



Centers for Medicare & Medicaid Services (CMS)

Guidance Training Instructor's Guide

Quality Assessment and Assurance

§483.75(o)

(F520)

February, 2006

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Washington, DC 20007



Quality Assessment and Assurance Guidance Training

Notes:

- Welcome the participants
- Introduce yourself and the other presenters
- Provide logistical information such as location of restrooms, vending machines, etc., if appropriate.

F520 QAA

Today's Agenda

- Regulation
- Interpretive Guidelines
- Investigative Protocol
- Determination of Compliance
- Deficiency Categorization

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Today's Agenda

Message: Today's agenda consists of the following topic areas that make up the components of the new guidance on quality assessment and assurance Tag F520. We will discuss each component of the guidance in detail and discuss implementation of the guidance during the survey process.

Let us go over the documents in your packet.

- A copy of this PowerPoint presentation so you can follow along and take notes
- The guidance which includes the
 - Interpretive Guidelines
 - Investigative Protocol
 - Determination of Compliance, and
 - Deficiency Categorization

F520 QAA

Training Objectives

After today's session, you should be able to:

- Describe the intent of the quality assurance and assessment regulation
- Identify triggers leading to an investigation of F520
- Describe and utilize the components of the investigative protocol
- Identify compliance with the regulation
- Appropriately categorize the severity of noncompliance

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Training Objectives

Notes: Read objectives from slide.

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Regulatory Language

42 CFR §483.75(o) Quality Assessment and Assurance

(1) A facility must maintain a quality assessment and assurance committee consisting of

- (i) The director of nursing services;
- (ii) A physician designated by the facility; and
- (iii) At least 3 other members of the facility's staff.

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Regulatory Language

Message: This regulatory language is found in the Code of Federal Regulations.

It states that:

- facilities must have an ongoing quality assessment and assurance committee that includes key members and meets at least quarterly, and
- The committee identifies quality deficiencies and develops and implements plans of action to correct these concerns, including monitoring the effect of implemented changes and making needed revisions to the action plans.

F520 QAA

Regulatory Language

42 CFR §483.75(o) Quality Assessment and Assurance (cont.)

(2) The quality assessment and assurance committee-

- (i) Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and
- (ii) Develops and implements appropriate plans of action to correct identified quality deficiencies.

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Regulatory Language

Notes: Read slide.

F520 QAA

Regulatory Language

42 CFR §483.75(o) Quality Assessment and Assurance (cont.)

(3) A State or the Secretary may not require disclosure of the records of such committee except in so far as such as disclosure is related to the compliance of such committee with the requirement of this section.

(4) Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

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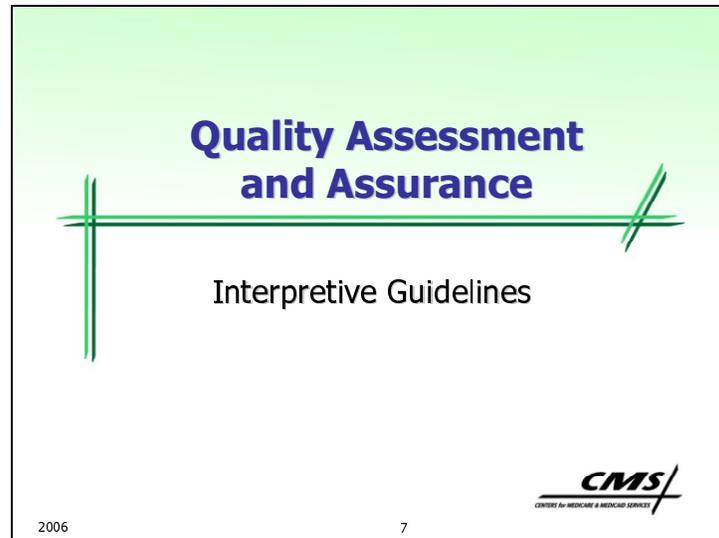
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Regulatory Language

Notes: Read slide.



