

**SURVEY PROCEDURES FOR STATE VETERANS HOMES (SVH) PROVIDING
NURSING HOME CARE AND/OR ADULT DAY HEALTH CARE**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive provides policy for the surveys of State Veterans Homes (SVH) providing nursing home care and/or adult day health care.

2. SUMMARY OF MAJOR CHANGES: This VHA Directive contains updated national procedures for surveying SVHs providing nursing home care and/or adult day health care.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of Geriatrics and Extended Care (GEC) Services within the Office of Patient Care Services is responsible for the contents of this Directive. Questions may be referred to 202-461-7258.

5. RESCISSIONS: VHA Handbook 1145.01, Survey Procedures for State Veterans Homes (SVH) Providing Nursing Home and Adult Day Health Care, dated May 17, 2010, is rescinded.

6. RECERTIFICATION: This VHA Directive is scheduled for recertification on or before the last working day of November 2021. This VHA Directive will continue to serve as national VHA policy until it is recertified or rescinded.

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SURVEY PROCEDURES FOR STATE VETERANS HOMES (SVH) PROVIDING NURSING HOME CARE AND/OR ADULT DAY HEALTH CARE

1. PURPOSE

This VHA Directive provides guidance to the field for administration, oversight and processing recognition, annual, for-cause, and abbreviated surveys of State Veterans Homes (SVH) providing nursing home care and/or adult day health care. This VHA Directive is based on current VA regulations contained in Title 38 CFR Parts 51 and 52. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§ 501, 1710, 1720, 1741-1743. Title 38 Code of Federal Regulation (CFR) Parts 51 and 52.

2. DEFINITIONS

- a. **Abatement Plan.** An abatement plan is a corrective action plan (CAP) presented to the VA Survey Team by the SVH prior to the VA Survey Team departing the SVH to show that a deficiency cited in the Immediate Jeopardy (IJ) has been corrected.
- b. **Anniversary Month.** The anniversary month is the month of the determination of recognition and the certification of a SVH by VA. This month can change with another recognition survey or a written agreement between officials of the SVH and the Director, VA medical facility of jurisdiction.
- c. **Certification.** Certification is when the VA medical facility of jurisdiction will pay per diem to a State Home for providing nursing home care and/or adult day health care to eligible Veterans in a facility, when the Under Secretary for Health recognizes the facility as a State Home based on a current certification that the facility and facility management meet the standards of 38 CFR Parts 51 and 52. The Under Secretary for Health will make the determination regarding recognition and regarding initial certification, after receipt of a recommendation from the Director, VA medical facility of jurisdiction regarding whether, based on a VA survey, the facility and facility management meet or do not meet the standards of 38 CFR Parts 51 or 52. After recognition has been granted, VA will continue to pay per diem to a State Home for providing nursing home care and/or adult day health care for eligible Veterans in such a facility for a temporary period based on a certification that the facility and facility management provisionally meet the standards.
- d. **Corrective Action Plan (CAP).** A CAP clearly addresses a cited deficiency. It must state specific interventions to correct the non-compliance(s) with target dates for remediation, identify trends and patterns, consider core causes, and include a plan to monitor effectiveness over time. A CAP is required for any standard rated as provisionally met or not met.
- e. **Immediate Jeopardy (IJ).** An IJ is a situation in which the SVH's non-compliance with one or more Federal regulations has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. This includes any condition that poses an immediate threat to public or patient safety.

- f. **Infectious Outbreak.** An infectious outbreak is an event reportable to Public Health agencies pursuant to state regulations.
- g. **Issue Brief.** An Issue Brief (IB) is a written form of communication used by the VA medical facility of jurisdiction for immediate notification of specific and unexpected events at a SVH.
- h. **Per Diem.** Per Diem is the VA-established daily reimbursement rate to a state for providing a specific level of care to eligible Veterans at a SVH, once that facility is officially recognized by VA for providing nursing home care and/or adult day health care in order to maintain certification.
- i. **Scope and Severity Matrix.** The scope and severity matrix is a tool developed by the Centers for Medicaid or Medicare Services (CMS) which VA has adapted to assess the scope of the deficiency (such as whether the deficiency was isolated to one person or was widespread) and the severity of the deficiency (such as whether an individual suffered injury, harm, impairment, or death). **NOTE:** *The CMS Program Scoring Algorithm can be found at: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09-05.pdf>, and the matrix can be found in Appendix A.*
- j. **Sentinel Event.** A sentinel event is an adverse event that results in the loss of life, limb, or permanent loss of function as outlined in the 38 CFR Parts 51 and 52.
- k. **State Home Online Survey Tool.** The State Home Online Survey Tool (SHOST) is a VA intranet tool used to create, package, download, score, upload, store, complete, and analyze all survey data that will improve the efficiency and utilization of VA medical facility staff employees, SVH VISN liaisons and GEC involved in the oversight of the SVH program. This software automates the survey process and makes information available in a more timely and efficient manner.
- l. **State Official.** State official refers to the personnel of the state agency responsible for the SVH.
- m. **Standard Survey.** A standard survey is a periodic resident-centered inspection that gathers information about the quality of service furnished in a SVH to determine compliance with the requirements of participation. In the SHOST this is called a state survey, as the survey is performed by the state to ascertain if a SVH meets requirements for participation in the CMS program. The state survey evaluates performance and the provision of safe, quality care and quality of life.
- n. **State Veterans Home (SVH).** A SVH means a facility, approved by VA, which a state has established primarily for the care of Veterans disabled by age, disease, or otherwise, who by reason of such disability are incapable of earning a living. A SVH may provide nursing home care, domiciliary care, and/or adult day health care; however, this Directive applies only to SVHs that provide nursing home and/or adult day health care. A SVH is owned and operated by the state.

o. **VA Administered Survey Types.**

(1) **Abbreviated Survey.** An abbreviated survey is an unannounced survey that may be authorized by GEC to review a specific standard or deficiency found during an annual survey. The VA Survey Team must be on site within 15-business days after official notification is made by GEC to the VA medical facility of jurisdiction.

(2) **Annual Survey.** An annual survey is an unannounced survey performed yearly to determine SVH's compliance with VA standards to achieve certification in order for the SVH to receive continued per diem payment.

