

## Health Care Facility Inspection Findings

The Department of Health's Division of Health Care Facilities (HCF) is responsible for regulating health care facilities in Tennessee including nursing homes, also known as long-term care facilities, hospitals and other facilities. Each facility has a separate set of rules by which it must comply and some, like nursing homes and hospitals, have two sets: state licensing rules; and federal certification rules. The rules spell out how care must be provided to the facility's residents or patients. HCF inspectors perform regular inspections, known as surveys, of the state's facilities to make sure that each facility meets those state and/or federal rules. The areas looked at by HCF inspectors include, but are not limited to: quality of care; quality of life; residents' or patients' rights; infection control; the facility's physical environment; and food service. Facilities that do not meet the rule requirements must correct the "deficiencies" or the facility may face enforcement actions.

A "deficiency" is a finding by HCF inspectors that a facility has violated a specific rule. Deficiencies, and enforcement actions available as a result of them, are decided based on the scope and severity of the violation. Alleged deficiencies are recorded on the "Statement of Deficiencies (SOD), Form CMS-2567 (2567)". The facility is then given the chance to submit a written plan of correction (POC) to say how and by when it will correct each cited deficiency.

### **Note:**

When looking at the Statement of Deficiencies, Form CMS-2567, it is important to remember that facilities have the right to appeal HCF's findings and any enforcement action taken. An appeal could be pending at the time the CMS-2567 is reviewed. On appeal, HCF's survey findings may be upheld, reversed or a settlement reached which may end in the facility's CMS-2567 being revised.

It is also important to note that a 2567 only shows a one-time "snapshot" of facility compliance with the rules. To get a better picture of the quality of care offered by a facility it is important to also review, as available, any past survey reports. Copies of a facility's CMS-2567 also must be available for review at the facility.

### **How to Review a Facility's Survey Findings/Statement of Deficiencies, Form CMS-2567**

The following information is intended to help you read and understand a facility's 2567:

1. "(X4) ID Prefix Tag" - For reference each set of facility rules is assigned a unique letter and each rule in that rule set is given a three (3) digit number. The tag letter and number listed under this column on the CMS-2567 identifies rule violation. For example Tag "F150" identifies a violation of Resident Rights in the federal long term care facility health rules.
2. "Summary Statement of Deficiencies" - This column states the specific rule with which a facility was found not in compliance, followed by a statement of what was actually seen by the surveyor(s) to violate that rule.
3. "Provider's Plan of Correction" - When a facility is cited for deficiencies, facility staff must complete a written Plan of Correction in this column explaining how and when the violation will be corrected.

**Long-term Care  
Scope and Severity Grid/Deficiency Categorization**

Each federal long term care deficiency contains an alphabetical ranking to identify the seriousness of the deficient practice identified during the survey. That ranking is the scope and severity (SS) level on the CMS-2567 which is listed directly under the deficiency tag number in the ID Prefix Tag column identified as "SS= ". Scope describes how many residents are affected by the deficiency. Severity indicates the level of harm to resident health or safety. To determine the scope and severity of a federal long term care deficiency, please refer to the Federal Scope and Severity Grid below. The rankings are based on the following table:

**Federal Scope and Severity Grid**

Level 4	J	K	L
Level 3	G	H	I
Level 2	D	E	F (w/SQC)
			F (no SQC)
Level 1	A	B	C
	Isolated	Pattern	Widespread
Substantial Compliance A, B, C		Not in Substantial Compliance J, K, L G, H, I F with SQC D, E, F (no SQC)	

**Substandard Quality of Care (SQC)**

Scope/severity of F, H, I, J, K, L in one of the following regulatory groupings:

- 42 CFR 483.13 Resident Behavior & Facility Practices (Data Entry Tags F221-F226)  
[http://edocket.access.gpo.gov/cfr\\_2010/octqtr/42cfr483.13.htm](http://edocket.access.gpo.gov/cfr_2010/octqtr/42cfr483.13.htm)
- 42 CFR 483.15 Quality of Life (Data Entry Tags F240-F258)  
[http://edocket.access.gpo.gov/cfr\\_2010/octqtr/42cfr483.15.htm](http://edocket.access.gpo.gov/cfr_2010/octqtr/42cfr483.15.htm)
- 42 CFR 483.25 Quality of Care (Data Entry Tags F309-F333)  
[http://edocket.access.gpo.gov/cfr\\_2010/octqtr/42cfr483.25.htm](http://edocket.access.gpo.gov/cfr_2010/octqtr/42cfr483.25.htm)

## Immediate Jeopardy

Scope/severity of J, K, L

***For Scope/Severity clarification, see “Deficiency Categorization” as follows:***

### DEFICIENCY CATEGORIZATION

Guidance on Severity Levels – There are four severity levels: Level 1, no actual harm with potential for minimal harm; Level 2, no actual harm with potential for more than minimal harm that is not immediate jeopardy; Level 3, actual harm that is not immediate jeopardy; and Level 4, immediate jeopardy to resident health or safety.

These four levels are defined accordingly:

1. Level 1 is a deficiency that has the potential for causing no more than a minor negative impact on the resident(s).
2. Level 2 is noncompliance that results in no more than minimal physical, mental and/or psychosocial discomfort to the resident and/or has the potential (not yet realized) to compromise the resident’s ability to maintain and/or reach his/her highest practicable physical, mental and/or psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.
3. Level 3 is noncompliance 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 well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. This does not include a deficient practice that only could or has caused limited consequence to the resident.
4. Level 4 is immediate jeopardy, a situation in which immediate corrective action is necessary because the facility’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility.

Guidance on Scope Levels – Scope has three levels: isolated; pattern; and widespread. The scope levels are defined accordingly:

- Scope is 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 very limited number of locations.
- Scope is a 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, and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice. The effect of the deficient practice is not found to be pervasive throughout the facility.

- Scope is widespread when the problems causing the deficiencies are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents. Widespread scope refers to the entire facility population, not a subset of residents or one unit of a facility. In addition, widespread scope may be identified if a systemic failure in the facility (e.g., failure to maintain food at a safe temperature) would be likely to affect a large number of residents and is, therefore, pervasive in the facility.