Quality Assessment and Assurance

Message: Let's talk about Interpretive Guidelines.
They are found in the SOM in Appendix PP

Guidelines are to assist surveyors in understanding the requirements, and applying the requirements in a consistent manner across entities.

They are authoritative interpretations and clarification of statutory and regulatory requirements.

F520 QAA

Interpretive Guidelines

Components

- Intent
- Definitions
- Overview
- Quality Assessment and Assurance (QAA)
 - Committee Composition and Frequency of Meetings
 - Identification of Quality Deficiencies
 - Development of Action Plans
 - Implementation of Action Plans and corrections

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Interpretive Guidelines

Message: The interpretive guidelines consist of several components. These are...

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Interpretive Guidelines

Intent

- Facility has a QAA committee
- The committee:
 - Has key members
 - Meets at least quarterly
- AND*
- Identifies quality deficiencies
- Develops and implements plans of action

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Interpretive Guidelines: Intent

- Message:** The intents of this regulation are...
- The facility has an ongoing quality assessment and assurance (QAA) committee that includes specified key members and that meets at least quarterly (or more often, as needed); and
 - The committee identifies quality deficiencies and develops and implements plans of action to correct these concerns, including monitoring the effect of implemented changes and making needed revisions to the action plans.

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Interpretive Guidelines

Definitions

- Quality Assessment
- Quality Assurance
- Quality Deficiencies
- Quality Improvement

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Interpretive Guidelines: Definitions

Message: These words clarify the regulatory language and can be found in the interpretive guidelines that are in your packet.

“Quality Assessment” is an evaluation of a process and/or outcomes of a process to determine if a defined standard of quality is being achieved.

“Quality Assurance” is the organizational structure, processes, and procedures designed to ensure that care practices are consistently applied and the facility meets or exceeds an expected standard of quality. Quality assurance includes the implementation of principles of continuous quality improvement.

“Quality Deficiencies” are potential markers of quality that the facility considers to be in need of investigating and which, after investigation, may or may not represent a deviation from quality that results in a potential or actual undesirable outcome.

The term **“Quality Deficiency”** in this regulation is meant to describe a deficit or an area for improvement. This term is not synonymous with a deficiency cited by surveyors.

The term **“Quality Improvement (QI)”** is not found in the regulatory language however many facilities have changed their terminology for the QAA processes to “quality improvement (QI)”. Its definition is an ongoing interdisciplinary process that is designed to improve the delivery of services and resident outcomes. In these guidelines, we will continue to use the designation of QAA, as specified in the requirement. The elements are comparable regardless of the terminology.

F520 QAA

Interpretive Guidelines

Overview

- QAA is a management process that is ongoing, multi-level, and facility-wide.
- Encompasses all managerial, administrative, clinical, and environmental services, as well as the performance of outside (contracted) providers and suppliers of care and services.

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Interpretive Guidelines: Overview

Notes: Read slide

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Interpretive Guidelines

Overview (cont.)

- QAA's purpose is continuous evaluation of facility systems with the objectives of:
 - Keeping systems functioning satisfactorily,
 - Preventing deviation from care processes,
 - Discerning issues and concerns,
 - Correcting inappropriate care processes.

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Interpretive Guidelines: Overview

Notes: Read slide

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Interpretive Guidelines

Overview (cont.)

- QAA committees provide points of accountability for ensuring quality of care and quality of life in nursing homes.
- QAA committees allow nursing homes opportunities to deal with quality deficiencies in a confidential manner.

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Interpretive Guidelines: Overview

Message: Several studies conducted under the auspices of the U.S. Department of Health and Human Services have examined quality of care and quality of life in nursing homes and have found that QAA committees provide an important point of accountability for ensuring both quality of care and quality of life in nursing homes.

QAA committees represent key internal mechanisms that allow nursing homes opportunities to deal with quality deficiencies in a confidential manner.

F520 QAA

Interpretive Guidelines

QAA Committee Functions

- Key aspects of QAA requirements:
 1. Facility must have a QAA committee
 2. Committee includes certain staff
 3. Committee must meet quarterly
 4. Responsible for identifying quality deficiencies
 5. Responsible for developing plans of action

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Interpretive Guidelines: QAA Committee Functions

Notes: Read first three bullets then read below.