(3) **For-Cause Survey.** A for-cause survey is an unannounced survey authorized by GEC to review specific, or a series of incidents, complaints, deficiencies, or events that may jeopardize the health or safety of residents. The VA Survey Team must be on site within 15-business days after official notification is made by GEC to the VA medical facility of jurisdiction.

(4) **Recognition Survey.** A recognition survey is an announced survey of a SVH used to determine its compliance with VA standards, which includes compliance with all Federal, state, and local laws, and professional standards for purpose of recognizing the home as a SVH by VA. The VA Survey Team must be on site within 10-business days of receipt of request or a specific date requested from the SVH.

3. BACKGROUND

a. SVHs across the United States provide nursing home care, domiciliary care, and adult day health care; however, this Directive applies only to SVHs that provide nursing home and/or adult day health care. The state receives a per diem payment from VA for providing care to eligible Veterans when VA recognizes the home as a State Veterans Home. In addition, VA's annual certification is required for nursing home care and/or adult day health care. The state owns, operates, and manages all SVHs. VA is required to survey SVHs to ensure the facilities meet VA standards to be eligible for continued per diem payments.

b. VA identified the need to standardize the national survey process, which resulted in VA contracting with a private vendor to review clinical and life safety standards. VA staff employees are responsible for conducting the administrative and fiscal audit portions of the survey. In addition, VA has a maintenance and support contract with a vendor to assist in all aspects of the electronic software program utilized to complete all SVH surveys.

c. The goals of the SVH Survey policy are to help ensure SVHs are performing according to VA regulations and to ensure eligible Veterans are receiving the best quality of care and safety. This Directive provides policy and a standardized approach for the following:

(1) Internal policies and procedures for recognition, annual, for-cause, and abbreviated surveys;

(2) The communication and relationships between VA Central Office (VACO), Veteran Integrated Service Network (VISN), VA medical facility of jurisdiction, SVH and the VA Survey Team;

(3) Full utilization of defined VA standards for long-term care support and services;

(4) Expectations of leadership, VISN, and field staff employees in assessment of proper care and safety for Veterans in a SVH; and

(5) Full operation of the SVH survey electronic system.

d. Once a SVH has been recognized, the VA medical facility of jurisdiction, VISN, and GEC are responsible for ensuring the SVH is properly surveyed in accordance with the procedures and timelines outlined in this Directive.

4. POLICY

It is VHA policy that all SVHs will be surveyed in accordance with the procedures and timelines specified in this Directive.

5. RESPONSIBILITIES

a. **Chief Consultant, Geriatrics and Extended Care Services.** The Chief Consultant, GEC is responsible for:

(1) Developing national policy for SVH, including, but not limited to, memorandums, information letters, and directives; and

(2) Promoting SVH program development in the field through policy guidance, support, email groups, conference calls, and educational programs.

b. **Executive Director, Geriatrics and Extended Care Operations (GEC Operations).** The Executive Director, GEC Operations is responsible for the overall management of the SVH survey process for VA, including, but not limited to:

(1) Promoting SVH program development in the field through operational guidance, support, email groups, conference calls, and educational programs;

(2) Providing clinical and survey oversight for the SVH program;

(3) Processing recognition requests for SVHs;

(4) Communicating with state officials regarding VA's requirements for participation;

(5) Communicating with the Director, VA medical facility of jurisdiction their responsibilities concerning the SVH survey process;

(6) Communicating with SVH Administrators or state officials on the survey process as needed;

(7) Informing the SVH VA medical facility representative, SVH VA fiscal representative and the SVH VISN liaison when a recognition decision has been reached by the Under Secretary for Health;

(8) Reviewing and providing comments, as necessary, for any survey reports;

(9) Authorizing for-cause or abbreviated surveys, reviewing deficiencies and determining appropriate action;

(10) Providing oversight for surveyor performance and feedback;

(11) Providing national analyses and summaries of the survey deficiencies for state officials;

(12) Serving as Contact Officer Representative (COR) for the national clinical and life safety survey contract;

(13) Overseeing program management of maintenance, technical support and provisions of Short-Cut to Field Level User's software program and the SHOST;

(14) Providing guidance, training and clarification on utilization of the electronic SVH survey software and intranet process;

(15) Providing guidance, training and clarification to the field regarding the SVH program;

(16) Notifying the VISN and VA medical facility of jurisdiction of the scheduled date(s) for all surveys and providing contact information for the contracted vendor that will assist in conducting the survey. Emailing the SVH VISN liaison, SVH VA medical facility representative, and SVH VA fiscal representatives that the scheduled survey dates have been placed on the SVH SharePoint site;

(17) Conducting two-way communication with SVH VISN liaisons and designated SVH VA medical facility representatives; and

(18) Receiving and processing SVH appeals to the Under Secretary for Health.

c. **VISN Director.** The VISN Director is responsible for:

(1) Administering the SVH program within the VISN in accordance with established policies, procedures, and timelines;

(2) Appointing a SVH VISN liaison to perform the duties listed under SVH VISN liaison. When appointing this position, the VISN Director should keep in mind that the SVH VISN liaison should: have the knowledge, skills and experiences in external review procedures and computer entry; provide guidance to the SVH VA medical facility representative(s) and SVH VA fiscal representative(s); and effectively communicate with state officials and GEC staff employees;

(3) Meeting with the SVH VISN liaisons to ensure awareness of any issues at the SVH; and

(4) Submitting IBs to GEC using the current IB format.

d. **SVH VISN Liaison.** The SVH VISN liaison is responsible for:

(1) Serving as the main intermediary between the SVH VA medical facility representative, SVH VA fiscal representative and GEC; and

(2) Managing the SVH program within the network and ensuring the performance of the following duties including but not limited to:

(a) Monitoring and communicating sentinel events at a SVH to GEC;

(b) Reviewing IBs for completeness and requesting additional information, if necessary;

(c) Serving as the point of contact for the survey process, survey deficiencies, managing all survey related problems, training, follow-up and all activities pertaining to the SVH program in the VISN;

(d) Informing and ensuring that both the SVH VA medical facility representative and the SVH VA fiscal representative participate and are physically present during the survey on the scheduled survey dates;

(e) Reviewing annual survey reports and CAPs submitted for any survey conducted by the VA Survey Team;

