedness surveys and Life Safety Code surveys (for all provider types), along with a Guide to Waived F-Tags and K-Tags for clarification.

<https://www.cms.gov/files/document/qso-20-31-all-revised.pdf>

January 4, 2021