Message: The QAA committee is responsible for identifying whether quality deficiencies are present, potential or actual and require action. If there are quality deficiencies, the committee is responsible for developing plans of action to correct them, and for monitoring the effect of these corrections.

F520 QAA

Interpretive Guidelines

QAA Committee Composition

- The QAA committee must include the director of nursing services, a physician, and three other staff.
- Additional members may include:
 - The administrator or assistant administrator,
 - The medical director,
 - Other staff with responsibility for direct resident care and services, and/ or
 - Staff with responsibility for the physical plant.

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Interpretive Guidelines: QAA Committee Composition

Notes: Read first bullet

Message: Additional members may include:

- The administrator or assistant administrator due to their responsibility to manage the facility and make changes to facility systems
- The medical director, since it is his/her responsibility to guide the facility's development and implementation of resident care policies and coordination of medical care
 - Note: If the medical director is not a committee member, exchange of information with the medical director enhances the functioning of the QAA committee);
- Staff with responsibility for direct resident care and services, such as nursing aides, therapists, staff nurses, social workers, activities staff members; and
- Staff with responsibility for the physical plant, such as maintenance, housekeeping, and laundry staff.

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Interpretive Guidelines

QAA Composition

One key element is communication:
Consideration should be given as to how committee information is provided to consultants who may not be members of the committee but whose responsibilities include oversight of departments or services.

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Interpretive Guidelines: QAA Committee Composition

Notes: Read over slide.

Message: Examples are the pharmacist who oversees the delivery of pharmacy services and the dietitian who oversees the delivery of nutritional services.

F520 QAA

Interpretive Guidelines

Frequency of QAA Committee Meetings

- Meetings of the QAA committee are held as often as the facility deems necessary to fulfill committee functions and operate effectively, **but must be held at least quarterly.**
- The Committee should maintain a record of the dates of all meetings and the names/titles of those attending each meeting.

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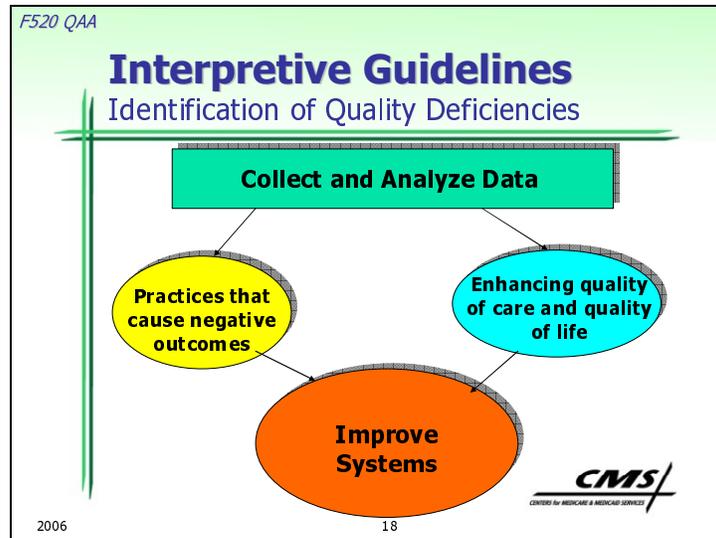
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Interpretive Guidelines: Frequency of QAA Committee Meetings

Notes: Read over slide.



Interpretive Guidelines: Identification of Quality Deficiencies

- Message:**
- Facilities can collect and analyze data about their performance from various sources that may help them to identify quality deficiencies.
 - Identification of quality deficiencies related to facility operations and practices is not only related to those that cause negative outcomes, it may also be directed toward enhancing quality of care and quality of life for residents.
 - The committee not only responds to quality deficiencies, but may also serve a preventative function by reviewing and improving systems.