(f) Attending monthly national SVH conference calls and the semi-annual VISN/VACO calls to review the SVH survey scorecard, barriers, CAPs and educational needs. **NOTE:** *SVH VISN liaisons are encouraged to invite their respective SVH VA medical facility representatives to these semi-annual calls;*

(g) Ensuring the national mail groups and listings are kept current with SVH VA medical facility points of contact and notifying GEC when there are any changes or updates;

(h) Collaborating with the VISN Business Office for per diem related issues as appropriate and ensuring timely submission of per diem documents when requested by the Office of Community Care;

(i) Providing a mechanism for sharing information between the SVH VA medical facility representatives and SVH VA fiscal representatives within the VISN (i.e., mail groups, conference calls and face-to-face meetings);

(j) Ensuring SVH VA medical facility representatives are tracking the submission of documents at completion of survey until certification is granted by the Director, VA medical facility of jurisdiction;

(k) Monitoring trends in survey results by individual SVHs as well as aggregate results for the SVHs in the VISN;

(l) Promoting positive relationships between the SVH administration, contracted survey staff, maintenance and support contracted vendor, and SVH VA medical facility representatives;

(m) Communicating with GEC for guidance regarding survey results, trends or concerns;

(n) Serving as an educational resource for VA medical facility staff employees in the VISN regarding the SVH program;

(o) Completing the annual training for the SVH VA medical facility representative, as well as the SVH VA fiscal representative; and

(p) Maintaining annual competency training records completed by the SVH VA medical facility representatives and SVH VA fiscal representatives, and ensuring dates of completion are recorded in the SHOST.

e. **VA Medical Facility Director.** The Director, VA medical facility of jurisdiction provides oversight for the VA medical facility SVH program and is responsible for:

(1) Appointing a VA employee to serve as the SVH VA medical facility representative to perform the duties listed under SVH VA medical facility representative. When appointing the SVH VA medical facility representative, Director, VA medical facility of jurisdiction should keep in mind that the SVH VA medical facility representative should: have the knowledge, skills and experience to perform external reviews; interpret regulations and laws; assess CAPs; utilize survey software applications and programs; analyze IB information; and communicate and interact with SVH leadership, contractors and the entire VA Survey Team;

(2) Appointing a VA employee to serve as the SVH VA fiscal representative to conduct the SVH survey related to fiscal standards and accounting principles. Assuring the appointed VA employees attends the survey with the VA Survey Team and performs all associated steps to complete the process;

(3) Notifying the SVH liaison in writing when there is a change in either the SVH VA medical facility representative or the SVH VA fiscal representative, with a courtesy copy to GEC;

(4) Ensuring annual competency training is completed by the SVH VA medical facility representative and SVH VA fiscal representative before the first survey of the calendar year and validating completion with course certificate;

(5) Meeting with the SVH VA medical facility representative and/or SVH VA fiscal representative as necessary to ensure awareness of any issues at the SVH;

(6) Assuring that one person has awareness of all contracts, sharing agreements, Memorandums of Understanding and Telehealth Service Agreements between the SVH and the VA medical facility;

(7) Communicating with the SVH VISN liaison on matters concerning the SVH;

(8) Submitting IBs to the VISN per the current IB format;

(9) Reporting SVH sentinel events to the VISN within 24 hours of identification (not to exceed 48 hours);

(10) Reviewing all survey reports and CAPs to confirm compliance with VA standards prior to granting any type of certification to the SVH; and

(11) Annually providing timely written certification, either provisional or full certification to the SVH of jurisdiction required for continued per diem payment.

f. **SVH VA Medical Facility Representative.** The SVH VA medical facility representative is designated by the Director, VA medical facility of jurisdiction and responsible for:

(1) Managing the SVH program at the facility level;

(2) Completing the annual training for SVH VA medical facility representative before the first survey of the calendar year, and submitting a copy of the certificate of completion to the SVH VISN liaison;

(3) Coordinating communication between SVH management, contracted vendors, Director, VA medical facility of jurisdiction, SVH VA fiscal representative, SVH VISN liaison and GEC;

(4) Acting as co-team leader during each survey;

(5) Overseeing the process for the recognition, annual, for-cause and abbreviated surveys by performing the following duties:

(a) Preparing the appointment letter for the Director, VA medical facility of jurisdiction's signature to be presented to the SVH Administrator upon entry;

(b) Officiating the entrance, daily, and exit conferences during survey;

(c) Remaining at the SVH for the duration of all surveys to include any IJ situations until fully abated;

(d) Conducting the administrative standards review which includes obtaining all required and signed VA forms, including the completed VA form 10-3567, State Home

Inspection – Staffing Profile, or subsequent issue. **NOTE:** VA forms can be found at: <http://vaww.va.gov/vaforms/>. This is an internal VA website not available to the public;

- (e) Reporting survey updates to the SVH VA fiscal representative, Director, VA medical facility of jurisdiction and SVH VISN liaison;
- (f) Creating, packaging, downloading, score, uploading, storing and processing the survey report with required attachments using the electronic system. **NOTE:** The intranet site <http://vaww.svhsurvey.cc.med.va.gov/svh> is a repository of past and current SVH surveys and survey reports. Access to this site is limited to VACO, SVH VISN liaisons, and SVH VA medical facility representatives. This is an internal VA website not available to the public;
- (g) Entering all CAP information required into SHOST located on the VA intranet;
- (h) Completing the certification screen to include entering the staffing profile data;
- (i) Responding to inquiries from SVH management and referring SVH management to the appropriate VA office for assistance;
- (j) Providing assistance to the SVH, SVH VISN liaison and GEC as requested;
- (k) Immediately notifying the Director, VA medical facility of jurisdiction, and SVH VISN liaison of a sentinel event, negative publicity, or any situation resulting in immediate jeopardy to residents' health or safety has occurred. This includes preparing and submitting the IB to the appropriate level, clarifying any questions, and continuing to update the SVH VISN liaison until resolution; and
- (l) Serving as an educational resource for VA medical facility staff employees and SVH staff employees regarding the SVH program.

g. **SVH VA Fiscal Representative.** The SVH VA fiscal representative is designated by the Director, VA medical facility of jurisdiction and is responsible for:

- (1) Completing the annual training for the SVH VA fiscal representative before the first survey of the calendar year, and submitting a copy of the certificate of completion to the SVH VISN liaison;
- (2) Communicating, collaborating, and participating with the SVH VA medical facility representative in all surveys to include attending the survey with the VA Survey Team;
- (3) Conducting a review of the fiscal standards to include the fiscal audit, reconciliation of records and the muster must be completed at some point between the entrance and exit conference of the survey;
- (4) Providing a summary of their review to the SVH management team prior to close of the survey; and,

(5) Submitting a report of the survey deficiencies to the SVH VA medical facility representative within 5-business days from the last date of the survey.

