Content Disclaimer

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Follow the CMS changes

- ASHE Advocacy Alerts; ASHE Resource Library; etc.
- CMS website & notices (www.cms.gov)
- CMS State Operations Manual – Table of Contents with links
- CMS memos to State AHJs & Regions -
- CMS QSO (Quality Safety & Oversight) Letters
  - Previously S&C (Survey & Certification) Letters
- CMS HAC (Hospital-Acquired Condition) reduction program
  - https://www.medicare.gov/hospitalcompare/HAC-reduction-program.html
- Emergency preparedness resources: https://asprtracie.hhs.gov/
  - TRACIE Technical Resources, Assistance Center, and Information Exchange

ASHE Advocacy Alerts

ADVOCACY ALERT

Ligature Risk Interpretive Guidelines

The Centers for Medicare & Medicaid Services (CMS) is requesting public comments regarding Ligature Risk Interpretive Guidelines by June 17, 2019. The request recommends several updates to the December 8, 2017 S&C Letter Clarification on Ligature Policy. Noteworthy recommended updates are:

- The addition and clarification of the use of video monitoring for the purposes of 1:1 monitoring with continuous visual observation
- Clarification of environmental risk assessment tool contents which include evaluating solid versus drop ceilings
- That waivers for Ligature Risk findings are not permissible

The draft revised guidelines are intended to provide increased direction, clarity, and guidance regarding what constitutes a ligature risk and clarify the expectations that hospitals achieve a “ligature-resistant” environment in psychiatric units of acute care hospitals, locked emergency department psychiatric units and psychiatric hospitals. The environment to create a ligature-resistant environment do not apply to one another.
15 pg Ligature Risk Interpretive Guidelines

DATE: April 19, 2019
TO: State Survey Agency Directors
FROM: Director Quality, Safety & Oversight Group
SUBJECT: DRAFT ONLY-Clarification of Ligature Risk Interpretive Guidelines – FOR ACTION

Ref: DRAFT-QSO-19-12-Hospitals

Memorandum Summary

• This draft policy memorandum would update S&C: 18-06-Hospitals released by the Centers for Medicare & Medicaid Services (CMS) on December 8, 2017.
• This Memo is Being Released in Draft: We seek comment on these draft revised policies by June 17, 2019 (60 days from the date of this release).
• Ligature Risks Compromise Patients’ Right to Receive Care in a Safe Setting: The care and safety of psychiatric patients at risk of harm to themselves or others, and the staff providing care are our primary concerns. The comprehensive ligature risk interpretive guidance in the CMS State Operations Manual (SOM) Appendix A for Hospitals is being revised to provide direction and clarity for CMS Regional Offices, State Survey Agencies, accrediting organizations and hospitals.
• Ligature Risk Extension Request Process Update: The SOM Chapter 2, Section 2728G - Major Deficiencies Requiring Long-Term Correction in Psychiatric Hospitals and Hospital Psychiatric Units, Ligature Risk-Ligature Risk Extension Requests is also being updated. The section describes the process for deemed and non-deemed hospitals to request a ligature risk extension based on evidence of hardship and inability to complete necessary renovations within 60 days.

Important CMS Resources

• CMS State Operations Manual (SOM) 170
  – Appendix A – Hospitals
    • Survey Protocol, Regulations and Interpretive Guidelines
  – Appendix I – Life Safety Code (and NFPA 99)
  – Appendix Z – EPFR (QSO19-06-ALL revision, 2-1-19)
  – Appendix Q – Determining Immediate Jeopardy
  – Appendix P (& PP also) – LTC (Long Term Care)
  – Appendix W – CAH (Critical Access Hospitals)
  – Appendix L – ASC (Ambulatory Surgical Services)
  – Others
AlaSHE 2019-05 Stymiest CMS Compliance - See Content Disclaimer.

**CMS Policy & Memos to States and Regions**

CMS.gov
Centers for Medicare & Medicaid Services

**Quality, Safety & Oversight - General Information**

- National
- Accreditation of Advanced
- Comprehensive, including State
- Accreditation of Medicare Certified
- Providers & Suppliers
- CMS National Enforcement Check
- Processes
- Civil Monetary Penalties
- (National
- Accreditation)
- Civil Monetary Penalties
- Potential
- Determinations
- L&M
- CMS Federal Audit Opportunity
- Contact Information
- Emergency
- And Management
- Training (EAMT)
- Accreditation Program
- National Partnership to Improve
- Home Care in Home Health Services
- Nursing Home Provider Improvement Programs

**Policy & Memos to States and Regions**

CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Regional Offices.

