



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 16-41-ICF/IID

DATE: September 23, 2016

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
Appendix J, Part II - Clarifications to the Interpretive Guidance (IG) at Tag W154
for §483.420(d)(3)

Memorandum Summary

Appendix J – Interpretive Guidelines (IGs): The Centers for Medicare & Medicaid Services (CMS) has revised the IGs for 42 CFR §483.420(d)(3) at Tag W154 within the State Operations Manual (SOM) Appendix J for ICF/IIDs to clarify the review of incident reports and/or investigative reports.

Background

On June 3, 1988, CMS published the Final Rule for the Conditions of Participation (CoPs) for ICF/IIDs at 42 CFR 483, Subpart I. The associated IGs were recently revised on April 27, 2015 to acknowledge and address current standards of practice in the field of ICF/IIDs with an effective date of April 27, 2015. Since the revised IGs were released, it has been brought to our attention that additional guidance is needed at §483.420(d)(3) (Tag W154) to specifically clarify the difference between client incident reports and facility investigative reports for purposes of the sample selection.

Discussion

The regulation at §483.420(d)(3) at Tag W154 provides that the facility must have evidence that all alleged violations of mistreatment, neglect or abuse, including injuries of unknown sources, are thoroughly investigated and that further potential abuse while the investigation is in progress is prevented. The IG associated with that regulation states that “in the absence of any pre-survey information that would indicate the need for a more thorough review of reports of investigation, the surveyors review five percent of the total client investigations for the last three months (but not less than 10)... If patterns of possible abuse, mistreatment or neglect are identified, or the incident report logs for the past three months indicate an extremely high incident rate, then a full review of the incidents for the past three months should be completed.” We are revising that guidance to provide that, “in the absence of any pre-survey information that would indicate a need for a more thorough review, *the surveyor* reviews five percent of the total client *incidents and associated investigative reports of all alleged violations of abuse, neglect or mistreatment, as*

well as injuries of unknown source for the last three months (but not less than 10). Investigative reports are completed as indicated for all allegations....”

“If patterns of possible abuse, neglect, mistreatment or injuries of unknown source are identified during the review, or the facility incident report logs for the past three months indicate an extremely high incident rate, then a full review of all alleged violations of abuse, neglect or mistreatment, as well as injuries of unknown source, for the past three months should be completed.”

Contact: If you have any questions or concerns, please direct them to the ICF/IID mailbox at ICFIID@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

David R. Wright

Attachment: Advance Copy Transmittal for W154

cc: Survey and Certification Regional Office Management

The contents of this letter support actions to improve patient safety and increase quality and reliability of care and promote better outcomes.

CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal- Advanced Copy

Date:

SUBJECT: Revisions to State Operations Manual (SOM) Appendix J, Part II – Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities

I. SUMMARY OF CHANGES: We are revising the Interpretive Guidance (IG) for Appendix J, Part II–Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities associated with the regulation at §483.420(d)(3) (tag W154). The IGs were recently updated and effective as of April 27, 2015. Since the revised IGs were released, it has been brought to our attention that additional guidance is needed at §483.420(d)(3) (W154) to clarify the difference between client incident reports and facility investigative reports for purposes of the sample selection.

**NEW/REVISED MATERIAL - EFFECTIVE DATE*: UPON ISSUANCE
IMPLEMENTATION: UPON ISSUANCE**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix J/Part II – Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities/W154/§483.420(d)(3)/The facility must have evidence that all alleged violations are thoroughly investigated; and

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

W154
(Rev.)

§483.430(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated; and

Guidance §483.430(d)(3)

In the absence of any pre-survey information that would indicate the need for a more thorough review, *the surveyors* review 5 percent of the total client *incidents and associated investigative reports of all alleged violations of abuse, neglect or mistreatment, as well as injuries of unknown source*, for the last three (3) months (but no less than 10).

Investigative reports are completed as indicated for all allegations.

A thorough investigation includes at a minimum:

- The collection of all interviews, statements, physical evidence and any pertinent maps, pictures or diagrams;
- Review of all information related to the allegation;
- Resolution of any discrepancies;
- Summary of conclusions; and
- Recommendations for action both to safeguard all the clients during the investigation and after the completion of the report.

If patterns of possible abuse, *neglect, mistreatment or injuries of unknown source* are identified *during the review*, or the *facility* incident report logs for the past three (3) months indicate an extremely high incident rate, then a full review *of all alleged violations of abuse, neglect or mistreatment, as well as injuries of unknown source*, for the past three (3) months should be completed.