6. ROLE OF THE ADMINISTRATOR OF THE STATE VETERANS HOME (SVH):

In order to ensure that SVH meets VA standards required for payment of per diem, the SVH Administrator must comply with the requirements in 38 CFR Parts 51 and 52. Concerning the recognition and annual survey process, the SVH Administrator is responsible for, but not limited to:

- a. Coordinating with state officials and GEC regarding the recognition process;
- b. Requesting a recognition survey once the SVH fully conforms with VA standards and after admitting the required number of residents – twenty-one or at least 50 percent of the new bed capacity;
- c. Cooperating during all surveys, providing required documentation and full access to the VA Survey Team, and providing all requested pre- and post-survey materials within determined timeframes;
- d. Submitting evidence of the remedied deficiency or the CAP within the determined timeframe as requested;
- e. Notifying the Director, VA medical facility of jurisdiction within 24 hours of all reportable events to the state, including but not limited to, events regarding intentionally unsafe acts, adverse events or sentinel events;
- f. Notifying the Director, VA medical facility of jurisdiction, of all changes in SVH management; and
- g. Discussing unique situations that could cause the SVH to not meet expectations with GEC.

7. RECOGNITION SURVEY PROCESS

a. A recognition survey is required when a SVH seeks to become eligible for VA per diem payments. The recognition survey is conducted to review policies, procedures, processes, projected staffing patterns, schedule for admission of residents, life safety, and all other requirements of the appropriate level of care standards. This survey type is a pass/fail survey with an option to appeal the decision.

b. To begin the recognition process, the state sends a written request for recognition, bed numbers and level of care signed by the authorizing state official to GEC. GEC then notifies the Director, VA medical facility of jurisdiction, of the recognition application, and requests the appointment of a SVH VA medical facility representative, and SVH VA fiscal representative if one has not yet been assigned.

c. The SVH VA medical facility representative prepares and presents a signed appointment/entrance letter by the Director, VA medical facility of jurisdiction to the SVH Administrator on the first day of the survey. The VA Survey Team must possess and review the previous VA survey, state report if applicable, and the state quality indicator report before starting the survey.

d. The VA Survey Team will conduct an entrance conference at the time of arrival at the SVH, as well as daily, and exit conferences with SVH management and staff employees as appropriate.

e. The entrance conference provides the opportunity for the VA Survey Team and SVH to discuss the scope and schedule for the survey. Entrance conferences should be scheduled at a mutually agreeable time. At the meeting the VA Survey Team should outline survey objectives, survey time schedules, and the process of reporting. The SVH may designate a member of their staff as the primary contact person for the VA Survey Team questions and assistance. Any areas of concern of the SVH should be brought up at this stage. Daily exit conferences should discuss any developing deficiencies or areas of concern. Exit conferences should keep the SVH in the know of how the survey is going.

f. Throughout the remainder of the recognition survey process the SVH Administrator must send the documentation required for recognition to the Director, VA medical facility of jurisdiction.

g. A recognition survey generally occurs after original construction or renovations of the SVH are complete. A recognition survey occurs only after the new SVH has at least twenty-one residents or has a number of residents consisting of at least 50 percent of the new bed capacity.

h. The recognition survey is performed within 10-business days of authorization by GEC, or at a specific requested time by the SVH.

i. Any surveyor on the VA Survey Team may identify a deficiency against a standard or make a recommendation to the SVH. This requires the surveyor who identified the deficiency to provide a written description of the deficiency to include the condition that exists and a scope and severity rating. An initial rating of the deficiency should be provided on the "Additional Comments" document and/or survey report, and given to the SVH VA medical facility representative to electronically score into the final survey report.

j. The Director, VA medical facility of jurisdiction, sends a letter with a copy of the completed survey report from the SHOST to SVH management. For SVHs providing nursing home care and/or adult day health care, the letter must explain that only the Under Secretary for Health can recognize the SVH.

k. If the survey report indicates that the SVH does meet the standards, the Director, VA medical facility of jurisdiction sends a letter addressed to the Under Secretary for Health through the Network Director and GEC, recommending whether, based on the survey, the SVH and SVH management meet the standards in 38 CFR Parts 51 and 52, as applicable.

l. If the survey report indicates that the SVH does not meet the standards, the Director, VA medical facility of jurisdiction, notifies GEC through the SVH VISN liaison. If the Director, VA medical facility of jurisdiction, recommends that the SVH or SVH management does not meet a standard(s) of this part, the SVH is notified in writing of the standard(s) provisionally met or not met. The Director, VA medical facility of jurisdiction sends a copy of this notification with the survey report from the SHOST to the state official authorized to oversee operations of the SVH, the Network Director, and GEC. This letter must include the reasons for the recommendation or decision and indicate that the state has the right to appeal the recommendation or decision. A request for a CAP is not required for a failed recognition survey because the survey is pass or fail only. The SVH can take the amount of time needed to reach full compliance and make another request for recognition when those provisionally met and not met standards have been corrected. All information must be entered in the certification page on the SHOST for a failed recognition survey and then closed by GEC.

m. A recognition survey checklist is provided by GEC to the VA medical facility representative and SVH VISN liaison that outlines required forms, information, data and letters that are to be mailed with originals to GEC. The checklist must be completed in its entirety. The recognition checklist and package must be submitted through the SVH VISN liaison to GEC within 20-business days from the last day of the survey.

n. For SVHs providing nursing home care and/or adult day health care, the recognition will remain in effect unless the state requests that the recognition be withdrawn, or the Under Secretary for Health makes a decision that the SVH does not meet VA standards. Recognition of a SVH applies only to the SVH as it exists at the time of the original recognition; any annex, branch, bed change request, enlargement, expansion, or relocation must be separately recognized.

o. When a SVH that received a failed recognition survey corrects the deficiencies identified in the failed recognition survey they should notify the VA, Director of medical facility jurisdiction or GEC that they are ready for another full recognition survey to be scheduled.