F520 QAA

Interpretive Guidelines

Identification of Quality Deficiencies

- Records of the QAA committee meetings may **not** be reviewed by surveyors
- Reports that surveyors may review include:
 - Open and closed record audits
 - Facility logs and tracking forms
 - Consultants' reports
 - Other reports as part of the QAA function
 - At the discretion of the facility, this evidence could include or be a record of accident and incident reports

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Interpretive Guidelines: Identification of Quality Deficiencies

Message:

- Records of the committee meetings identifying quality deficiencies, by statute, may not be reviewed by surveyors unless the facility chooses to provide them.
- This does not mean that certain information or reports are precluded from being reviewed by surveyors during the course of the survey. The documents the committee used to determine quality deficiencies are subject to review by the surveyors.
- These may include information from:
 - reports such as open and closed record audits,
 - facility logs and tracking forms,
 - consultants' reports,
 - other reports as part of the QAA committee function, and
 - at the discretion of the facility, this evidence could include or be a record of accident and incident reports.
- If concerns, especially repeat deficiencies, have not been identified by the facility's QAA committee, this may be an indication that the committee is not performing the functions required by this regulation.

F520 QAA

Interpretive Guidelines

Development of Action Plans

Action plans may include:

- Development/revision of clinical protocols
- Revisions of policies and procedures
- Development of training for staff
- Plans to purchase or repair equipment/improve physical plant
- Development of standards for evaluating staff performance

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The slide features a light green header with the text 'F520 QAA' in the top left corner. Below this, the title 'Interpretive Guidelines' is in a large, bold, blue font, followed by the subtitle 'Development of Action Plans' in a smaller blue font. A horizontal line separates the title from the main content. The main content starts with the text 'Action plans may include:' followed by a bulleted list of five items. The list items are: 'Development/revision of clinical protocols', 'Revisions of policies and procedures', 'Development of training for staff', 'Plans to purchase or repair equipment/improve physical plant', and 'Development of standards for evaluating staff performance'. In the bottom right corner, there is the CMS logo, which consists of the letters 'CMS' in a stylized font with a diagonal line through them, and the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' underneath. In the bottom left corner, the year '2006' and the slide number '20' are displayed.

Interpretive Guidelines: Development of Action Plans

Message: In order to fulfill the regulatory mandate, the facility's QAA committee, having identified the root causes which led to their quality deficiencies, must develop appropriate corrective plans of action.
(Then read slide.)

F520 QAA

Interpretive Guidelines

Implementation

- The facility implements action plans to address quality deficiencies
- Action plans may be implemented in a variety of ways:
 - Staff training and deployment of changes to procedures
 - Monitoring and feedback mechanisms
 - Processes to revise plans

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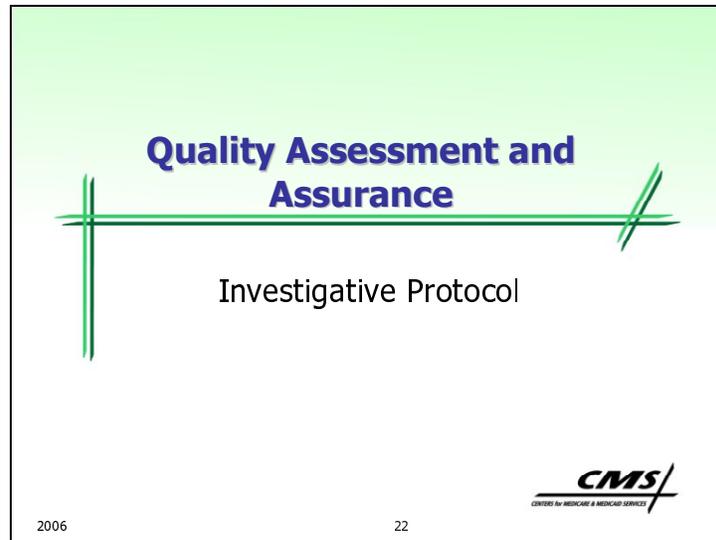
Interpretive Guidelines: Implementation

Notes: *Read bullet number one.*

Message: Implementation of action plans and correction of identified quality deficiencies can be conducted using various methods such as:

- Staff training and deployment of changes to procedures;
- Monitoring and feedback mechanisms; and
- Processes to revise plans that are not achieving or sustaining desired outcomes.