**Latest CMS EPFR change**

**DATE:** February 1, 2019

**TO:** State Survey Agency Directors

**FROM:** Director
Quality, Safety & Oversight Group

**SUBJECT:** Emergency Preparedness - Updates to Appendix Z of the State Operations Manual (SOM)

**Memorandum Summary**

- **Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers:** On September 16, 2016, the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (Emergency Preparedness Rule) final rule was published in the Federal Register.

- **Health care providers and suppliers affected by the rule were required comply and implement all regulations by November 15, 2017.**

- **We are updating Appendix Z of the SOM to reflect changes to add emerging infectious diseases to the definition of all-hazards approach, new Home Health Agency (HHA) citations and clarifications under alternate source power and emergency standby systems.**

David Stymiest, PE CHFM CHSP FASHE.
DStymiest@ssr-inc.com
CMS S&C: 14-07-Hospital

Center for Clinical Standards and Quality (Survey & Certification Group)

Ref: S&C: 14-07-Hospital

DATE: December 30, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Hospital Equipment Maintenance Requirements


Memorandum Summary

- **S&C 12-07-Hospital Superseded**: We are updating previously provided guidance to clarify:
  - Hospital facilities, supplies and equipment must be maintained to ensure an acceptable level of safety and quality.
  - A hospital may adjust its maintenance, inspection, and testing frequency and activities for facility and medical equipment from what is recommended by the manufacturer, based on a risk-based assessment by qualified personnel, unless:
    - Other Federal or state law, or hospital Conditions of Participation (CoPs) require adherence to manufacturer’s recommendations and/or set specific requirements.
    - For example, all imaging/radiologic equipment must be maintained per manufacturer’s recommendations or:
    - The equipment is a medical laser device; or
    - New equipment without a sufficient amount of maintenance history has been acquired.
  - Hospitals electing to adjust facility or medical equipment maintenance must develop policies and procedures and maintain documentation supporting their Alternate Equipment Management (AEM) program. They must adhere strictly to the AEM activities and/or frequencies they establish.

2012 Codes K-Tags

[Links and details are shown, indicating sections covered and codes referenced.]
Many K-Tags are User-Friendly

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<td>The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5, 19.2.3.4, 19.2.3.5</td>
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<td>The width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes shall be at least 8 feet. In limited care facility and psychiatric hospitals, width of aisles or corridors shall be at least 6 feet, except as modified by the 18.2.3.4 or 18.2.3.5 exceptions. 18.2.3.4, 18.2.3.5</td>
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BUT … not just the K-Tags

State Operations Manual
Appendix A - Survey Protocol,
Regulations and Interpretive Guidelines for Hospitals

Table of Contents
(Rev. 183, 10-12-18)

A-0700
(Rev. 37, Issued: 10-17-08; Effective Implementation Date: 10-17-08)
§482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

Interpretive Guidelines §482.41

This CoP applies to all locations of the hospital, all campuses, all satellites, all provider-based activities, and all inpatient and outpatient locations.

The hospital’s Facility Maintenance and hospital departments or services responsible for the hospital’s buildings and equipment (both facility equipment and patient care equipment) must be incorporated into the hospital’s QAPI program and be in compliance with the QAPI requirements.

Survey Procedures §482.41

Survey of the Physical Environment CoP should be conducted by one surveyor. However, each surveyor as he/she conducts his/her survey assignments should assess the hospital’s compliance with the Physical Environment CoP. The Life Safety Code survey may be conducted separately by a specialty surveyor.
Consider Tag A-0724

- CMS Appendix A Pages 390-401

- (i.e. The 12/20/13 CMS S&C letter on equipment inventories, risks, Manuf. Recs. vs. AEM program, etc.)

- 2 white papers

Tag A-0724

CMS A-Tags & E-Tags applicable to TJC EC chapter & EM chapter EPs Sorted by TJC Standard

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Tag A-0701

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are ensured.

Accessibility
- The hospital must assess all buildings at all locations of the certified hospital against State and Federal accessibility standards (e.g., Office of Civil Rights requirements). The standards apply to the interior and exterior of all
K-Tags are in CMS-2786R

CMS K-Tags in Section 1 General

- K100 General Requirements – Other
- K111 Building Rehabilitation
- K112 Sprinkler Reqmts for Major Rehab
- K131 Multiple Occupancies – Sections of HCFs
- K132 Multiple Occupancies – Contiguous Non-Health Care Occupancies
- K133 Multiple Occupancies – Construction Type
- K161 Building Construction Type and Height
- K162 Roofing Systems Involving Combustibles
- K163 Interior Nonbearing Wall Construction
### CMS K-tags in Sec. 2 Means of Egress

