

LTCSP/*RBS* Interim Paper-Based Onsite Revisit

LTCSP/*RBS* Interim Paper-Based Onsite Revisit Instructions: The purpose of a revisit is to determine whether the facility has returned to substantial compliance and, if applicable, whether immediate jeopardy has been removed based on the implementation of an accepted written removal plan (when not removed during the original survey).

The revisit **must** be conducted **onsite** when substandard quality of care, actual harm, or immediate jeopardy is cited; then an onsite revisit is mandatory. If the onsite revisit determines the original noncompliance remains, but at a lowered scope and severity that no longer meets the criteria for an onsite revisit, States may use their discretion to either conduct an onsite or an offsite revisit.

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

Timing

Onsite revisits must occur any time between the last alleged 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](#)).

OFFSITE PREP

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 includes complaint or facility reported incident intakes with the revisit, create a separate complaint survey in iQIES for the intakes. Currently, 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 original survey in iQIES; and
- The following reports from the original survey prior to the survey (see the *applicable RBS or* LTCSP PG for details accessing reports):
 - Sample List Provided to the Facility; and
 - Investigation Report which will be used to identify residents who had concerns 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

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located at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>.

- 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 original survey (as identified on the 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 at 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 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 a sample of three residents for each deficiency being reviewed.

Revisit sample selection example: During the original survey, *five* residents had pressure ulcers marked for further investigation. The team investigated *three* of the *five* resident's pressure ulcer concerns. 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

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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 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 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;

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- 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 [Chapter 7](#) of the State Operations Manual.

- Revisits to **determine Removal of IJ** if not removed during the original survey:
 - 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;
- In iQIES under the complaint investigation ID, cite any applicable noncompliance following your State Agency's practice.
 - For enforcement staff: if the complaint investigation identified additional noncompliance that occurred before the verified date of correction, the original enforcement cycle would continue, and the complaint investigation should be linked to the original enforcement cycle. If the complaint investigation 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 investigation.
- Include any evidence collected for re-cited or newly cited tags following your State Agency's practice to support the findings of noncompliance;
- Create a sample list for the facility following your State Agency's practice; and
- Update the revisit survey in iQIES with the corrected dates and consult the S&C User Manual: Manage a Survey LTC Facilities for additional guidance.