The committee may delegate the implementation of action plans to facility staff and/or outside consultants.



Quality Assessment and Assurance

Investigative Protocol

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Quality Assessment and Assurance: Investigative Protocol

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Investigative Protocol

Components

- Objectives
- Use
- Procedures

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Investigative Protocol

Message: Moving along to the Investigative Protocol; we will review the objectives, uses, and procedures involved.

F520 QAA

Investigative Protocol Objectives

- To determine if the facility has a QAA committee consisting of the director of nursing, a physician designated by the facility, and at least three other staff members; and
- To determine if the QAA committee:
 - Meets at least quarterly (or more often, as necessary);
 - Identifies quality deficiencies;
 - Develops and implements appropriate plans of actions to address identified quality deficiencies; and
 - Monitors the effect of plans of actions and makes needed revisions.

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Investigative Protocol: Objectives

Message: Read slide.

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Investigative Protocol

Use protocol for...

- All initial surveys
- All standard surveys
- And use as necessary on
 - revisits and,
 - abbreviated standard surveys (complaint investigations)

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Investigative Protocol

Notes: Read slide.

F520 QAA

Investigative Protocol Procedures

- Preparing for the survey. Sources include:
 - Quality Measure/Quality Indicator Reports
 - The OSCAR 3 Report
 - Information from the State ombudsman

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Investigative Protocol: Procedures

Message: During Offsite Survey Preparation the survey team must review information about the facility prior to the survey. *Read slide*

Note: The OSCAR 3 Report includes a 4-year history of the facility's deficiencies from standard surveys, revisits, and complaint surveys.

The survey team should determine if the facility has had repeat deficiencies as well as recent serious deficiencies (Levels F and H and above);

Then the onsite investigation includes:

- Interviews
- Observations of resident care
- Review of specific policies and procedures related to the identified concern

F520 QAA

Investigative Protocol

Procedures: Use of QAA Records

- Facility is not required to release meeting records.
- Facility may choose to disclose if it is the only means of showing the composition and functioning of the committee.
- It is recommended that surveyors not review records until after they complete their investigations.

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Investigative Protocol: Procedures

- Message:**
- Although the facility is not required to release its QAA committee meeting records, it may choose to disclose them if it is the only means of showing the composition and functioning of the QAA committee.
 - Note that if the facility has provided the meeting records for surveyor review, the information should not be used to cite deficiencies unrelated to the QAA committee requirement.
 - To help prevent bias, it is recommended that the surveyors not review the QAA committee records (if provided) until after they have completed their investigations.

F520 QAA

Investigative Protocol Procedures

- If QAA committee records reveal that the committee is making good faith efforts to identify quality deficiencies and to develop action plans to correct quality deficiencies, this requirement (F520) **should not be cited.**

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Investigative Protocol: Procedures

Message:

- The regulation states that good faith attempts by the QAA committee to identify and correct quality deficiencies will not be used as a basis for sanctions.
- If the survey team's review of the QAA committee meeting records reveals that the committee is making good faith efforts to identify quality deficiencies and to develop action plans to correct quality deficiencies, this requirement (Tag F520) should not be cited.
- However, if the survey team had already independently (not through use of the QAA committee meeting records) identified noncompliance in the same areas as those that have been selected by the QAA committee, they are expected to cite the noncompliance at the other requirements.

Discussion:

What if the survey team identifies noncompliance through the use of interviews and observations and then, after completing their investigation, they review the meeting records and discover that the committee is making good faith efforts to identify and correct quality deficiencies. Should F520 be cited? No, it should not be cited.

F520 QAA

Investigative Protocol

Procedures

Interview the facility's designated QAA person to determine:

- How the committee identifies current and ongoing issues for committee action
- The methods the committee uses to develop action plans
- How current action plans are being implemented

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Investigative Protocol: Procedures

Notes: During the daily meetings, the team discusses concerns about facility compliance that they are identifying through observations, interviews, and record reviews. The information from the entrance conference about the composition and meetings of the QAA committee is reviewed and relayed to the team.