- K200 Means of Egress - Other
- K211 Means of Egress – General
- K221 Patient Sleeping Room Doors
- K222 Egress Doors
- K223 Doors with Self-Closing Devices
- K224 Horizontal-Sliding Doors
- K225 Stairways and Smokeproof Enclosures
- K226 Horizontal Exits
- K227 Ramps and Other Exits
- K231 Means of Egress Capacity
- K232 Aisle, Corridor or Ramp Width
- K233 Clear Width of Exit and Exit Access Doors

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### CMS K-tags in Sec. 2 Means of Egress

- K241 Number of Exits – Story and Compartment
- K251 Dead-End Corridors and Common Path of Travel
- K252 Number of Exits – Corridors
- K253 Number of Exits – Patient Sleeping & Non-Sleeping Rooms
- K254 Corridor Access
- K255 Suite Separation, Hazardous Content, and Subdivision
- K256 Sleeping Suites
- K257 Non-Sleeping Suites
- K261 Travel Distance to Exits
- K271 Discharge from Exits
- K281 Illumination of Means of Egress
- K291 Emergency Lighting
- K292 Life Support Means of Egress
- K293 Exit Signage
# CMS K-tags in Sec. 3 Protection

- K300 Protection – Other
- K311 Vertical Openings – Enclosure
- K321 Hazardous Areas – Enclosure
- K322 Laboratories
- K323 Anesthetizing Locations
- K324 Cooking Facilities
- K325 Alcohol Based Hand Rub Dispenser (ABHR)
- K331 Interior Wall and Ceiling Finish
- K332 Interior Floor Finish
- K341 Fire Alarm System – Installation
- K342 Fire Alarm System – Initiation
- K343 Fire Alarm – Notification
- K344 Fire Alarm – Control Functions
- K345 Fire Alarm System – Testing and Maintenance
- K346 Fire Alarm – Out of Service
- K347 Smoke Detection

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# CMS K-tags in Sec. 3 Protection

- K351 Sprinkler System – Installation
- K352 Sprinkler System – Supervisory Signals
- K353 Sprinkler System – Maintenance and Testing
- K354 Sprinkler System – Out of Service
- K355 Portable Fire Extinguishers
- K361 Corridors – Areas Open to Corridor
- K362 Corridors – Construction of Walls
- K363 Corridor – Doors
- K364 Corridor – Openings
- K371 Subdivision of Building Spaces – Smoke Compartments
- K372 Subdivision of Building Spaces – Smoke Barrier Construction
- K373 Subdivision of Building Spaces – Accumulation Space
- K374 Subdivision of Building Spaces – Smoke Barrier Doors
- K379 Smoke Barrier Door Glazing
- K381 Sleeping Room Outside Windows and Doors
CMS K-tags in Sec. 4 – Special Provisions

- K400 Special Provisions – Other
- K421 High-Rise Buildings

CMS K-tags in Sec. 5 Building Services

- K500 Building Services – Other
- K511 Utilities – Gas and Electric
- K521 HVAC
- K522 HVAC – Any Heating Device
- K523 HVAC – Suspended Unit Heaters
- K524 HVAC – Direct-Vent Gas Fireplaces
- K525 HVAC – Solid Fuel-Burning Fireplaces
- K531 Elevators
- K532 Escalators, Dumbwaiters, and Moving Walks
- K541 Rubbish Chutes, Incinerators, and Laundry Chutes
CMS K-tags in Sec. 7 Operating Features

- K700 Operating Features – Other
- K711 Evacuation and Relocation Plan
- K712 Fire Drills
- K741 Smoking Regulations
- K751 Draperies, Curtains, and Loosely Hanging Fabrics
- K752 Upholstered Furniture and Mattresses
- K753 Combustible Decorations
- K754 Soiled Linen and Trash Containers
- K771 Engineer Smoke Control Systems
- K781 Portable Space Heaters
- K791 Construction, Repair, and Improvement Operations

CMS K-tags in Part II – HCF Code (NFPA 99)

- K900 HC Facilities – Other
- K901 Fundamentals – Building Systems Categories

- K931 Hyperbaric Facilities
- K932 Features of Fire Protection – Other
- K933 Features of Fire Protection – Fire Loss Prevention in ORs
### CMS K-tags in Part II – HCF Code (NFPA 99)

- K902 Gas and Vacuum Piped Systems – Other
- K903 Gas and Vacuum Piped Systems – Categories
- K904 Gas and Vacuum Piped Systems – Warning Systems
- K905 Gas and Vacuum Piped Systems – Central Supply System Identification and Labeling
- K906 Gas and Vacuum Piped Systems – Central Supply System Operations
- K907 Gas and Vacuum Piped Systems – Maintenance Program
- K908 Gas and Vacuum Piped Systems – Inspection and Testing Operations
- K909 Gas and Vacuum Piped Systems – Information and Warning Signs
- K910 Gas and Vacuum Piped Systems – Modifications