8. ANNUAL SURVEY PROCESS

a. An annual unannounced survey must be completed every 12 months during the recognition anniversary month, or during a month agreed upon by the Director, VA medical facility of jurisdiction and the SVH, as specified in 38 CFR Parts 51 and 52. The Director, VA medical facility of jurisdiction, annually certifies whether a SVH providing nursing home care and/or adult day health care meets VA standards for continued per diem payment.

b. During all SVH surveys, the VA Survey Team uses a recognized industry standard survey process for long-term care support services. The length of the annual survey is based on the individual number of recognized beds and level of care in each SVH. The VA Survey Team must possess and review the previous VA survey, state report if applicable, and the state quality indicator report before starting the survey.

c. The SVH VA medical facility representative prepares and presents a signed appointment/entrance letter by the Director, VA medical facility of jurisdiction to the SVH Administrator on day one of the survey.

d. The VA Survey Team will conduct an entrance conference at the time of arrival at the SVH, as well as daily and exit conferences with SVH management and staff employees as appropriate.

e. The entrance conference provides the opportunity for the VA Survey Team and SVH to discuss the scope and schedule for the survey. Entrance conferences should be scheduled at a mutually agreeable time. At the meeting, the VA Survey Team should outline survey objectives, survey time schedules, and the process of reporting. The SVH may designate a member of their staff as the primary contact person for the VA Survey Team questions and assistance. Any areas of concern of the SVH should be brought up at this stage. Daily exit conferences should discuss any developing deficiencies or areas of concern. Exit conferences should keep the SVH in the know of how the survey is going. No final ratings are to be given at the exit conference.

f. The SVH VISN liaison provides clarification to standards, as needed during the survey and GEC is available for consultation.

g. Any surveyor on the VA Survey Team may identify a deficiency against a standard or make a recommendation to the SVH. This requires the surveyor who identified the deficiency to provide a written description to include the condition that exists and a scope severity rating. An initial rating of the deficiency should be provided on the "Additional Comments" document and/or survey report, and given to the SVH VA medical facility representative to electronically score into the final survey report.

h. When the survey activities have been completed the contracted vendor team lead submits the clinical and life safety survey report ratings, deficiencies and recommendations, along with the life safety checklist(s) to the SVH VA medical facility representative no later than 10-business days after the last day of the survey.

i. The SVH VA fiscal representative provides the survey report and ratings to include deficiencies and recommendations to the SVH VA medical facility representative no later than 5 business days following the last day of the survey.

j. All ratings for each standard for each level of care are entered in the Short-Cut to Field Level Users software and uploaded to the SHOST no later than 20 business days following the last day of the survey.

k. The life safety checklist for the designated level of care is made as an attachment in the Short-Cut to Field Level Users software.

l. The SVH VA medical facility representative is to notify the Director, VA medical facility of jurisdiction, and the SVH VISN liaison of all survey deficiencies and recommendations. The survey report can be electronically reviewed on the SHOST. The Director, VA medical facility of jurisdiction, sends a signed written letter of the survey results with the official survey report from the SHOST to the SVH management no later than 20-business days from the last day of the survey.

m. The letter includes the following information:

(1) Identifies all standards rated provisionally met or not met;

(2) States reasons for the decision on any standard rated provisionally met or not met;

(3) Requests submission of a CAP for each standard(s) rated provisionally met or not met no later than 20-business days upon receipt of the letter; and

(4) States the appeal process according to 38 CFR Parts 51 and 52.

n. The Director, VA medical facility of jurisdiction, requests submission of the CAP within 20-business days of when the SVH received the survey report and letter. The Director, VA medical facility of jurisdiction, may also request the SVH to submit evidence of corrective actions with the CAP(s) for deficiencies listed.

o. The SVH VA medical facility representative sends the received CAP from the SVH to the VA Survey Team member(s) who identified a deficient standard. The VA Survey Team member(s) will review and recommend an approval or denial. If denying, they must include the reason(s) for denying and suggestions for enhancing the CAP within 5-business days. The CAP is entered into the SHOST on the "Corrective Action Plan" screen upon final review by the designated VA Survey Team members within 10-business days of receipt of the CAP.

p. The Director, VA medical facility of jurisdiction reviews the submitted CAP and recommendations made by the VA Survey Team. The Director has the discretion to accept or not accept the CAP and can request additional information or additional evidence directly from the SVH.

q. If the Director, VA medical facility of jurisdiction does not accept the CAP, he/she may request the SVH to submit a revised CAP or additional information in writing for the

CAP to be returned no later than 10-business days after receipt of the letter. The SVH VA medical facility representative notifies GEC of the request for a revised CAP. This is done by documenting the date the CAP was not accepted by the VA medical facility and the date a request was made to the SVH for a revised CAP or additional information in the SHOST. The information should be entered in the evidence text box.

r. If the Director, VA medical facility of jurisdiction accepts the CAP, he/she sends a provisional or full certification letter to the SVH management. The name of the Director, VA medical facility of jurisdiction and the date of the letter is entered on the Certification Screen in the SHOST.

s. A provisional certification will be issued by the Director, VA medical facility of jurisdiction only upon a determination that:

(1) The SVH or facility management does not meet one or more of the standards;

(2) That the deficiencies do not jeopardize the health or safety of the residents; and

(3) That the SVH management and the Director, VA medical facility of jurisdiction have agreed to a corrective action plan to remedy the deficiencies in a specified amount of time.

t. The Director, VA medical facility of jurisdiction will notify the official in charge of the SVH in writing, of the provisional certification. A full certification will be issued by the Director, VA medical facility of jurisdiction only upon a determination that the SVH or facility management meets all standards at the time of the annual survey, or when the agreed plan of correction to remedy a deficiency has been implemented with written verification. The SVH VA medical facility representative must document comments received from the SVH as evidence that the proposed corrective action was implemented on the "Corrective Action Plan" screen in the SHOST, as received from the SVH.

u. When a full certification is granted, the Director, VA medical facility of jurisdiction will notify the official in charge of the SVH in writing within 20-business days of the CAP being accepted.

v. A final rating of a deficient standard is given as "Met" in the SHOST on the "Corrective Action Plan" screen. The name of the Director, VA medical facility of jurisdiction, and date of certification letter is entered in the SHOST on the certification screen.