Message: The team coordinator assigns a surveyor to obtain information from the person the facility has designated as responsible for the QAA committee. The surveyor should interview this designated person to determine:

- *After reading first bullet add:* This could include how they monitor the provision of care and services on an ongoing basis and how they ascertain information about this care and services from:
 - residents and/or their families;
 - facility staff throughout the various departments;
 - outside consultants; and/or
 - suppliers and providers of care
- *Read second bullet,*
- *Read third bullet then say:* and this includes:
 - staff training;
 - deployment of changes to procedures;
 - monitoring and feedback mechanisms that have been established; and,
 - for any plans that are not achieving or sustaining desired outcomes that correct the deficiencies, the process underway for revision to these plans.

F520 QAA

Investigative Protocol Procedures

The assigned surveyor should also interview staff in various departments to determine if they know how to bring an issue to the attention of the QAA committee.

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Investigative Protocol: Procedures

Notes: Read slide

Discussion: In your experience, what methods have facility staff used to take concerns to the QAA committee?

F520 QAA

Investigative Protocol Procedures

If noncompliance is identified, the surveyor should interview the designated person for QAA to determine:

- If the committee knew or should have known the issues
- If the committee had considered the quality deficiency
- If they determined that an action plan was needed
- If the committee developed and implemented any action plans to address concerns
- If the staff are providing care according to the directives of these action plans

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Investigative Protocol: Procedures

Message: Read slide.



Quality Assessment and Assurance

Determination of Compliance

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Quality Assessment and Assurance: Determination of Compliance

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Determination of Compliance

- Synopsis of Regulation
- Criteria for compliance
- Examples of noncompliance for F520

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Determination of Compliance

Message: We will review the synopsis of the regulation, criteria for compliance, and examples of noncompliance.

F520 QAA

Determination of Compliance

Synopsis of the Regulation

This requirement has two aspects:

- The facility must have a committee composed of certain key members that meets at least quarterly (or more, as necessary);
- and the committee functions to identify and address quality deficiencies.

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The slide features a green header with the title 'Determination of Compliance' and subtitle 'Synopsis of the Regulation'. The main content is on a white background with a green vertical line on the left. The CMS logo is in the bottom right corner.

Determination of Compliance: Synopsis of the Regulation

Message: Read the slide.

F520 QAA

Determination of Compliance

Criteria for Compliance

The facility is in compliance if:

- They have a functioning QAA committee consisting of the director of nursing, a physician, and at least three other members, that meets at least quarterly (more often as necessary); and

The committee:

- Identifies quality deficiencies; and
- Develops and implements appropriate plans of action to address these concerns.

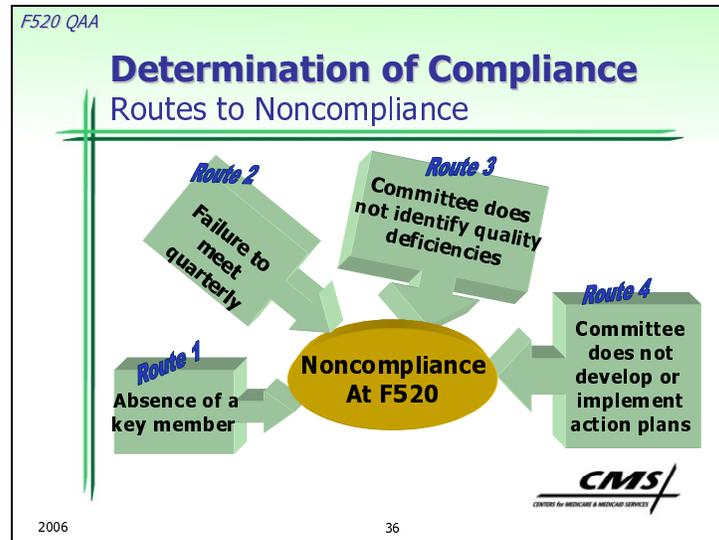
If not, cite F520.



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Determination of Compliance: Criteria for Compliance

Notes: Read slide.



Determination of Compliance: Routes to Noncompliance

Message: There are four main routes to noncompliance. A facility is in noncompliance when they are deficient in any one of these areas.

