

HOW TO READ YOUR HEALTH SURVEY REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF HEALTH FACILITIES

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The survey report is the written document reporting the results of the periodic review of services you provide. The review is part of the agreement you made when you chose to participate in the federal Medicare/Medicaid benefit program. Surveyors employed by the North Dakota Department of Health conduct on-site surveys per agreement with the Centers for Medicare & Medicaid Services (CMS) of the federal government. The service you provide is compared to standards of practice which are identified in the Code of Federal Regulations (CFR) 483.5 through 483.75 for long term care facilities.

Each survey report includes a cover letter which contains:

- Identification of the most prevalent findings of the survey.
- Summary of the number and types of reports in the packet.
- Identification of what will happen if substantial compliance is not achieved.
- Explanation of the procedure to follow when disagreements about survey findings have not been resolved while the surveyors were on-site.
- Identification of the essential parts required for an acceptable plan of correction.

The surveyor's report will appear on several different forms and include a statement of the regulation as well as the surveyor's reported findings. At times you may find the statement of the regulation to be longer than the surveyor's report. The report forms and format are directed by the Centers for Medicare & Medicaid Services and are referred to as the CMS-2567L, CMS-2567, CMS-A form. When applicable, your survey report package will contain a separate report relating to North Dakota state licensure issues. The CMS reports are:

- * CMS-2567L; surveyors report of facility practice relating to health issues including quality of life and resident rights as well as quality of care.
- * CMS-2567; surveyors report of facility practice relating to Life Safety and fire protection issues.
- * CMS-A form; surveyors report of facility practice that are not significant to a decision of substantial compliance and are advisory to the facility, and you are expected to correct the issues identified on this form.

- ★ State licensing report; surveyors report of facility practice specific to licensing rules for the state of North Dakota.

The CMS-2567L or “health” portion of the survey has several parts which include:

- Identification of survey sample size on the first page.
- Statement of the relative federal regulation identified by a “F-XXX” code which is found in the left most column on the report. The statement of the regulation will be from one paragraph to three pages in length.
- A base statement or surveyor’s summary of the facility practice relating to the regulation (F-XXX).
- A listing of surveyor findings which include surveyor observations, interviews, and record verification relating to the standard of practice, F-XXX.

Each federal regulation (F-XXX) and surveyor’s report is reviewed by a team of health care professionals that includes program managers of Health Facilities. Following the review, each F number (tag) is assigned a letter score relating to the severity and scope of the facility practice. **It is important to fully understand the score of each F-XXX.** The length of the report **does not** impact the score for the report.

Enclosed is a copy of the decision matrix including definitions of severity and scope which has been adopted by the Centers for Medicare & Medicaid Services. Some very important points are:

F-XXX (tags) with a score of A, B, or C mean the facility practice was found to be in substantial compliance and the facility is eligible for continued certification as a participant in the Medicare/Medicaid benefit program.

A	B	C

F-XXX (tags) with a score of D, G, or J mean the facility practice was found to be isolated; however, the practice must be corrected before a determination of substantial compliance can be made and continued certification recommended to the CMS.

J		
G		
D		

All F-XXX (tags) which are scored B through L require the facility to submit a written Plan of Correction (PoC). Directions for completing the plan of correction are contained in the cover letter. Each PoC must address the points listed in the cover letter. The PoC is reviewed by a team of health care professionals to determine if the facility's plan will change facility practice in a manner to assure substantial compliance at all times.

When there are questions regarding the survey report, the administration of the facility is invited to discuss the questions with the survey team manager. The manager to contact is identified in the cover letter.

Important facts to remember about a survey report are:

- **The length of a report (number of pages) does not relate to the severity or scope of the surveyor findings.**
- **The score of a F-XXX must be considered when reading a report.**
- **The goal is substantial compliance which is not the same as total compliance.**

Scope and Severity

Severity Levels

Level I A deficiency that has the potential for causing no more than a minor negative impact on the resident(s).

Level II Non-compliance that results in minimal physical, mental and/or psychosocial discomfort to the resident and/or has the potential to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental and/or psychosocial wellbeing as defined by the resident assessment, plan of care and provision of services.

Level III Non-compliance that results in a negative outcome that has compromised the resident's ability to maintain and/or reach his/her highest practicable physical, mental and psychosocial wellbeing as defined by the resident assessment, plan of care and provision of services.

Level IV Immediate jeopardy, a situation in which immediate corrective action is necessary because the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, serious harm, impairment or death to a resident receiving care in a facility. Facility practice establishes a reasonable degree of predictability of similar actions, situations, practices or incidents occurring in the future.

Scope Levels

Isolated: When one or a very limited number of residents are affected and/or one or a very limited number of staff are involved and/or the situation has occurred only occasionally or in a limited number of locations.

Pattern: When more than a very limited number of residents are affected and/or more than a very limited number of staff are involved and/or the situation has occurred in several locations. The effect of the deficient practices is not found to be pervasive throughout the facility.

Widespread: When the problem causing the deficiencies are pervasive in the facility or represent systemic failure.

Level IV Immediate Jeopardy to Resident Health or Safety	J	K	L
Level III Actual Harm that is not Immediate Jeopardy	G	H	I
Level II No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy	D	E	F
Level I No Actual Harm with Potential for Minimal Harm	A	B	C

Isolated

Pattern

Widespread



Substandard Quality of Care: any deficiency in §483.13 Resident Behavior and Facility Practices, §483.15 Quality of Life, or in §483.25, Quality of Care that constitutes: immediate jeopardy to resident health or safety; or, a pattern of or wide-spread actual harm that is not immediate jeopardy; or, a widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.