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### CMS K-tags in Part II – HCF Code (NFPA 99)

- K911 Electrical Systems – Other
- K912 Electrical Systems – Receptacles
- K913 Electrical Systems – Wet Procedure Locations
- K914 Electrical Systems – Maintenance and Testing
- K915 Electrical Systems – EES Categories
- K916 Electrical Systems – EES Alarm Annunciator
- K917 Electrical Systems – EES Receptacles
- K918 Electrical Systems – EES Maintenance and Testing
- K919 Electrical Equipment – Other
- K920 Electrical Equipment – Power Cords and Extension Cords
- K921 Electrical Equipment – Testing and Maintenance Requirements
CMS K-tags in Part II – HCF Code (NFPA 99)

- K922 Gas Equipment – Other
- K923 Gas Equipment – Cylinder and Container Storage
- K924 Gas Equipment – Testing and Maintenance Requirements
- K925 Gas Equipment – Respiratory Therapy Sources of Ignition
- K926 Gas Equipment – Qualifications and Training of Personnel
- K927 Gas Equipment – Transfilling Cylinders
- K928 Gas Equipment – Labeling Equipment and Cylinders
- K929 Gas Equipment – Precautions for Handling Oxygen Cylinders and Manifolds
- K930 Gas Equipment – Liquid Oxygen Equipment

CMS Legionella Update 07-06-2018

DATE: June 02, 2017
TO: State Survey Agency Directors
FROM: Director, Quality, Safety and Oversight Group (formerly Survey & Certification Group)
SUBJECT: Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD)

***Revised to clarify expectations for providers, accrediting organizations, and surveys***

Memorandum Summary

- **Legionnaires’ Infection**: The bacterium *Legionella* can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showers, cooling towers, hot tubs, and decorative fountains.

- **Facility Requirements to Prevent Legionnaires’ Infections**: Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *Legionella* and other opportunist pathogens in water.

- This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations.

- **This policy memorandum clarifies expectations for providers, accrediting organizations, and surveys and does not impose any new expectations**

- For those provider types, the memorandum is merely clarifying already existent expectations.

- **This policy memorandum supersedes the previous Survey & Certification H&C 17-30 released on June 22, 2017 and the subsequent revisions issued on June 9, 2017.**
Expectations for Healthcare Facilities

CMS expects Medicare and Medicaid certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems.

Facilities must have water management plans and documentation that, at a minimum, ensure each facility:

- Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g., Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system.
- Develops and implements a water management program that considers the ASHRAE industry standard and the CDC toolkit.
- Specifies testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.
- Maintains compliance with other applicable Federal, State, and local requirements.

Note: CMS does not require water cultures for Legionella or other opportunistic water borne pathogens. Testing protocols are at the discretion of the provider.

Healthcare facilities are expected to comply with CMS requirements and conditions of participation to protect the health and safety of its patients. Those facilities unable to demonstrate measures to minimize the risk of LD are at risk of citation for non-compliance.

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**Immediate Jeopardy Revisions**

Ref: QSO-19-09-ALL

**DATE:** March 5, 2019

**TO:** State Survey Agency Directors

**FROM:** Director
Quality, Safety & Oversight Group

**SUBJECT:** Revisions to Appendix Q, Guidance on Immediate Jeopardy

**Memorandum Summary**

- **Core Appendix Q and Subparts** - Appendix Q to the State Operations Manual (SOM), which provides guidance for identifying immediate jeopardy, has been revised. The revision creates a Core Appendix Q that will be used by surveyors of all provider and supplier types in determining when to cite immediate jeopardy. CMS has drafted subparts to Appendix Q that focus on immediate jeopardy concerns occurring in nursing homes and clinical laboratories since those provider types have specific policies related to immediate jeopardy.

- **Key Components of Immediate Jeopardy** – To cite immediate jeopardy, surveyors determine that (1) noncompliance (2) caused or created a likelihood that serious injury, harm, impairment or death to one or more recipients would occur or recur, and (3) immediate action is necessary to prevent the occurrence or recurrence of serious injury, harm, impairment or death to one or more recipients.

- **Immediate Jeopardy Template** – A template has been developed to assist surveyors in documenting the information necessary to establish each of the key components of immediate jeopardy. Survey teams must use the immediate jeopardy template attached to Appendix Q to document evidence of each component of immediate jeopardy and use the template to convey information to the surveyed entity.
Thank you

David Stymiest, P.E., CHFM, CHSP, FASHE
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www.ssr-inc.com

https://www.ssr-inc.com/blog/