Read slide.

Examples of noncompliance may include but are not limited to:

- Lack of a physician member of the committee;
- The committee met only twice during the previous year;
- The action plan to correct a quality deficiency regarding food temperatures was not being followed by staff in the dietary department, and food is not being served at proper temperatures;
- An action plan was developed to correct a problem with inadequate assessment of root causes of falls. Staff did not implement the plan, and residents are still having serious falls.

Discussion: What might be some other examples of noncompliance at F520?

F520 QAA

Determination of Compliance

Clarification Point

- The surveyor must be able to identify the **relationship** between the facility's noncompliance cited at other regulatory tags and the failure of the QAA Committee to function effectively.

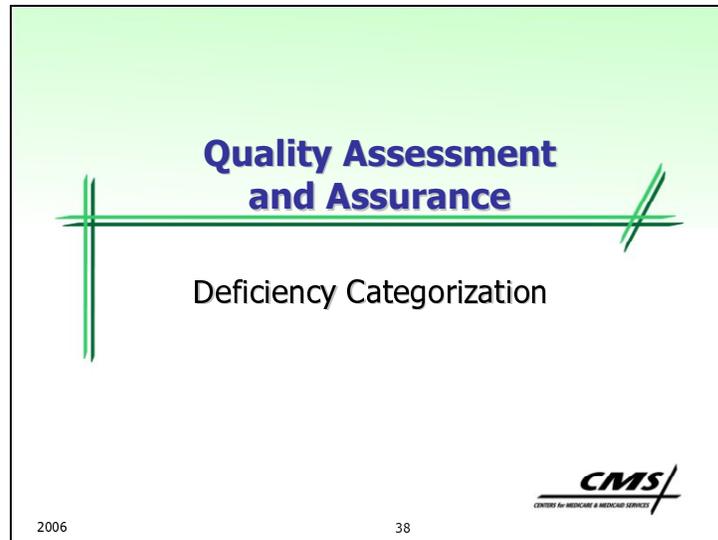
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The slide features a light green header with the text 'F520 QAA' in the top left corner. Below the header, the title 'Determination of Compliance' is displayed in a large, bold, blue font, followed by the subtitle 'Clarification Point' in a smaller blue font. A horizontal line separates the title from the main content. A vertical green line is positioned to the left of the main content. The main content contains a single bullet point with a square marker, stating that the surveyor must identify the 'relationship' between noncompliance at other regulatory tags and the failure of the QAA Committee. The CMS logo is located in the bottom right corner of the slide, and the years '2006' and '37' are in the bottom left corner.

Determination of Compliance: Clarification Point

Message: The survey team must demonstrate that noncompliance at another regulatory tag is related to the facility's failure to have a functional QAA committee.



**Quality Assessment
and Assurance**

Deficiency Categorization

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Quality Assessment and Assurance: Deficiency Categorization

F520 QAA

Deficiency Categorization

- Severity determination
- Deficiency categorizations
 - Levels 1 through 4

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The CMS logo consists of the letters 'CMS' in a bold, italicized font, with a horizontal line underneath. Below the line, the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' is written in a smaller, sans-serif font.

Deficiency Categorization

Message: Next, we will review severity determination and the deficiency categorizations.

F520 QAA

Deficiency Categorization

Severity Determination

The key elements for severity determination are:

- Presence of harm or potential for negative outcomes
- Degree of harm or potential harm related to noncompliance
- Immediacy of correction required

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Deficiency Categorization: Severity Determination

Message:

The key elements for severity determination for F520 are as follows:

- 1. Presence of harm/negative outcome(s) or potential for negative outcomes because of a failure of the QAA committee structure or function.** Actual or potential harm/negative outcome for F520 may include but is not limited to:
 - Failure of the QAA committee to identify and implement an action plan to decrease a pattern of medication errors committed by agency staff, resulting in the noncompliance for medication errors based on the resident receiving the wrong medication, which resulted in the resident experiencing insulin shock;
 - Failure of the QAA committee to develop an action plan to address assessment of the cause of a pattern of recent falls of several residents, resulting in noncompliance at the accident requirement based on several residents sustaining avoidable falls with bruises but no fractures.

