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INFORMATIONAL LETTER #2020-26

DATE: June 4, 2020

TO: LONG TERM CARE FACILITIES (LTC)

FROM: DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

SUBJECT: **QSO-20-33-NH – POSTING OF NURSING HOME
INSPECTIONS**

The CMS QSO-20-33-NH - Posting of Nursing Home Inspections is being distributed to all Long Term Care Facilities in Idaho.

If you have any questions, please contact Belinda Day, RN or Laura Thompson, RN at 208-334-6626, option 2.

DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/lg

Attachment



Center for Clinical Standards and Quality/Quality, Safety, and Oversight Group

Ref: QSO 20-33-NH

DATE: June 4, 2020
TO: State Officials and Nursing Home Stakeholders
FROM: Director
Quality Safety and Oversight Group
SUBJECT: Posting of Nursing Home Inspections

Memorandum Summary

- *The Centers for Medicare & Medicaid Services (CMS) is committed* to taking critical steps to ensure America’s nursing homes are prepared to respond to the threat caused by the COVID-19 pandemic.
- *Nursing Home Inspections:* CMS will post health inspection (i.e., surveys) results that were conducted on or after March 4, 2020, which is the first date that CMS altered the way that inspections are scheduled and conducted. This includes inspections related to complaints and facility-reported incidents (FRIs) that were triaged at the Immediate Jeopardy (IJ) level, and the streamlined Infection Control inspection process that was developed based on the guidance for preventing the spread of COVID-19.
 - The information will be available in the “Spotlight” section of the [Nursing Home Compare home page](#) on **June 4, 2020**.

Background

As part of CMS’s response to the COVID-19 pandemic, we prioritized how nursing homes are inspected. On March 4, 2020 ([QSO-20-12-ALL](#)), CMS prioritized inspections to allow inspectors to focus on the most serious health and safety threats like infectious diseases and abuse. Then, on March 23, 2020 ([QSO-20-20-ALL](#)), CMS suspended certain inspections to increase our focus on preventing the spread of COVID-19, and we released a new infection control focused survey tool in collaboration with the CDC on the latest practices and guidance to protect residents from COVID-19. This tool could be used by facilities for self-assessment to assist with preparedness and by inspectors during surveys assessing facility compliance with federal infection control and prevention requirements.

Posting of Health Inspections

CMS has a longstanding commitment to transparency and posts state inspection findings and reports on the Nursing Home Compare website. With the survey prioritization that began on March 4, 2020, CMS will also be posting the results of the complaint investigations and

targeted infection control surveys in a new, downloadable method. All surveys that were conducted on or after March 4, 2020 will be available through a link on the Nursing Home Compare homepage. The link will take users to a file that includes the following information:

- A spreadsheet listing each health inspection conducted, the facility's demographic information, and findings (i.e., citations) from the inspection.
- A file with the Statement of Deficiencies (CMS-2567) from each inspection at a facility level.
- A spreadsheet showing the number and percentage of surveys that each state has conducted.

This information will be posted on **June 4, 2020** on the [Nursing Home Compare home page](#), in the "Spotlight" section and will be updated on a monthly basis.

While the results of health inspections conducted on or after March 4, 2020 will be posted publicly, they will not be used to calculate a nursing home's health inspection star ratings. Per our [April 24, 2020 memorandum](#), the inspection domain of the Nursing Home Compare website will be held constant temporarily due to the recent prioritization and suspension of certain surveys, to ensure the rating system reflects fair information for consumers.

Contact:

Questions about the Health Inspections should be directed to BetterCare@cms.hhs.gov.

Effective Date: This policy is effective immediately and should be communicated to all survey and certification staff, their managers, and the State/Regional Office training coordinators.

/s/
David Wright