9. FOR-CAUSE SURVEY PROCESS

a. A for-cause survey may be authorized by GEC in response to an event or series of events including, but not limited to: sentinel events, adverse events, and intentionally unsafe acts. This is still a full survey, but focuses on the specific events or acts that

prompted the survey. The VA Survey Team must be on site within 15-business days after official notification from GEC Operations to the VA medical facility of jurisdiction.

b. The decision to initiate a for-cause survey is determined by GEC based on all available information, trends, reports and recommendations made by the SVH VISN liaison and Director, VA medical facility of jurisdiction. This is an unannounced survey to the SVH.

c. The SVH VA medical facility representative prepares and presents a signed appointment/entrance letter by the Director, VA medical facility of jurisdiction to the SVH Administrator on day one of the survey. The VA Survey Team must possess and review the previous VA survey, state report if applicable, and the state quality indicator report before starting the survey.

d. Any surveyor on the VA Survey Team may identify a deficiency against a standard or make a recommendation to the SVH. This requires the surveyor who identified the deficiency to provide a written description to include the condition that exists and a scope severity rating. An initial rating of the deficiency should be provided on the "Additional Comments" document and/or survey report and given to the SVH VA medical facility representative to electronically score into the final survey report.

e. When the survey activities have been completed, the contracted vendor team lead submits the clinical and life safety survey report ratings, deficiencies and recommendations, along with the life safety checklist(s) to the SVH VA medical facility representative no later than 10-business days from the last day of the survey.

f. All ratings for each standard for each level of care are entered in the Short-Cut to Field Level Users software and uploaded to the SHOST no later than 20-business days following the last day of the survey by the SVH VA medical facility representative.

g. The VA Survey Team will conduct an entrance conference at the time of arrival at the SVH, as well as daily and exit conferences with SVH management and staff employees as appropriate.

h. The entrance conference provides the opportunity for the VA Survey Team and SVH to discuss the scope and schedule for the survey. Entrance conferences should be scheduled at a mutually agreeable time. At the meeting the VA Survey Team should outline survey objectives, survey time schedules, and the process of reporting. The SVH may designate a member of their staff as the primary contact person for the VA Survey Team questions and assistance. Any areas of concern of the SVH should be brought up at this stage. Daily exit conferences should discuss any developing deficiencies or areas of concern. Exit conferences should keep the SVH in the know of how the survey is going. No final ratings are to be given at the exit conference.

i. The life safety checklist for the designated level of care is made as an attachment in the Short-Cut to Field Level Users software if part of the survey.

j. The SVH VA medical facility representative is to notify the Director, VA medical facility of jurisdiction and the SVH VISN liaison of all survey deficiencies and recommendations. The survey report can be electronically reviewed on the SHOST.

k. The Director, VA medical facility of jurisdiction sends a signed written letter of survey results with the official survey report from the SHOST to the SVH management no later than 20-business days from the last day of the survey.

l. The letter includes the following information:

- (1) Identifies all standards rated provisionally met or not met;
- (2) States reasons for the decision on any standard rated provisionally met or not met;
- (3) Requests submission of a CAP for each standard(s) rated provisionally met or not met no later than 20-business days upon receipt of the letter; and
- (4) States the appeal process according to 38 CFR Parts 51 and 52.

m. The Director, VA medical facility of jurisdiction, requests submission of the CAP within 20-business days from when the SVH received the survey report and letter. The Director, VA medical facility of jurisdiction, may request the SVH to submit evidence of corrective actions with the CAP for deficiencies listed.

n. The SVH VA medical facility representative sends the received CAP from the SVH to the VA Survey Team member(s) who identified a deficient standard. The VA Survey Team member(s) will review and recommend an approval or denial. If denying they must include the reason(s) for denying, and suggestions for enhancing the CAP within 5-business days. The CAP is entered into the SHOST on the "Corrective Action Plan" screen upon final review by the designated VA Survey Team members within 10-business days after review.

o. The Director, VA medical facility of jurisdiction reviews the submitted CAP and recommendations made by the VA Survey Team. The Director has the discretion to accept or not accept the CAP and can request additional information or additional evidence directly from the SVH.

p. If the Director, VA medical facility of jurisdiction does not accept the CAP, he/she may request that the SVH submit a revised CAP or additional information in writing to be returned no later than 10-business days from receipt of new letter. The SVH VA medical facility representative notifies GEC of the request for a revised CAP. This is done by documenting the date the CAP was not accepted by the VA medical facility and the date a request was made to the SVH for a revised CAP or additional information in the SHOST. The information should be entered in the evidence text box.

q. A provisional certification will be issued by the Director, VA medical facility of jurisdiction only upon:

(1) A determination that the SVH or facility management does not meet one or more of the standards; and

(2) That the deficiencies do not jeopardize the health or safety of the residents; and

(3) That the SVH management and the Director, VA medical facility of jurisdiction, have agreed to a plan of correction to remedy the deficiencies in a specified amount of time.

r. The Director, VA medical facility of jurisdiction will notify the official in charge of the SVH, in writing, of the provisional certification. A full certification will be issued by the Director, VA medical facility of jurisdiction only upon a determination that the SVH or facility management meets all standards at time of the annual survey or when the agreed plan of correction to remedy a deficiency has been implemented with written verification. The SVH VA medical facility representative must document in the "Corrective Action Plan" screen in SHOST, comments that will be used as evidence that the proposed corrective action was implemented, as received from the SVH.

s. If the Director, VA medical facility of jurisdiction accepts the CAP, he/she sends a provisional or full certification letter to SVH management. The name of the Director, VA medical facility of jurisdiction and the date of the letter is entered on the Certification Screen in the SHOST.