- 2. Degree of harm (actual or potential) related to the noncompliance.** Identify how the facility practices caused, resulted in, allowed, or contributed to the actual or potential for harm:
 - If harm has occurred, determine if the harm is at the level of serious injury, impairment, death, compromise, or discomfort; and
 - If harm has not yet occurred, determine how likely is the potential for serious injury, impairment, death, or compromise, or discomfort to occur to the resident.

- 3. The immediacy of correction required**

Determine whether the noncompliance requires immediate correction in order to prevent serious injury, harm, impairment, or death to one or more residents.

F520 QAA

Deficiency Categorization

Severity Determination Levels

- **Level 4:** Immediate Jeopardy to resident health or safety
- **Level 3:** Actual harm that is not immediate jeopardy
- **Level 2:** No actual harm with potential for more than minimal harm that is not immediate jeopardy
- **Level 1:** No actual harm with potential for minimal harm

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Deficiency Categorization: Severity Determination

Message: The new guidance explains how to cite each level of severity.

- The survey team must evaluate the harm or potential for harm based upon the following levels of severity for tag F520.
- First, the team must rule out whether Severity Level 4, Immediate Jeopardy to a resident's health or safety, exists by evaluating the deficient practice in relation to immediacy, culpability, and severity.

F520 QAA

Deficiency Categorization

Severity Level 4: Immediate Jeopardy

In order to select Level 4, both must be present:

- Noncompliance cited at Immediate Jeopardy at another F-Tag **and**
- Failure of the QAA Committee to function effectively. For instance:
 - *Facility does not have a QAA committee or*
 - *QAA committee failed to develop and implement plans of action to correct deficiencies*

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Deficiency Categorization: Severity Level 4

- Message:** In order to select Severity Level 4 at F520, both of the following must be present:
- Deficiencies have been cited at Severity Level 4 in other tags that are related to QAA committee failure, and
 - The facility does not have a QAA committee, or the facility's QAA committee failed to develop and implement appropriate plans of action to correct identified quality deficiencies.

F520 QAA

Deficiency Categorization

Severity Level 3 & 2: Actual Harm and Potential for Harm

In order to select Levels 2 or 3, the following must be present:

- Noncompliance cited at another F-Tag at the respective level; and
- No functional QAA committee that should have identified recurrent or persistent systemic facility quality deficiencies.

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Deficiency Categorization: Severity Level 3 & 2

Message: Deficiencies for Level 3 & 2 are similar to Level 4. Noncompliance at another F-Tag must be cited at the respective level (3 or 2) and no functional QAA committee that should have identified recurrent or persistent systemic facility quality deficiencies.

F520 QAA

Deficiency Categorization

Severity Level 1: Potential for minimal harm

In order to select level 1:

- The facility **does not have a QAA committee** and there have been **no other deficiencies** cited above Severity Level 1; or
- The facility has a QAA committee that has failed to meet the regulatory specifications for the **composition of the committee and/or the frequency** of committee meetings, and there have been no deficiencies cited above Severity Level 1; or

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Deficiency Categorization: Severity Level 1

Notes: Read slide.

F520 QAA

Deficiency Categorization

Severity Level 1: Potential for minimal harm

In order to select level 1:

- The facility's QAA committee meets regulatory specifications for committee membership and frequency of meetings, and **deficiencies have been cited at Severity Level 1 in other tags.**
- In order to select Severity Level 1 in this case, the surveyor must be able to **identify the relationship** between the facility's noncompliance cited at Severity level 1 at other tags and the failure of the QAA committee to function effectively.

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Deficiency Categorization: Severity Level 1 (continued)

Message: The facility's QAA committee meets regulatory specifications for committee membership and frequency of meetings, and deficiencies have been cited at Severity Level 1 in other tags that the QAA committee should have known about and addressed.

In this case there must be a relationship between the facility's noncompliance cited at Severity Level 1 at the other F-Tags and failure of the facility's QAA committee to function effectively.