10.ABBREVIATED SURVEY PROCESS

a. An abbreviated survey may be authorized by GEC to investigate a specific standard or deficiency found during an annual survey. This shall include follow-up to investigate deficiencies found during a previous survey. The VA Survey Team must be on site 15-business days after official notification is provided to the contracted vendor.

b. The decision to initiate an abbreviated survey is determined by GEC based on all available information and recommendations made by the SVH VISN liaison and Director, VA medical facility of jurisdiction. This is an unannounced survey to the SVH.

c. The SVH VA medical facility representative prepares and presents a signed appointment/entrance letter by the Director, VA medical facility of jurisdiction to SVH Administrator on day one of the survey. The VA Survey Team must possess and review the previous VA survey, state report if applicable, and the state quality indicator report before starting the survey.

d. Any surveyor on the VA Survey Team may identify a deficiency against a standard or make a recommendation to the SVH. This requires the surveyor who identified the deficiency to provide a written description deficiency to include the

condition that exists and a scope and severity rating. An initial rating of the deficiency should be provided on the "Additional Comments" document and/or survey report, and given to the SVH VA medical facility representative to electronically score into the final survey report.

e. The VA Survey Team will conduct an entrance conference at the time of arrival at the SVH, as well as daily and exit conferences with SVH management and staff employees as appropriate.

f. The entrance conference provides the opportunity for the VA Survey Team and SVH to discuss the scope and schedule for the survey. Entrance conferences should be scheduled at a mutually agreeable time. At the meeting, the VA Survey Team should outline survey objectives, survey time schedules, and the process of reporting. The SVH may designate a member of their staff as the primary contact person for the VA Survey Team questions and assistance. Any areas of concern of the SVH should be brought up at this stage. Daily exit conferences should discuss any developing deficiencies or areas of concern. Exit conferences should keep the SVH in the know of how the survey is going. No final ratings are to be given at the exit conference.

g. The life safety checklist for the designated level of care is found as an attachment in the Short-Cut to Field Level Users software.

h. When the survey activities have been completed the contracted vendor team lead submits a survey report with ratings, deficiencies and recommendations to the SVH VA medical facility representative no later than 10-business days of the last day of the survey.

i. All ratings for each standard for each level of care are entered in the Short-Cut to Field Level Users software and uploaded to the SHOST no later than 20-business days following the last day of the survey.

j. The SVH VA medical facility representative is to notify the Director, VA medical facility of jurisdiction, and the SVH VISN liaison of all survey deficiencies and recommendations. The survey report can be electronically reviewed on the SHOST.

k. The Director, VA medical facility of jurisdiction sends a signed written letter of survey results with the official survey report from the SHOST to the SVH management no later than 20-business days from the last day of the survey.

l. The letter includes the following information:

(1) Identifies all standards rated provisionally met or not met;

(2) States reasons for the decision on any standard rated provisionally met or not met;

(3) Requests submission of a CAP for each standard(s) rated provisionally met or not met no later than 20-business days upon receipt of the letter; and

(4) States the appeal process according to 38 CFR Parts 51 and 52.

m. The SVH VA medical facility representative sends the received CAP from the SVH to the VA Survey Team member(s) who identified a deficient standard. The VA Survey Team member(s) will and recommend an approval or denial. If denying, they must include the reason(s) for denying and suggestions for enhancing the CAP within 5-business days of submission. The CAP is entered into the SHOST on the "Corrective Action Plan" screen upon final review by the designated VA Survey Team members within 10-business days of receipt of the CAP.

n. The Director, VA medical facility of jurisdiction reviews the submitted CAP and recommendations made by the VA Survey Team. The Director has the discretion to accept or not accept the CAP and can request additional information or additional evidence directly from the SVH.

o. If the Director, VA medical facility of jurisdiction does not accept the CAP, he/she may request that the SVH submit a revised CAP or additional information in writing for the CAP to be returned no later than 10-business days of receipt of the letter. The SVH VA medical facility representative notifies GEC of the request for a revised CAP. This is done by documenting the date the CAP was not accepted by the VA medical facility and the date a request for a revised CAP or additional information in the SHOST. The information should be entered in the evidence text box.

p. A provisional certification will be issued by the Director, VA medical facility of jurisdiction only upon a determination that:

(1) The SVH or facility management does not meet one or more of the standards; and

(2) That the deficiencies do not jeopardize the health or safety of the residents; and

(3) That the SVH management and the Director, VA medical facility of jurisdiction have agreed to a plan of correction to remedy the deficiencies in a specified amount of time.

q. The Director, VA medical facility of jurisdiction will notify the official in charge of the SVH, in writing, of the provisional certification. A full certification will be issued by the Director, VA medical facility of jurisdiction only upon a determination that the SVH or facility management meets all standards at time of the annual survey or when the agreed plan of correction to remedy a deficiency has been implemented with written verification. The SVH VA medical facility representative must document in the "Corrective Action Plan" screen in SHOST, comments that will be used as evidence that the proposed corrective action was implemented, as received from the SVH.

r. If the Director, VA medical facility of jurisdiction accepts the CAP, he/she sends a provisional or full certification letter to the SVH management. The name of the Director, VA medical facility of jurisdiction and the date of the letter is entered on the Certification Screen in the SHOST.

11. IMMEDIATE JEOPARDY: Immediate Jeopardy (IJ) is a situation in which the SVH's non-compliance with one or more Federal regulations has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident or participant. The process for handling these situations is as follows during a survey:

a. The VA Survey Team is responsible for contacting and getting GEC's approval before determining an IJ on a survey. The contracted vendor surveyors have the responsibility for surveying the clinical and life safety standards that directly affect Veterans health and the SVH VA medical facility representative has responsibility for the Administrative standards.

b. The contracted vendor contacts their Project Manager to notify them of the IJ situation.

c. The contracted vendor works with the VA co-team lead and GEC, after determining an IJ, to inform the SVH management.

d. The VA co-team lead contacts the SVH VISN liaison and the Director, VA medical facility of jurisdiction to notify them of the IJ situation.

e. The SVH VISN liaison also contacts the COR for GEC Operations to notify them of the IJ situation.

f. At no time will the contracted surveyors nor the VA co-team lead leave the facility until the SVH submits an acceptable CAP to abate the IJ.

g. The SVH VISN liaison, in collaboration with the VA Survey Team and GEC, will schedule a conference call while the VA Survey Team is still on site, as soon as possible. VA medical facility leadership, VISN leadership, VACO and the VA Survey Team are required to be on the call. GEC Operations will forward the meeting invite to appropriate staff in VACO and Project Manager of the contracted vendor. The SVH is not a part of this call.

h. The abatement plan submitted by the SVH must be approved by the VA Survey Team before the team leaves the SVH.

i. Suggested IJ issue brief language can be found in Appendix B. The IB is expected to be submitted after the survey is complete, within time frames outlined below.

12. ISSUE BRIEFS (IBs)

a. A SVH IB is generated and submitted to GEC. IBs regarding sentinel events that occur in a SVH must be provided to the Director, VA medical facility of jurisdiction per 38 CFR Parts 51.120 and 52.120. Examples of sentinel events are as follows:

(1) Any resident death, paralysis, coma or other major permanent loss of function associated with a medication error;

(2) Any suicide of a resident, including suicides following elopement (elopement is an unauthorized departure) from the facility;

(3) Any elopement of a resident from the SVH resulting in a death or a major permanent loss of function;

(4) Any procedure or clinical intervention, including restraints, that result in death or a major permanent loss of function;

(5) Assault, homicide or other crime resulting in resident death or major permanent loss of function; or

(6) A resident fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall. **NOTE:** *Falls that are unlikely to result in major or permanent loss of function, but where significant injury occurs (requiring the resident to be sent out of the SVH for medical intervention) are considered adverse events for the purposes of section.*

b. The SVH management must report sentinel events to the Director of VA medical facility of jurisdiction within 24 hours of identification.

c. The SVH management must establish a mechanism to review and analyze a sentinel event resulting in a written report no later than 10-business days following the event. The purpose of the review and analysis of a sentinel event is to prevent injuries to residents, visitors, personnel, and to manage those injuries that do occur and to minimize the negative consequences to the injured individuals and SVH.

d. The VISN should assure the formal name of the SVH is listed in the IB. If follow-up action is to be taken, a reasonable target date is to be included for the completion of that action.

e. In addition to reporting required sentinel events, VA requests that SVHs also report events to the Director, medical facility of jurisdiction that they would normally report to their respective state in accordance with state law. Since state law varies, the reportable events requested are as follows, but not limited to:

(1) Allegations of mistreatment, neglect, abuse, or misappropriation of resident property;

- (2) Elopements, pursuant to state regulations;
- (3) Infectious outbreaks;
- (4) Resident-to-resident or resident-to-staff altercations resulting in any injury that is other than minor;
- (5) Information regarding the SVH that appears in local or national media; and
- (6) Falls with significant injury which require the resident to be sent out of the SVH for medical intervention be reported.

13. MISCELLANEOUS: It is strongly recommended that:

a. Each VISN or each VA medical facility with a designated SVH should develop and implement at minimum, a quarterly meeting with leaders of the SVH management to establish communication and partnership for the care and treatment of Veterans according to the Federal regulations that govern the SVH program. Members of the group may consist of VISN or VA medical facility leadership staff employees, appointed and designated SVH liaisons and representatives, other affiliates in Office of Community Care or GEC or quality management and others with interest or responsibility in oversight of the SVH program; and

b. Each SVH VISN liaison, designated SVH VA medical facility representative and SVH VA fiscal representative attend the monthly SVH National Conference Calls and regularly access the SVH liaison SharePoint site for review of updated program information that occurs. **NOTE:** *SharePoint access is limited to VACO, SVH VISN liaisons, SVH VA fiscal Representatives, and SVH VA medical facility representatives, <http://vaww.infoshare.va.gov/sites/geriatrics/SVH/VISNLiaisons/default.aspx>. This is an internal VA website not available to the public.*

SCOPE & SEVERITY MATRIX

| | | | | |
|---|---------|----------------------|----------------------|--------------|
| Immediate jeopardy to resident health and safety | Level 4 | NOT MET J | NOT MET K | NOT MET L |
| Actual harm that is not immediate jeopardy | Level 3 | NOT MET G | NOT MET H | NOT MET I |
| No actual harm, with potential for more than minimal harm | Level 2 | PROVISIONAL MET D | PROVISIONAL MET E | NOT MET F |
| No actual harm, with potential for minimal harm | Level 1 | MET A | MET B | MET C |
| | | Isolated | Pattern | Widespread |

RATINGS A, B, C = met; deficiencies will be written as recommendations from surveyor.

RATINGS D, E = provisional met; requires a corrective action plan from the SVH or evidence of corrective actions taken to meet the standard within 20-business days of receipt of the survey report.

RATINGS F, G, H, I = not met; requires a corrective action plan from the SVH or evidence of corrective actions taken to meet the standard within 20-business days of receipt of the survey report.

RATINGS J thru L = not met (immediate jeopardy); requires immediate corrective actions to abate the situation. The abatement plan submitted by the SVH must be approved by the VA Survey Team before the team leaves the SVH.; deficiencies rated J

November 2, 2016

**VHA Directive 1145.01
APPENDIX A**

thru L require notification from the VA team leader to VISN liaison/contract vendor project manager, and GEC.

ISSUE BRIEF TEMPLATE FOR IMMEDIATE JEOPARDY

Suggested Issue Brief language for immediate jeopardy (IJ) situations should be use the following format:

Title: Serious Concern during State Veteran Home (SVH) Survey

During the (fill in type of survey) survey at the (fill in State Home Name and location) on (fill in date of deficiency), the VA Survey Team found that (fill this in to describe what the team has found). This type of situation if not addressed immediately, may pose a threat to the health and safety of this and other residents. SVH management was immediately notified and initiated actions to abate the situation. SVH management provided the Survey Team with an immediate corrective action plan which will be followed by a comprehensive corrective action plan. This type of deficiency is commonly known in nursing home survey processes as IJ, a standard nomenclature describing a set of circumstances found on a survey that require immediate intervention to abate the situation. Surveyors remain on site until they are assured that the situation has been abated.

Corrective actions taken in this instance included:

- (list what corrective actions were put in place by the SVH)

ACTION/PROGRESS/ RESOLUTION: The complete action plan for the immediate jeopardy from the SVH will be forth coming. The SVH will be required to submit an action plan after receipt of the final survey report and include an update to the immediate jeopardy action plan.